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UNITED STATES DISTRICT COURT  
DISTRICT OF NEVADA

JOHN OLIVER SNOW,

Plaintiff,

3:14-cv-00290-RCJ-VPC

v.

DAVID A. MAR et al.,

Defendants.

**ORDER**

Plaintiff John Snow, a prisoner in the custody of the Nevada Department of Corrections (“NDOC”), has sued Defendants in this Court under 42 U.S.C. § 1983. Pending before the Court is a motion for summary judgment.

**I. FACTS AND PROCEDURAL HISTORY**

Plaintiff had a heart attack in NDOC custody while awaiting hip replacement surgery. He alleges Defendant Dr. David Mar knew Plaintiff had a heart problem 13 months before the heart attack but did not inform Plaintiff of the problem because he was under orders from Defendant NDOC Assistant Director E.K. McDaniel not to expend efforts to save death row inmates. Plaintiff also made allegations against the NDOC Medical Director and a nurse. The Court permitted an Eighth Amendment claim for deliberate indifference to serious medical needs to proceed past screening but dismissed the claim of medical malpractice. Upon recommendations by the Magistrate Judge, the Court denied motions to dismiss and for summary judgment under the statute of limitations but granted motions to dismiss on the merits as to the NDOC Medical

1 Director and the nurse. The Court denied a motion for a preliminary injunction, noting that  
2 Plaintiff's condition was being monitored, Plaintiff had been prescribed medication, and  
3 Plaintiff's disagreements with the course of treatment did not give rise to a deliberate indifference  
4 claim as a matter of law. The remaining Defendants have filed a motion for summary judgment  
5 based on qualified immunity, as well as a motion for leave to file the successive motion for  
6 summary judgment, which Plaintiff has not opposed. The motion is fully briefed.

## 7 **II. SUMMARY JUDGMENT STANDARDS**

8 A court must grant summary judgment when "the movant shows that there is no genuine  
9 dispute as to any material fact and the movant is entitled to judgment as a matter of law." Fed. R.  
10 Civ. P. 56(a). Material facts are those which may affect the outcome of the case. *See Anderson v.*  
11 *Liberty Lobby, Inc.*, 477 U.S. 242, 248 (1986). A dispute as to a material fact is genuine if there  
12 is sufficient evidence for a reasonable jury to return a verdict for the nonmoving party. *See id.* A  
13 principal purpose of summary judgment is "to isolate and dispose of factually unsupported  
14 claims." *Celotex Corp. v. Catrett*, 477 U.S. 317, 323-24 (1986).

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16 In determining summary judgment, a court uses a burden-shifting scheme. The moving  
17 party must first satisfy its initial burden. "When the party moving for summary judgment would  
18 bear the burden of proof at trial, it must come forward with evidence which would entitle it to a  
19 directed verdict if the evidence went uncontroverted at trial." *C.A.R. Transp. Brokerage Co. v.*  
20 *Darden Rests., Inc.*, 213 F.3d 474, 480 (9th Cir. 2000) (citation and internal quotation marks  
21 omitted). In contrast, when the nonmoving party bears the burden of proving the claim or  
22 defense, the moving party can meet its burden in two ways: (1) by presenting evidence to negate  
23 an essential element of the nonmoving party's case; or (2) by demonstrating that the nonmoving  
24 party failed to make a showing sufficient to establish an element essential to that party's case on  
25 which that party will bear the burden of proof at trial. *See Celotex Corp.*, 477 U.S. at 323-24.  
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1           If the moving party fails to meet its initial burden, summary judgment must be denied and  
2 the court need not consider the nonmoving party's evidence. *See Adickes v. S.H. Kress & Co.*,  
3 398 U.S. 144 (1970). If the moving party meets its initial burden, the burden then shifts to the  
4 opposing party to establish a genuine issue of material fact. *See Matsushita Elec. Indus. Co. v.*  
5 *Zenith Radio Corp.*, 475 U.S. 574, 586 (1986). To establish the existence of a factual dispute, the  
6 opposing party need not establish a material issue of fact conclusively in its favor. It is sufficient  
7 that "the claimed factual dispute be shown to require a jury or judge to resolve the parties'  
8 differing versions of the truth at trial." *T.W. Elec. Serv., Inc. v. Pac. Elec. Contractors Ass'n*, 809  
9 F.2d 626, 631 (9th Cir. 1987). In other words, the nonmoving party cannot avoid summary  
10 judgment by relying solely on conclusory allegations unsupported by facts. *See Taylor v. List*, 880  
11 F.2d 1040, 1045 (9th Cir. 1989). Instead, the opposition must go beyond the assertions and  
12 allegations of the pleadings and set forth specific facts by producing competent evidence that  
13 shows a genuine issue for trial. *See Fed. R. Civ. P. 56(e); Celotex Corp.*, 477 U.S. at 324.

