

LEGAL NOTICES

successors and assigns, or legal representatives thereof; Defendants Civil Action Law No. A.D. 1998-438
Judge: William H. Kaye

NOTICE TO DEFEND

TO : CLARENCE CROFT, his heirs, successors, assigns, executors, and administrators or legal representatives; and WAYNESBORO REAL ESTATE DEVELOPMENT COMPANY, its successors and assigns, or legal representatives thereof.

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NOTICE

If you wish to defend, you must enter a written appearance personally or by attorney and file your defenses or objections in writing with the court. You are warned that if you fail to do so, the case may proceed without you and a judgment may be entered against you without further notice for the relief requested by the plaintiff. You may lose money or property or other rights important to you.

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10/09/98

BRANDON KUHN, a minor, by STEPHANIE KUHN and MICHAEL KUHN, his guardians, and STEPHANIE KUHN and MICHAEL KUHN, in their own right, Plaintiffs vs. CHAMBERSBURG HOSPITAL and MICHAEL GROSSBERG, M.D., Defendants, Franklin county Branch CIVIL ACTION - LAW A.D. 1997 - 1

Kuhn v. Chambersburg Hospital

summary judgment in medical malpractice case - causation - Frye standard

1. Plaintiffs filed medical malpractice suit against hospital and doctor for failure to timely control seizures for which minor plaintiff (13 months old) was brought into the ER; plaintiff has been diagnosed with Pervasive Developmental Disorder (PDD).
2. Defendants argue plaintiffs' expert did not establish causal connection between prolonged seizures and PDD because plaintiffs' expert merely states that prolonged seizures *can* cause brain damage, not that it *actually* caused such damage to plaintiff.
3. Under *Hamil v. Bashline* line of cases, where the theory of the case is that defendant failed to protect plaintiff against harm from another source, the degree of certainty required as to cause is relaxed: where plaintiff shows that defendant's acts or omissions *could* cause the type of harm suffered and that such acts or omissions *increased the risk of harm* to plaintiff, it is up to the jury to decide whether defendant *actually* caused the harm.
4. Defendants argue that plaintiffs' expert testimony is not admissible because it does not meet the *Frye* standard because it is not generally accepted in the field of pediatric neurology that prolonged seizures can cause PDD in the absence of any evidence of a brain injury on EEG and CT scans.
5. Until the Pennsylvania Supreme Court says differently, *Frye* is still the standard regarding admissibility of scientific evidence; the judge must act as a gatekeeper.
6. Plaintiffs have submitted an article from the American Medical Association linking prolonged seizures to plaintiff's type of injuries; such peer-reviewed publication shows that the causal relationship is generally accepted in the relevant medical field.
7. The fact that the publication did not address whether injuries such as the minor plaintiff incurred must necessarily appear on EEG or CT scans does not go the admissibility but rather to the weight of the expert testimony.

Neil J. Rovner, Esquire, Counsel for Plaintiffs
Francis E. Marshall, Jr., Esquire, Counsel for Defendant Chambersburg Hospital
Jack Hartman, Esquire, Counsel for Defendant Grossberg

OPINION AND ORDER

Walker, P.J., September 22, 1998:

Factual and Procedural Background

This case commenced when plaintiffs filed a complaint on January 2, 1997, suing Defendants Chambersburg Hospital and Michael Grossberg, M.D., for medical malpractice. In the complaint, they allege that on December 31, 1992, Plaintiff Brandon Kuhn, who was almost thirteen months old at the time, woke up at 4:30 a.m. with a high fever. At approximately 6:30 a.m. he began to have seizures and an ambulance was called. Brandon arrived at the Chambersburg Hospital at 7:00 a.m. Within a few minutes, a nurse called Defendant Dr. Grossberg, the pediatrician on call. In the meantime, the emergency room physician attempted to place an intravenous line for the purpose of administering medication to stop the seizures. This did not succeed right away. At approximately 7:40 a.m. an intravenous line was placed in Brandon's foot, but the medication did not go into the vein and the line had to be removed. The emergency room doctor also attempted to inject medication rectally. At 8:00 a.m., Dr. Grossberg arrived in the emergency room. Finally, at 8:15 a.m., Dr. Grossberg and the emergency room personnel were able to establish an intravenous line to give Brandon the required medication and the seizures stopped at approximately 8:30 a.m.

