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## Medical Malpractice: Failure to Diagnose Cancer

### Susan Haibeck

Do you ever worry that the target audience for your book might be too small? Susan Haibeck, a highly experienced oncology nurse and legal nurse consultant, makes it clear that the question isn't the size of the audience but how much they need the information in the book. Susan is a registered nurse with a master's degree in nursing and a great deal of experience in the area of oncology.

Susan is my guest today to talk about the process that she went through writing her book, and it's a medical book geared to a very specific population. In Susan's nursing career, she was involved with cancer nursing since the very beginning of cancer treatment in the 1970s. She felt she had a good background in cancer care with all the subspecialties. And she wanted to share that information with attorneys who are not familiar with cancer cases, because cancer cases were coming her way, and she had to do a lot of explaining of some of the basics of cancer care.

As a legal nurse consultant, Susan helps attorneys both as an expert witness and as a consultant. Legal nurse consultants assist attorneys with cases with medical issues.

Plaintiff and defense lawyers desperately need the specialized knowledge Susan provides, and her book not only helps them in cases but dramatizes her expertise and wins her clients.

Don't miss this informative show of *Writing to Get Business* Podcast:

- How can you most effectively focus on a subject for a book?
- Why is the question, "What does my reader need to know" invaluable?
- What is the value of speaking with members of your target population before outlining your book?
- How can visualizing the ways your target audience can benefit from your book help you write it?
- What are the benefits of taking a course on mastering the writing of a book?

Patricia: Hi. This is Pat Iyer with *Writing to Get Business*. I have as my pleasure to introduce you to Susan Haibeck, who is a registered nurse with a master's degree in nursing and a great deal of experience in the area of oncology. Susan is my guest today to talk about the process

that she went through writing her book, and it's a medical book geared to a very specific population. I think you'll be fascinated by what Susan has to say. Susan, welcome to the show.

Susan: Thank you, Pat. I'm happy to be here.

Patricia: When we were talking about this podcast and outlining what you would share, one of the first questions that came to my mind was tell our listener what led you to decide that you wanted to write a book?

Susan: Well, that's a good question: a book, in general. Well, I was always interested in writing. My career path decision was either going to be nursing or journalism, and I wasn't sure which one, but I told myself I could always write about nursing. And so, I have now several articles that I've published, and due to the opportunity that arose, I've written a book.

Patricia: I know that our listeners have heard me say that you have an oncology background, and I know that that influenced the topic that you chose. So, take us through the thought process that you went through, as you were saying, "I want to write a book." There's so many different ways that you can focus in on a topic for a book. Why that topic?

Susan: Thank you. I felt like I do know cancer best. In my nursing career, I have been involved with cancer nursing since the very beginning of cancer treatment in the 1970s. And I felt I had a good background in cancer care with all the subspecialties. And I wanted to share that information with attorneys who are not familiar with cancer cases, because cancer cases were coming my way, and I had to do a lot of explaining of some of the basics of cancer care.

Patricia: People within the legal field are very familiar with the concept of a legal nurse consultant and an expert witness, but our listener or our viewer may not have encountered somebody who combines nursing knowledge and knowledge of the law. Could you explain that role to the person who is saying, "Legal nurse consultant, what are you talking about?"

Susan: Certainly, and I get that question quite a bit. I'm a registered nurse. And I have several years' experience working with patients in different settings, mostly cancer patients, in my case. And I've added to my education, classes, and information regarding the legal system,

because I'm an expert in cancer care, but I was still learning about the legal terms and the legal system. And I saw situations in the hospital, and the office, and the outpatient setting where either nurses were wrongly accused of errors or errors were being made regarding cancer care. And so, I wanted to sort that out in my head and see what led to some of those problems and follow those cases to help either the patient who was injured or the nurse who was accused move forward.

Patricia: Because this was my field, and this is how you and I connected initially, I know that there are nurses who work behind the scenes with attorneys, and there are nurses who testify. What is the big difference in their function?

Susan: The nurse who works with attorneys behind the scenes is considered more of a consultant expert who works with the medical records specifically and prepares written materials for the attorney to use throughout the trial or throughout the case. He or she does not testify in that particular case. The nurse expert would be the one sharing her expertise on the witness stand or at deposition regarding the injury in question.

Patricia: And let's take that a little bit further for our listener, when you say the injury in question, are you talking about something that a nurse might do with an oncology patient? Is that what you're referring to?

Susan: Yes.

Patricia: And can you elaborate on that?