16           At the summary judgment stage, a court's function is not to weigh the evidence and  
17 determine the truth, but to determine whether there is a genuine issue for trial. *See Anderson*, 477  
18 U.S. at 249. The evidence of the nonmovant is "to be believed, and all justifiable inferences are  
19 to be drawn in his favor." *Id.* at 255. But if the evidence of the nonmoving party is merely  
20 colorable or is not significantly probative, summary judgment may be granted. *See id.* at 249-50.  
21 Notably, facts are only viewed in the light most favorable to the nonmoving party where there is a  
22 genuine dispute about those facts. *Scott v. Harris*, 550 U.S. 372, 380 (2007). That is, even if the  
23 underlying claim contains a reasonableness test, where a party's evidence is so clearly  
24 contradicted by the record as a whole that no reasonable jury could believe it, "a court should not  
25 adopt that version of the facts for purposes of ruling on a motion for summary judgment." *Id.*

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1     **III. ANALYSIS**

2             **A. Deliberate Indifference**

3             A prisoner can establish an Eighth Amendment violation arising from deficient medical  
4 care if he can prove that prison officials were deliberately indifferent to a serious medical need.  
5 *Estelle v. Gamble*, 429 U.S. 97, 104 (1976). Assuming the medical need is “serious,” a plaintiff  
6 must show that the defendant acted with deliberate indifference to that need. *Id.* “Deliberate  
7 indifference is a high legal standard.” *Toguchi v. Chung*, 391 F.3d 1051, 1060 (9th Cir. 2004). It  
8 entails something more than medical malpractice or even gross negligence. *Id.* Deliberate  
9 indifference exists when a prison official “knows of and disregards an excessive risk to inmate  
10 health or safety; the official must both be aware of the facts from which the inference could be  
11 drawn that a substantial risk of serious harm exists, and he must also draw the inference.” *Farmer*  
12 *v. Brennan*, 511 U.S. 825, 837 (1994). Deliberate indifference exists when a prison official  
13 “den[ies], delay[s] or intentionally interfere[s] with medical treatment, or it may be shown by the  
14 way in which prison officials provide medical care.” *Crowley v. Bannister*, 734 F.3d 967, 978  
15 (9th Cir. 2013) (internal quotation marks and citation omitted).

16             Critically, “a difference of opinion between a physician and the prisoner—or between  
17 medical professionals—concerning what medical care is appropriate does not amount to  
18 deliberate indifference.” *Snow v. McDaniel*, 681 F.3d 978, 987 (9th Cir. 2012) (citing *Sanchez v.*  
19 *Vild*, 891 F.2d 240, 242 (9th Cir. 1989), overruled on other grounds by *Peralta v. Dillard*, 744  
20 F.3d 1076, 1083 (9th Cir. 2014). Instead, to establish deliberate indifference in the context of a  
21 difference of opinion between a physician and the prisoner or between medical providers, the  
22 prisoner “‘must show that the course of treatment the doctors chose was medically unacceptable  
23 under the circumstances’ and that the defendants ‘chose this course in conscious disregard of an  
24 excessive risk to plaintiff’s health.’” *Id.* at 988 (quoting *Jackson v. McIntosh*, 90 F.3d 330, 332  
25 (9th Cir. 1996)). In other words, where there has been some arguably appropriate treatment,  
26 deliberate indifference cannot be established merely by showing disagreement with the physician  
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1 but only by showing that the defendant chose a course of treatment knowing that it was  
2 inappropriate. Put differently, a court cannot substitute its judgment for that of a medical  
3 professional, but it can examine a medical professional's good faith in selecting a course of  
4 treatment.

5 **B. Qualified Immunity**

6 To state a claim under § 1983, a plaintiff must allege: (1) that a right secured by the  
7 Constitution or laws of the United States was violated; and (2) that the alleged violation was  
8 committed by a person acting under color of state law. *See West v. Atkins*, 487 U.S. 42, 48 (1988).  
9 There is no respondeat superior liability under § 1983. *See Monell v. Dep't of Soc. Servs.*, 436  
10 U.S. 658, 691 (1978). Natural persons sued in their individual capacities may enjoy qualified  
11 immunity against claims of constitutional violations. *Kentucky v. Graham*, 473 U.S. 159, 166–67  
12 (1985). An official is not entitled to qualified immunity if: (1) there has been a constitutional  
13 violation; and (2) the state of the law was clear enough at the time of the violation that a  
14 reasonable person in the defendants' position would have known his actions violated the  
15 plaintiff's rights. *Saucier v. Katz*, 533 U.S. 194, 201 (2001). Courts have discretion to address the  
16 second prong of the *Saucier* test first in order to avoid unnecessary constitutional rulings. *Pearson*  
17 *v. Callahan*, 555 U.S. 223, 236 (2009). A "clearly established" right for the purpose of qualified  
18 immunity is one that has been announced by the Supreme Court or the relevant Court of Appeals,  
19 i.e., binding authority. *Boyd v. Benton Cnty.*, 374 F.3d 773, 781 (9th Cir. 2004).