Plaintiffs further allege in the complaint that until the time of the seizures, Brandon had been a normal child whose speech and behavior was developing normally. However, after these prolonged seizures, Brandon started to develop behavioral disorders and a regression of his speech. Brandon has now been diagnosed with Pervasive Developmental Disorder (PDD). Plaintiffs' theory of recovery is based on the allegation that the negligence of defendants in failing to timely stop the seizures substantially increased the risk of harm to Brandon and made his injuries more severe.

Defendants Dr. Grossberg and Chambersburg Hospital filed answers with new matter on April 18, 1997, and on May 19, 1997, respectively. On July 8, 1997, a scheduling conference was held setting time schedules for issues regarding expert reports and a medical examination. On February 5, 1998, Dr. Grossberg filed a motion for summary judgment on the basis that plaintiffs had failed to establish, through their expert's report, that Dr. Grossberg deviated from the standard of care owed to the patient and that this deviation caused Brandon's injuries. On March 11, 1998, this court issued an order allowing plaintiffs to clarify and amend their expert's report, which referred only to "the physician," as to make clear whether the

plaintiff's expert was referring to the emergency room physician or to Dr. Grossberg.

On June 4, 1998, defendants filed a joint motion for summary judgment which is the subject of this opinion. The parties filed briefs to support their arguments. Argument was held on July 2, 1998, after which the parties filed reply briefs.

Discussion

Defendants have based their joint motion for summary judgment on two grounds. First, they argue that the reports of plaintiffs' experts do not establish that a causal connection exists between Brandon's prolonged seizures and his current condition of PDD. Secondly, defendants argue that even if the testimony of plaintiffs' experts is found to be sufficient on the issue of causation, it cannot be used to prove plaintiffs' case because it does not meet the *Frye* standard and is therefore not admissible. Defendants argue that without expert testimony, there is no genuine issue of material fact.

Under Pa.R.Civ.P. 1035.2, summary judgment may be granted as a matter of law:

- (1) whenever there is no genuine issue of any material fact as to a necessary element of the cause of action or defense which could be established by additional discovery or expert report, or
- (2) if, after completion of discovery relevant to the motion, including the production of expert reports, an adverse party who will bear the burden of proof at trial has failed to produce evidence of facts essential to the cause of action or defense which in a jury trial would require the issues to be submitted to a jury.

Summary judgment may only be granted where the right is free and clear from doubt. *Drapeau v. Joy Technologies, Inc.*, 447 Pa. Super. 560, 563, 670 A.2d 165 (1996). The moving party has the burden of proving that there is no genuine issue of material fact. *Drapeau*, at 563. The record and any inferences therefrom must be viewed in the light most favorable to the non-moving party. *Id.* Any doubt must be resolved against the moving party. *Id.* It is in this light that the above stated issues must be determined.

1. *Failure of Plaintiffs' Expert Testimony to Establish Causal Connection*

In order to establish a prima facie case of medical malpractice, the plaintiff must establish (1) a duty owed by the physician to the patient; (2) a breach of that duty; (3) that the breach of the duty was the proximate cause of, or a substantial factor in bringing about the harm suffered by the patient; and (4) that the damages suffered were a direct result of that harm. *Mitzelfelt v. Kamrin*, 526 Pa. 54, 62, 584 A.2d 888 (1990). "A plaintiff is also required to present an expert witness who will testify, to a reasonable degree of medical certainty, that the acts of the physician deviated from good and acceptable medical standards, and that such deviation was the proximate cause of the harm suffered. *Mitzelfelt*, 526 Pa. at 62.