Susan: Sure. For example, a chemotherapy medication error, where the wrong dose may be administered to a patient needs to be investigated in terms of how that happened. Was it a pharmacy error? Was the order misinterpreted? Or did the nurse give the wrong amount, depending on what was in the syringe? There are many, many facets to looking at a medication error. And chemotherapy, which is a toxic medicine in the first place, can cause significant damage at the wrong dose, or if less of a dose is given, it would not be effective.

Patricia: Therefore, as a nursing expert witness, if a defendant nurse made a chemotherapy error, your role would be to look at how the error occurred and what should have been done versus what was done. Am I correct?

Susan: Correct. That is correct.

Patricia: And then it would be up to a physician expert to determine if that error shortened the patient's life or caused significant damage to the tissues, for example, if it was chemotherapy that leaked out of the blood vessel and into the tissues?

Susan: Correct.

Patricia: If a plaintiff attorney is approached by a plaintiff who has cancer or a family member has cancer, from your experience, what are some of the categories of errors that a plaintiff attorney would consider, related to cancer care?

Susan: Certainly, the attorney would listen to the plaintiff, the person who has the complaint or felt he or she was wronged. One of the most common themes of a cancer case is the failure to diagnose, or failure to detect, or a misdiagnosis of cancer.

Patricia: And how does that happen, Susan? We have all this modern technology, we've got diagnostic testing, we've got people know the warning signs of cancer. Why are there delays?

Susan: That's a good question. Everything does not happen on a timetable, sometimes. Not all systems are set up to, perhaps, get the patient a quick answer. A lady may have a mammogram, and it may be read either incorrectly, or maybe she is not notified of the results in a timely manner, or there may not have been comparisons to previous mammograms. So, there's a variety of sort of ways the results can fall between the cracks, and at different levels of treatment, it can cause different problems.

Patricia: And I know what you just said is probably frightening to the people who are concerned about risks of cancer, and our listeners sitting there thinking, "They really could miss my diagnosis? That could really happen?" Are there certain types of cancers, in your experience, that are more common than others?

Susan: Breast cancer in women, lung cancer in men and women, colon cancer in men and women are three of the most common types, as well as prostate cancer in men. And due to the large amount of cancers,

there's just, naturally, more potential errors that could be made within those testing and follow-up studies.

Patricia: I know that our listener has probably heard about the BRCA gene. Can you define how that fits in with the people who are at risk for breast cancer?

Susan: Yes. There's a group of women who may be at a higher susceptibility to breast cancer if they have the BRCA gene. And usually, ladies with the BRCA gene have a higher potential for developing breast cancer. That does not mean they will, but by the time they reach 80 or 90 years old, they have a higher percentage of developing the cancer. And this is best detected by DNA, blood drawn from a woman who already has breast cancer, and then if it's positive, whether or not she chooses to share that with her family and siblings and children.

Patricia: And I have a good friend who has the BRCA gene. I seem to recall that it wasn't possible to test her children until they reached a specific age. And I want to say it was something like 25, 26 years old before they could be tested to see if they had inherited the gene. I'm not sure the exact number. And one of her children was positive and one was negative.

Susan: The reason for that may be that what do we have to offer a 20-year-old or a 25-year-old with the BRCA gene? And is there more going to be developed in the future that we can offer? Preventative strategies for breast cancer are minimal, and, with females, to discuss some of that before their reproductive years can be difficult, because there isn't probably the influence of the hormones. It's something that, definitely, a woman would take with her on her healthcare journey to inform her care providers, but it's not necessarily a guarantee that she'll get cancer, either.

Patricia: And we certainly don't want those guarantees, either.

Susan: No, no.

Patricia: When you were structuring the content for your book, tell us what was your thought process of cancer care and cancer medical malpractice covers a whole range of topics? How did you narrow down what you wanted to cover in your book?

Susan: I participated in this wonderful class, Book Authoring Mastery, that you taught. And like the very first or second session, you said, “You can't get where you're going if you don't know where you're going. You can't get to your destination.” And that was the purpose of the outline. I've always been an outliner, because then I can follow it. I had to figure out what would be most important for attorneys to know.

And I based that on a little bit of what we just talked about, the most common types of cancers and the most common types of errors. And then I knew the attorneys would need something like a baseline, just some basic information about cancer and cancer treatment. And some things were left out and some things were added, which I discussed with you, my editor, so that we could decide what would make a smooth, flowing book and be pertinent to the attorneys.

