

Simon Earlam

Call 1975



Clerks' Details

 Rachel Williams

 0151 242 8840

Appointments

- Accredited Mediator
- Civil/Criminal Recorder

Memberships

- Gray's Inn
- Northern Circuit
- Personal Injury Bar Association
- Professional Negligence Bar Association
- Northern Circuit Medical Law Association

Education

- Stowe School, Buckingham
- Mansfield College, Oxford
- Degrees: MA (Hons) Jurisprudence; B.C.L.

Beyond the Bar

Simon enjoys watching England's cricket team and is a vocal Everton supporter. His pastimes include golf, walking in the Cumbrian Fells, travelling, visiting the theatre whenever possible, and wine tasting.

Clinical Negligence CV

Overview

Generally regarded as one of the most experienced practitioners on Circuit, Simon has very extensive experience across the whole range of medical disciplines in clinical negligence. He successfully handles claims up to several million pounds that vary in complexity and value.

Simon is well used to marshalling complex evidence on causation in respect of such injuries as catastrophic brain injury, spinal injury, serious orthopaedic injuries, amputations and psychiatric injury including PTSD, chronic fatigue and pain syndromes.

Since October 2000, Simon has been involved in 12 major athetoid cerebral palsy cases and has expertise in these and similar cases involving more subtle ABI from perinatal hypoxia.

Simon prides himself on a level of preparation and detail rarely seen. He is meticulous in every aspect of his work going far beyond what is normally expected. With Simon, you have an advocate with exceptional ability who uses his extensive experience to bring his skills to the fore to benefit any who instruct him.

While the breadth and complexity of the cases featured give clients reassurance as to the level of his understanding, they only tell part of the story. With a forensic, analytical ability to get to the heart of the issue, Simon is passionate about his profession and the difference diligence, persistence and intelligence can make to those who call upon his expertise. He is approachable and enthusiastic while remaining calm and measured. He remains unflappable, largely due to a level of understanding of his practice areas that can only be garnered over the many thousands of cases he has provided heavyweight advocacy to.

He has extensive experience in the following areas:

- Gynaecology
- Diabetology
- Oncology
- Orthopaedics
- Cardiology
- Gastroenterology
- Plastic Surgery
- Orthodontics
- Brain
- Psychiatry
- Otolaryngology
- Respiratory

Simon has contributed articles to the APIL newsletter, and has lectured at Chambers' seminars in such topics as limitation in clinical negligence and the impact of the Human Rights Act 1998 and the ECHR on personal injury practice.

Cases

PSYCHIATRIC

PE v. WM - LBE was admitted to Hospital as a suicide risk by his GP, suffering from dysmorphophobia as a result of facial acne resistant to all forms of treatment including dermabrasion. He improved for a day or so in hospital, but then declined. His decline was reported to the Ward Staff by family members who failed to note or appreciate the significance of what they were being told. LBE committed suicide. The hospital denied liability, claiming all protocols had been complied with. The trial on liability only lasted 6 days. Liability was established and the case settled for £252,000.

ORTHOPAEDIC

SP - SP suffered a nasty Pilon fracture which was maintained in a fixator until ORIF could take place. When ORIF occurred, SP was a carrier of MRSA about which he was not informed, and the operation took place before the results of swabs were known. A drill bit was broken and left in situ which became a nidus of severe infection which then developed. The severe infection was barely controlled for and ultimately SP developed osteomyelitis. It was alleged that there had been a failure to identify and treat MRSA before surgery and that ineffective antibiotics were then administered and there had been a failure to consult the plastic surgeons to advise on the placement of the fixator as a result of which extensive skin grafting became necessary. Liability was strenuously denied but the case eventually settled for substantial damages.

RESPIRATORY

NH - KH suffered from an acute exacerbation of her premorbid asthma caused by URTI. On admission to the Hospital, she was not risk assessed in particular for DVT before transfer to the second Hospital where this omission went unnoticed. KH was prematurely discharged because Acute Severe Asthma went unrecognised. As was to be expected, she was readmitted to Hospital on several occasions, being discharged on each occasion without the Hospital recognising she had a separate life threatening pathology, namely pulmonary emboli. There was a consequent failure to administer appropriate thromboprophylaxis.

The additional interest in this case was that both NH and KH were disabled and in receipt of State Benefits. Nevertheless, a significant financial dependency was established on the basis of **Cox v. Hockenhall** and family members secured modest damages for nervous shock after being present at home when KH collapsed and died despite the attempts by paramedics at the scene to revive her which they witnessed. Case settled for £120,000.

LF - LF misdiagnosed with Swine Flu in Hospital and sent home with no antibiotics. The Hospital failed to recognise LF had a bacterial infection (community acquired pneumonia) when she did not have cold symptoms in the nose and throat. Delay in treatment permitted empyema to develop in the lung ultimately treated in Liverpool's Heart & Lung Hospital by bronchoscopy, thoracotomy and pleural decortication. She not only had significant scarring but was also disabled by increased breathlessness. Case settled for significant damages.

MG - After a nasty RTA TBI, from which he would almost certainly have fully recovered, MG suffered a massive cardiac arrest in ICU because of a failure to recognise recurrent oxygen desaturations due to a malpositioned endotracheal tube. Expert evidence from an intensivist, anaesthetist and nurse specialist established this was negligent practice. Matthew was in Hospital for many years and ultimately discharged home in a minimally conscious state (previously believed to be PVS but revised on evidence from a rehabilitation neurologist). This case settled for very substantial damages comprising lump sum and PPOs.

JB - JB overdosed on morphine because her PCA pump was defective. She suffered a cardiac arrest and hypoxic brain injury. The case settled for a substantial lump sum and PPOs of £110,000 rising to £170,000 index-linked.