It is defendants' argument that the reports of plaintiffs' experts cannot establish a causal connection between Brandon's prolonged seizures and his current condition of PDD, because the experts merely state that prolonged seizures *can* lead to brain damage. Defendants argue that plaintiffs' experts must testify that Brandon's injury was *actually caused* by his prolonged seizures. See *Hreha v. Benscoter*, 381 Pa. Super. 556, 560, 554 A.2d 525 (1989) (expert fails standard of reasonable medical certainty if he testifies that the alleged cause possibly or could have led to the result, or even that it was highly probable).

Plaintiffs, on the other hand, argue that a relaxed standard regarding the certainty necessary to prove causation applies because of the circumstances of the case. In support of this argument, plaintiffs refer to *Hamil v. Bashline*, 481 Pa. 256, 392 A.2d 1280 (1978). That case involved a man who was brought into the hospital with chest pains but one EKG machine did not work and another could not be found. When the man received no further treatment in the hospital, his wife took him to the private office of a doctor. There, the man died. The estate sued the hospital on the basis that the hospital's negligence increased the risk of harm to the decedent. Defendant argued that plaintiffs' expert did not testify that the hospital's negligent acts did actually cause decedent's death. The court phrased the issue before it as follows:

The present appeal involves the degree of certainty required of expert medical testimony to establish, in a medical

malpractice case, the causal relation between the harm suffered by a plaintiff-patient and the alleged negligence of a doctor or hospital in failing properly to diagnose and treat the plaintiff's condition in a manner which might have prevented the harm.

Hamil, 481 Pa. at 262.

The Supreme Court found that the answer could be found in §323 of the Restatement (Second) of Torts, which provides in relevant part:

One who undertakes, gratuitously or for consideration, to render services to another which he should recognize as necessary for the protection of the other's person or things, is subject to liability to the other for physical harm resulting from his failure to exercise reasonable care to perform his undertaking, if

(a) his failure to exercise such care *increases the risk of such harm*

(emphasis added)

The Court found that this situation involved a different type of tort case: "[w]hereas typically a plaintiff alleges that a defendant's act or omission set in motion a force which resulted in harm, the theory of the present case is that the defendant's act or omission failed in a duty to protect against harm from another source." *Hamil*, at 269. Because in such cases there is always a possibility that the plaintiff would have suffered harm from the independent source, the normal degree of certainty as to the cause does not exist. Therefore, the Pennsylvania Supreme Court relaxed the degree of certainty required: "once a plaintiff has demonstrated that defendant's acts or omissions, in a situation to which Section 323(a) applies, have increased the risk of harm to another, such evidence furnishes a basis for the fact-finder to go further and find that such increased risk was in turn a substantial factor in bringing about the resultant harm; the necessary proximate cause will have been made out if the jury sees fit to find cause in fact." *Hamil*, at 272.

Plaintiffs argue that *Hamil* applies to the situation in the underlying case, and this court reluctantly agrees. This court strongly dislikes *Hamil* and its progeny. This court is concerned that where the plaintiff is not required to prove that a defendant's acts or omissions actually caused the plaintiff's injuries, a jury may decide such cases on the basis of mere sympathy for the plaintiff. However,

this court is required to follow the precedent set by the Supreme Court of Pennsylvania, and it appears that *Hamil* applies to the underlying case. Brandon Kuhn was brought into the hospital with seizures. Plaintiffs' basis for recovery is based on the fact that defendants failed in their duty to protect Brandon against harm from another source, namely his seizures. Because there is always a possibility that Brandon would have suffered harm from the seizures even if they were not prolonged, the normal degree of certainty does not exist. Therefore, it appears that the relaxed standard of *Hamil* must be applied to the underlying case.

In a subsequent case, the Pennsylvania Supreme Court has held that under the *Hamil* standard, a two-part test is employed. *Mitzelfelt v. Kamrin*, 526 Pa. 54, 584 A.2d 888 (1990). First, it must be determined whether the expert witness for plaintiff can testify to a reasonable degree of medical certainty that the acts or omissions of defendant *could* cause the type of harm suffered. *Mitzelfelt*, 526 Pa. at 67. Secondly, it must be determined whether the acts complained of caused the actual harm suffered by plaintiff. This is where the relaxed standard must be applied. *Id.*

In the underlying case, plaintiffs provided defendants with two expert reports. Richard Bonforte, M.D., provided the following opinion:

My opinion is that the delay in the use of the antiseizure medications or the delay in instituting phenobarbital therapy increased the risk of seizures resulting in brain injury of the type suffered by Brandon. It appears that the child was actively having seizures for close to two hours before they were controlled by medication. A seizure longer than 20 to 30 minutes is by definition "status epilepticus," and prolonged seizure activity beyond that time period is known to be associated with brain cell injury.

See Exhibit C to Joint Motion for Summary Judgment.

Furthermore, Gerry Stefanatos, D.Phil., expressed the following opinion:

Although children who experience febrile seizures do not typically regress in language development. [sic] However, the progression to status epilepticus of prolonged duration can result in brain injury and consequent language

impairment. Neuronal damage is thought to result from the sustained increase in metabolic rate and oxygen insufficiency. Deficits in speech development are among the reported outcomes of prolonged status epilepticus. In my opinion with a reasonable degree of certainty, Brandon's prolonged seizure is a significant contributing factor in his regression and current communication disorder.

See Exhibit C to Joint Motion for Summary Judgment.

Applying the first part of the *Mitzelfelt* test to the underlying case, it appears from these reports that the expert witnesses for plaintiffs can testify to a reasonable degree of medical certainty that the acts or omissions of defendant *could* cause the type of harm suffered by plaintiff. This is sufficient to meet the first prong of the test. For the second prong, it must be shown that defendants' acts or omissions actually caused Brandon's condition. Applying the relaxed standard under *Hamil*, it is sufficient that plaintiffs' experts state their opinion that defendants' acts or omissions, by failing to timely control the seizures, have *increased the risk of harm* to Brandon. Thus, under the *Hamil* standard, plaintiffs have made out a prima facie case of causation. It is then up to the jury to decide whether they believe that defendants' failure to control Brandon's seizures actually caused his current condition of PDD. Thus, defendants' motion for summary judgment on the basis that plaintiffs failed to establish causation must be denied.

2. *Frye Standard*

Secondly, defendants argue that summary judgment must be granted because plaintiffs' expert testimony does not meet the *Frye* standard. They argue that it is not generally accepted in the field of pediatric neurology that status epilepticus (prolonged seizures) can result in PDD in a patient without finding other evidence of a brain injury on EEG and CT scan tests or other clinical evidence of a significant brain injury. In support of this argument, they have attached as an exhibit to their joint motion for summary judgment a report from Lawrence Brown, M.D., dated November 1, 1997, stating that "[w]ith all due respect to the opinions of Dr. Richard Bonforte, his opinions linking the single prolonged seizure to the subsequent pervasive developmental disorder is not based in current scientific understanding." See Exhibit D to Joint Motion for

Summary Judgment. He furthermore states, in his report dated April 18, 1998, that “[i]t is well known that prolonged status epilepticus can lead to neuronal damage, but I do not find evidence in neurologic literature that it can produce PDD without associated findings.” See Exhibit D to Joint Motion for Summary Judgment. Plaintiffs have argued that there is no *Frye* issue in this case, because defendants have conceded that neurological deficits, including speech deficits such as Brandon has incurred, can result from a prolonged status epilepticus. They furthermore argue that defendants have not shown any literature or testimony which indicates that status epilepticus cannot cause the type of injury Brandon has in the absence of other indications of a brain injury.