20 [A] plaintiff need not find a case with identical facts in order to survive a defense of  
21 qualified immunity; obviously, one can imagine a situation where the officials'  
22 conduct is so egregious that no one would defend it, even if there were no prior  
23 holding directly on point. . . . But it should be equally obvious that the farther afield  
24 existing precedent lies from the case under review, the more likely it will be that the  
25 officials' acts will fall within that vast zone of conduct that is perhaps regrettable  
26 but is at least arguably constitutional. So long as even that much can be said for the  
27 officials, they are entitled to qualified immunity.

28 *Hamby v. Hammond*, 821 F.3d 1085, 1095 (9th Cir. 2016) (citation omitted).

1           **C.     The Present Motion**

2           Plaintiff alleges that Dr. Mar “had prior knowledge of [Plaintiff’s] cardiac problem for 13  
3 months before [Plaintiff’s] cardiac attack” but failed to inform Plaintiff. (Compl. 3, ECF No. 4).  
4 The Court permitted the claim to proceed past screening but notes the sufficiency of the  
5 allegations is a close question. Plaintiff does not allege the nature of the “cardiac problem” Dr.  
6 Mar of which Dr. Mar was allegedly previously aware or how any particular treatment might  
7 have prevented his heart attack.  
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9           The present motion elucidates the allegations. Defendants note that in preparation for his  
10 double hip replacement surgery in 2009, Dr. Mar recommended cardiac testing to assess whether  
11 he could survive the procedure. Dr. Mar delayed approval for surgery while waiting for results  
12 from the cardiologist. Plaintiff received his electrocardiogram test on February 18, 2010. Due to  
13 hypertension and an irregular heartbeat, the surgery was precluded. Dr. Mar met Plaintiff again  
14 on August 5, 2010 and was concerned that his “racing heartbeat” was a result of “dissolved  
15 medications.” (10:21–24, ECF No. 118). Plaintiff’s medications were continued. When Plaintiff  
16 reported chest pains on the night of November 19, 2010, he was rushed to a local emergency  
17 room and given nitroglycerine, aspirin, and morphine; he was kept for observation and given a  
18 cardiac stent on November 22, 2010.  
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20           Defendants argue that between initial approval for surgery and his heart attack, Dr. Mar  
21 monitored Plaintiff’s condition and continued his hypertension medications. Defendants note that  
22 Dr. Mar likely saved Plaintiff’s life by postponing his surgery given his irregular heartbeat and  
23 could not have predicted a heart attack based purely on an irregular heartbeat and hypertension  
24 (which was already being treated). They argue that it was not clearly established that continuing  
25 hypertension medications and monitoring was not enough to avoid an Eighth Amendment  
26 violation. They also argue that McDaniel had no personal participation that could implicate him  
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1 under § 1983, such as directing Dr. Mar to follow a particular course of treatment in Plaintiff's  
2 case or via any generally applicable policy he enforced that Dr. Mar applied in this case.

3 The Court notes that it is not impossible Dr. Mar could have acted with deliberate  
4 indifference as to a need for further treatment despite acting appropriately in postponing  
5 Plaintiff's surgery. But the Court agrees it was not clearly established that continuation of  
6 hypertension medication and monitoring was constitutionally inadequate under the present  
7 circumstances. As soon as Plaintiff presented with symptoms of a heart attack, he was rushed to  
8 the hospital for appropriate treatment. The Court cannot say that an abnormal electrocardiogram  
9 so clearly indicated a preventative cardiac stent or some other invasive treatment that Defendants  
10 were constitutionally indifferent in taking a different course of action. That is a matter of expert  
11 medical opinion that does not implicate the Eighth Amendment. Plaintiff adduces no evidence  
12 counseling a different result. For example, there is no evidence he ever presented with symptoms  
13 of a heart attack yet was refused treatment. Nor is there any evidence indicating that Dr. Mar  
14 subjectively believed there was an imminent risk of a heart attack yet failed to intervene. Plaintiff  
15 argues that the Court of Appeals reversed this Court's grant of summary judgment in a related  
16 case (No. 3:08-cv-46), but that case concerned deliberate indifference based on a previous refusal  
17 to approve hip replacement. There were no claims in that case arising out of Plaintiff's heart  
18 condition. A jury returned a verdict for the defendants, anyway, so even if that case concerned  
19 the issues to be determined here, it would require summary judgment for Defendants.  
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**CONCLUSION**

IT IS HEREBY ORDERED that the Motion for Leave to File (ECF No. 140) is GRANTED.

IT IS FURTHER ORDERED that the fifth Motion for Appointment of Counsel (ECF No. 144) is DENIED.


IT IS FURTHER ORDERED that the Motion for Appointment of Investigator and Expert Witnesses (ECF No. 153) is DENIED.

IT IS FURTHER ORDERED that the Motion for Summary Judgment (ECF No. 141) is GRANTED.

IT IS FURTHER ORDERED that the Clerk shall enter judgment and close the case.

IT IS SO ORDERED.

Dated this 7<sup>th</sup> day of August, 2018.

  
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ROBERT C. JONES  
United States District Judge