Patricia: I think you did a very effective job of sorting through the categories because there's so many kinds of cancers and so many body systems that can be affected by cancer, that many authors have a desire to put everything in, you know, all the topics. And readers can get a little overwhelmed by the content of information that they can get. And you were writing for attorneys and not for medical professionals. So how did that influence the approach that you took in your writing?

Susan: Well, in my needs assessment and speaking with attorneys, usually, about cancer cases, I found that they had a pretty superficial understanding of the medical piece of cancer and the biologic piece that's important to determine the stage of how advanced the cancer is, and if that makes a difference in the patient's life expectancy. So, I geared my book on the potential errors that could be seen by the attorney in the case, and then what those violations of the normal standard of care would be that they could use and apply to their case.

Patricia: And you said, a few minutes ago, in your needs assessment. Did you speak to attorneys before you wrote your book?

Susan: I spoke in general to them about cancer cases. And yes, I did. And there are some attorneys who do specialize in cancer cases or have a large amount of cancer cases in their practice, but I would say the majority do not, but they do receive cancer cases to review. And so, those are the particular attorneys I would be speaking to.

Having worked in cancer care for over 30 years, I know some of the behind-the-scenes nuances to look for, what might be missing in the medical records. For example, I have a great case right now. There's a missing chemotherapy administration record, and darn if anyone can find that. So, we're still waiting for that. And that's pretty much the point of the case.

Patricia: How does it turn out that records go missing? What's behind that?

Susan: That's certainly an interesting question. In the paper days, it was almost easier to understand because there might not be a copy of something, something could fly away or fall into clutter or something. But now, with really the mix of paper and electronic records, sometimes, the wrong things are printed up. Sometimes, the complete chart isn't complete, because of additions later on that are somewhere else in the medical records department.

It's really overwhelming, even in years ago, going to a paper medical records office and seeing all those medical records. They have to be organized and in an orderly fashion so that when a doctor goes back to look at a chart from a previous admission, he can figure out what happened. So, there can easily be maybe sheets duplicated, or sheets missing. And sometimes, that could be intentional.

Patricia: So, you're saying that healthcare providers could destroy medical records?

Susan: It has been known to happen.

Patricia: What's behind that, Susan?

Susan: Fear.

Patricia: Why do health care providers get rid of them?

Susan: I think fear of misunderstanding the situation, fear of being found that an error was made that was significant. Many errors are made, as we know, in health care, but not all of them cause a problem. So, an insignificant error does not get highlighted or brought in for a lawsuit because it didn't cause a physical or mental problem. But if there's a significant injury due to an error or mistake, it becomes obvious, and

people start asking questions, and then there are review boards. And sometimes, some things go missing.

Patricia: What influence does that have on a case when that happens?

Susan: The cases I've seen, the most severe case involved the need to subpoena a Code Blue record in a pediatric case. And somehow, they found it then. And going further into it, there could be true spoliation of records, where depending on what's missing, the case could be dismissed. But I have not seen that, I've just read about that. But certainly, it's a cause for concern for the integrity of the medical records. If something's missing, how do I know something else is not missing? Just because I am missing a known medication chart, maybe I'm missing something else for another therapy section of the chart, or maybe a doctor's order, or a chest X ray, or something that's not there.

Patricia: And could the jury ever react angrily if they think that the healthcare providers are destroying medical records?

Susan: Yes, the jury has a huge representation. They are representing their peers and they want to believe that the healthcare system has integrity and is truthful and transparent. But when they see an injury to a plaintiff, they can be very angry, and that could influence the damages.

Patricia: So, winding back to where we started, we've talked about the role of the legal nurse consultant and the expert witness in oncology cases, that you picked topics that represent the common types of cancer. And you've written this book for attorneys who are handling medical malpractice cases, so that they can better understand this field. You've finished this book; you're launching this book. Tell us what you're planning to do with this book now that you're done with it. Where is this going to lead, do you think? If you could see ahead in the future, and you think about, "I've got this book in my hand. Now what?"

Susan: Well, I would like to envision an attorney having it as a reference on his bookshelf, for when he gets a cancer case, or that he knows he could give me a call and discuss a case based on what he's read in the book. Or there may be some new therapy that is not covered in the book, and I would be a reference person or resource in order to assist and serve that attorney and their client. I plan to, of course, provide

the book to attorneys I know, and hopefully, to share it with those in my future.

Patricia: All right. So, the theme of this podcast is *Writing to Get Business*. And Susan, you have certainly been an example of writing a book in order to get business. And that's been one of the themes that we've talked about in this podcast, is how you can match your expertise with the needs of your target market. What advice would you give somebody who is thinking about writing a book? Now that you're at the tail end of this, and this is the first book that you put together, what did you learn from the process?

