

STATE OF MICHIGAN  
COURT OF APPEALS

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ROBERT COUCH,  
Guardian of ANTHONY COUCH,

UNPUBLISHED  
June 10, 1997

Plaintiff-Appellant,

v

No. 180423  
Wayne Circuit Court  
LC No. 92-234063-NH

HENRY FORD HEALTH SYSTEM, d/b/a HENRY  
FORD HOSPITAL,

Defendant-Appellee.

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Before: Marilyn Kelly, P.J., and MacKenzie and J. R. Ernst\*, JJ.

PER CURIAM.

Plaintiff appeals as of right from a trial court order that granted summary disposition to defendant in this medical malpractice case. We affirm.

Plaintiff's son was admitted to defendant hospital on July 17, 1988, suffering from a posterior fossa intracranial hemorrhage and an intraventricular hemorrhage. Surgery was performed. During his stay at defendant hospital, he was diagnosed with an arteriovenous malformation (AVM) of the posterior fossa of the cerebellum which all of the experts agreed had to be removed. His doctors released him from the hospital on August 18, 1988, with intentions to schedule the removal at a later date, when he had sufficiently recovered from the first surgery. He was examined as an outpatient on August 29, 1988 and found to be stable. Further surgery was not scheduled at that time. On October 4, 1988, he was readmitted with a rebleed which required emergency surgery and resulted in physical and mental injuries. Plaintiff claimed that defendant violated the standard of care of specialists in neurosurgery by not scheduling his son for surgery to correct his AVM before the AVM hemorrhaged the second time.

The trial court found that plaintiff's expert did not set forth a specific standard of care as is required to establish that defendant committed medical malpractice. *Moy v Detroit Receiving Hospital*, 169 Mich App 600, 605; 426 NW2d 722 (1988); *Thomas v McPherson Community*

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\* Circuit judge, sitting on the Court of Appeals by assignment.

*Health Center*, 155 Mich App 700, 705; 400 NW2d 629 (1986). We find no error in this determination. Plaintiff's expert was unable to identify a specific period within which the second surgery should have been performed, and was unable or unwilling to articulate the applicable standard of care. Plaintiff's expert's deposition testimony was that "there is nothing that I know of that is a particular standard of care," "I am not sure that there is anything written in the books of standard of care except that good neurological sense and experience would indicate," and "I don't know whether [other neurosurgeons] would agree with [my opinion] or not; I agree with it, and I have been in the field for 38 years."

We must conclude from this testimony that plaintiff's expert's opinions regarding the approach taken by defendant in scheduling follow-up surgery for plaintiff are entirely his personal opinions, and that plaintiff is demonstrably unable to prove through his expert a standard of care, nationally recognized among neurosurgeons, for the timeliness of surgery to correct an AVM condition. In the absence of evidence of a nationally recognized standard concerning the time within which persons in plaintiff's son's condition should undergo subsequent corrective surgery, there was no "yardstick" by which the trier of fact could measure the reasonableness of defendant's medical judgment. Summary disposition was therefore appropriate.

Affirmed.

/s/ Barbara B. MacKenzie

/s/ J. Richard Ernst