In *Frye v. United States*, 293 F. 1013 (D.C. Cir. 1923), the court held that scientific evidence “must be sufficiently established to have gained general acceptance in the particular field in which it belongs” before it may be admitted. This standard was adopted by the Pennsylvania Supreme Court in *Commonwealth v. Topa*, 471 Pa. 223, 369 A.2d 1277 (1977). With the adoption of the Federal Rules of Evidence, this standard was relaxed somewhat by the United States Supreme Court in *Daubert v. Merrell Dow Pharmaceuticals, Inc.*, 509 U.S. 579, 113 S.Ct. 2786, 125 L.Ed.2d 469 (1993). However, it appears that the *Frye* test is still the standard in Pennsylvania. See *Commonwealth v. Crews*, 536 Pa. 508, 518, n. 2, 640 A.2d 395 (1994) (“Whether or not the rationale of *Daubert* will supersede or modify the *Frye* test in Pennsylvania is left to another day”). It is furthermore unclear what effect, if any, the adoption of the Pennsylvania Rules of Evidence, which are modeled closely on the Federal Rules, will have on this matter. See *Blum*, 705 A.2d at 1317, n. 2. However, until the Pennsylvania Supreme Court has indicated otherwise, this court will follow the *Frye* test.

The *Frye* test represents an attempt to measure the quality of scientific evidence prior to admission, so that jurors are not misled by unreliable evidence and give it a degree of certainty it does not deserve. *Blum*, 705 A.2d at 1317. The admission of expert testimony lies within the discretion of the trial court. *Blum v. Merrell Dow Pharmaceuticals, Inc.*, 705 A.2d 1314, 1319 (Pa. Super. 1997). “The judge in considering admissibility does not decide whether the propositions or theories are true or false. Rather the judge as

gatekeeper decides whether the expert is offering sufficiently reliable, solid, trustworthy evidence.” *Blum*, at 1322.

In the underlying case, this court must make a threshold determination whether the plaintiffs’ expert opinions on causation are generally accepted in the relevant scientific community. “[I]n order for scientific testimony indicating that an event causes a particular result to be admitted, there must be a showing, not that the studies establishing the causal relationship follow generally accepted methodologies, but that the existence of the causal relationship is generally accepted by the relevant medical community.” *McKenzie v. Westinghouse Electric Corp.*, 674 A.2d 1167, 1172 (Pa. Cmwlth. 1996), *alloc. den’d*, 689 A.2d 237.

Defendants have directed this court’s attention to a case from the Court of Common Pleas of Philadelphia County. *Checchio v. Frankford Hospital*, No. 7264 of 1989, attached as exhibit E to the Joint Motion for Summary Judgment. In that case, plaintiff, a minor child, suffered respiratory problems after birth. Two years later, he was diagnosed with PDD, autism and mental retardation. *Checchio*, at p. 5. Plaintiff sued the hospital and the individual doctors asserting that their mismanagement of his respiratory problems resulted in neonatal hypoxia which was the proximate cause of his permanent brain damage. *Id.* Defendants filed a motion for summary judgment arguing that plaintiffs had failed to establish, through expert evidence, that there was a causal relationship between neonatal hypoxia and autism and/or PDD. The Philadelphia court, applying *Daubert* rather than *Frye*, found that the conclusions of plaintiff’s experts were based solely on their own opinions which they formed on the basis of personal experience. They could not provide any peer-reviewed medical literature or treatise proffering a causative relationship, nor any clinical or epidemiological research or diagnostic imaging study of plaintiff to support their conclusions. *Id.*, at p. 17. In addition, the Philadelphia court considered the testimony of defendants’ experts, who testified that the cause of autism is generally unknown, but that there is no medical literature indicating any association between neonatal hypoxia and autism. *Id.*, at p. 10-16. The court held that plaintiff, who had the burden of proof at trial, fell “far short of proffering a causal connection between post-natal hypoxia and the specific sort of developmental problems encountered by the minor plaintiff. Process of elimination is not a valid scientific method for

determining the etiology of a disease -- the 'appearance' of a causal relationship or the absence of another clear explanation for the minor plaintiff's developmental disorder is not sufficient to establish legal causation." *Id.*, at p. 18. Thus, the scientific evidence was not reliable enough to go to the jury, and the court granted defendants' motion for summary judgment.