Susan: I would highly advise anyone thinking about it, I would just say just do it. And have a mentor and a wonderful editor, like you, because it's been a very encouraging process. I felt I needed to develop my persistence and my patience with the whole process, because life does still happen. I don't just sit down and write for eight hours a day, or X amount of hours.

It's part of my business, and why I wanted to do it, even though what really triggered me is your email, your email that was looking for nurses who might want to write a book. And that certainly provided the motivation. And then I saw how many books you have written. And I thought there's no reason I couldn't write a book. And I think most people could if they really wanted to, and with expert assistance, to help polish, and edit, and bring forth some of the issues in a clearer basis. It's worked out really well.

Patricia: Tell our viewer who's watching this on our YouTube channel, or *Writing to Get Business*, or the person who's listening to this as an audio show, how can they find a copy of your book?

Susan: They could go to my website, [www.haibeckandassociates.com](http://www.haibeckandassociates.com), or they could contact me at [susan@haibeckandassociates.com](mailto:susan@haibeckandassociates.com). And it will be on Amazon, I believe.

Patricia: And what is the name of the book?

Susan: The name of my book is *Cancer Care Malpractice*.

Patricia: And let's spell your last name for our listener.

Susan: H-A-I-B-E-C-K. Haibeck.

Patricia: Okay, so don't make the mistake that I've made and call her Susan Haybeck, because that's not the correct pronunciation of her name. H-A-I-B-E-C-K.

Susan: C-K, correct. Thank you.

Patricia: Thank you, Susan. That's terrific. And I know that there'll be people who will be thinking about cancer care and malpractice in a different way as a result of having listened to you in the show. Thank you.

Susan: Well, thank you very much for having me.

Patricia: Welcome, and to you who has been watching this on our YouTube channel or listening to it on the audio platforms, I appreciate you and the attention that you have given to this show. Be sure to go to [patiyer.com](http://patiyer.com). You can receive the transcripts of our podcast by requesting them on the website. That way you can go back and check on information that you want to follow up on or scan a show and get the key points instead of listening or watching. That's a free subscription that we make available to you at your request.

Go to [PatIyer.com](http://PatIyer.com), [P-A-T-I-Y-E-R.com](http://P-A-T-I-Y-E-R.com), and come back for our next episode of *Writing to Get Business* with a new guest, and a new topic, and a new process for writing a book. Thanks so much.

Patricia: This is Pat Iyer with *Writing to Get Business*. I'd like you to meet Ron Karr. Ron is the author of a new book, and I'll have him share the title. And we've just been chatting about the book and some of the key concepts that drove him to write this book. Ron, what will our listener get from your podcast? What are some of the key things we covered?

Ron: So, the key thing in the velocity mindset is velocity is speed with direction. So, we give you the tools on how you can better identify what you truly want to achieve, whether it's on a sales call, a project, or even a lifetime. Because once you have that destination in mind, then you can work backwards and find out the right tasks to do so that you have a better chance of achieving it.

The other things that we accomplished is talking about the stories that stop us from moving forward. We all have stories in our lives, something happens to us, we create a story. The power is we created it, so we create it, we can always change it. So, we can de-emotionalize some things that stop us from moving forward and realize that it's just a story, and we can change that story. Many times, we can remove the obstacles that prevent us from moving forward.

And then a third thing that we talked about is a series of gaining buy-in. You can only do so much through yourself, and we didn't really talk about this as much but it's in the book, but you can do a lot more through the efforts of others. And we go into the neuroscience, what it takes to really gain people's attention. And we give them a simple process of how they can increase the attention of people they're speaking to so that they'll have a better chance that they will enroll them in the process and gain their support for whatever they want to achieve.

Patricia: And that sounds like a technique that would be useful in your personal life as well as in your business life.

Ron: Absolutely. And the basic technique is simple; people do things for their own reasons, not yours. So, stop talking about all the good things you can do for them, find out what they're trying to accomplish. That is the one way, you get the cortisol down, you get the oxytocin up, and get their attention because now you're talking about something that's important to them, and then present in context to what they told you, and you'll have a much more influential conversation.

Patricia: I think that that chapter alone is worth the price of the book, Ron.

Ron: Thank you.

Patricia: You'll be sure to want to watch Ron Karr's podcast. He's an accomplished guy with a lot of wisdom, a lot of life experiences and skills that will be distilled into his book. