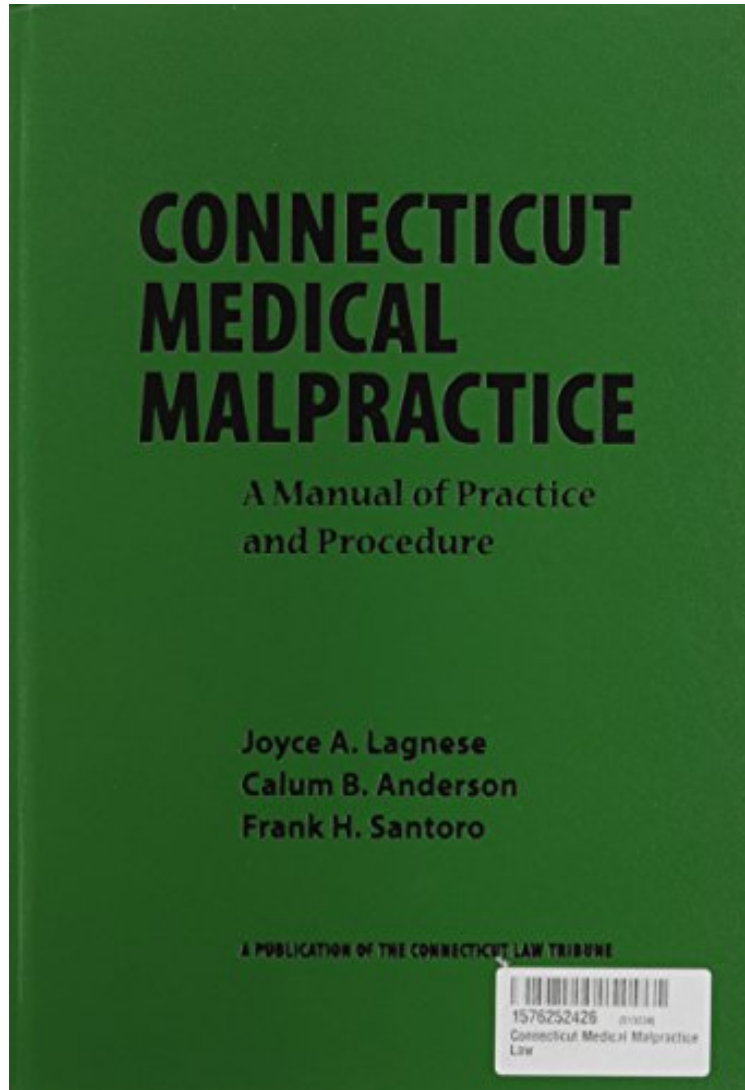


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## Connecticut Medical Malpractice Law

*Joyce Lagnese, Calum Anderson, Frank Santoro*  
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CONNECTICUT MEDICAL MALPRACTICE LAW is the "go-to" reference book for all Connecticut medical malpractice litigators, both the defense and plaintiff's bar. Carefully crafted, the authors have thoroughly covered this overdue subject. Three well-known Hartford area attorneys (from the firm of Danaher, Lagnese Sacco, P.C.) combined

to produce this treatise. Joyce Lagnese, Calum Anderson and Frank Santoro are long on experience and economic with prose. Reviewed by one of the leading plaintiff's attorneys in the state, James D. Bartolini, has said "This is Black Letter Law written with an eye toward helping the novice as well as seasoned malpractice attorney." Updated bi-annually, this treatise provides a balanced offering for use by both the plaintiff and the defense bar alike.

About the Author Joyce Lagnese Ms. Lagnese is one of the founding principals of Danaher, Lagnese Sacco, P.C. in Hartford, CT. She serves as co-managing principal of the firm and head of the Medical Malpractice Defense Unit. Her practice concentration is complex civil litigation, principally high exposure medical malpractice defense litigation. She has defended medical malpractice cases in all venues in Connecticut on behalf of physicians, hospitals, nursing homes, community health organizations, nursing staff contractors and mobile medical service providers. Her practice also includes representation of medical practitioners and institutions in administrative proceedings before the Connecticut Department of Public Health. Ms. Lagnese has extensive trial experience in high exposure complex litigation. This includes medical malpractice cases including wrongful death and permanent injury due to surgical complications; hypoxic induced brain injury and Erbs palsy in babies; delayed diagnosis of cancer and cardiovascular disease; permanent neurologic injury following general anesthesia; patient suicide in the psychiatric and primary care setting; catastrophic outcomes in the Emergency Department setting; and blindness following ophthalmologic treatment.