Defendants argue that the underlying case is similar to the *Checchio* situation because plaintiffs' experts have not established a causal relationship between Brandon's prolonged seizures and his development of PDD in the absence of any evidence of EEG abnormalities, findings on neuro-imaging or other clinical evidence of a significant brain injury. First, this court points out that the Philadelphia case is not binding authority on this court. Secondly, the underlying case can be distinguished from *Checchio* because plaintiffs have provided a basis for their experts' opinions in the form of peer-reviewed literature. Plaintiffs have attached, as Exhibit C to their answer to defendants' joint motion for summary judgment, an article published in the Journal of the American Medical Association titled "Treatment of Convulsive Status Epilepticus." JAMA, August 18, 1993, Vol. 270, No. 7, p. 854. This article was submitted by the "Working Group on Status Epilepticus" and it describes the process of peer-review engaged in before its publication. This article states the following in regard to the consequences of status epilepticus:

In the absence of a coexisting acute brain insult, promptly and appropriately treated status epilepticus usually is associated with a favorable outcome. This is especially true in children. However, when status epilepticus is prolonged, the risks of death, mental handicap, other neurological abnormalities, and epilepsy increase dramatically. This underscores the need for early and aggressive intervention.

The consequences of convulsive status epilepticus are related to the etiology, duration, associated systemic abnormalities, age of the patient, and type of treatment. All are important, but seizure etiology and duration are the key determinants of outcome . . . Prolonged seizures increase the risk of residual neurological problems ranging from subtle to severe, e.g. an adult may experience significant memory loss and other changes in neuropsychological function and may become unable to continue in his or her job.

JAMA, Vol. 270, No. 7, at p.857-858.

In *Checchio*, the experts admitted that their conclusions were not based on any independent scientific authority, but merely on their personal observations. In the underlying case, however, there are peer-reviewed publications which establish the existence of a causal relationship between prolonged seizures and neurological abnormalities. These publications show the general acceptance within the relevant medical field of a causal relationship between prolonged seizures and the type of injuries Brandon has incurred. Thus, this court finds that the experts' opinions are sufficiently reliable to be heard by the jury.

This court further considered the fact that the medical publications do not specifically address whether injuries such as Brandon's must necessarily appear on EEG or CT scans. This court finds that this is not a ground for inadmissibility of the expert testimony. Rather, it goes to the weight to be given to the testimony. A similar situation was addressed by the Pennsylvania Superior Court in *Smith v. Grab*, 705 A.2d 894, 900 (Pa. Super. 1997). The court did not strike an expert's testimony that a three-week delay in diagnosing breast cancer was a significant delay which decreased the patient's prognosis for survival. *Smith*, 705 at 900. The expert based his testimony on medical texts which did not contain an opinion on the specific three-week delay at issue, and the court considered this to be matter of weight to be assigned to the expert's testimony by the jury. *Id.* Similarly, in the underlying case, the fact that defendants' expert asserts that the causal relationship at issue cannot be established in the absence of other evidence of brain injury is a matter of weight to be accorded by the jury. This court will not decide which of the competing expert reports is accurate.

This court finds that the opinions of plaintiffs' experts that a causal relationship exists between prolonged seizures and injuries of the type suffered by plaintiff is generally accepted in the relevant scientific community and therefore are considered to be reliable. The expert evidence therefore meets the *Frye* standard. Thus, defendants' motion for summary judgment is denied.

3. Sanctions

Plaintiffs have asserted, in their answer, that defendants' joint motion for summary judgment is frivolous and brought for purposes

of delay. Therefore, they are seeking sanctions in the form of costs and attorneys' fees. This court finds that defendants' motion was not brought frivolously. Defendants have raised genuine legal issues regarding causation and the *Frye* standard for admissibility of expert testimony. It furthermore does not appear that defendants have filed this motion for purposes of delay. Therefore, plaintiffs' request for sanctions is denied.

ORDER OF COURT

September 22, 1998, after consideration of defendants' joint motion for summary judgment, this court finds that the expert testimony proffered by plaintiffs establishes a prima facie case of causation between defendants' acts or omissions and plaintiff's injuries, and that the expert evidence meets the *Frye* standard. Therefore, defendants' motion for summary judgment is denied.

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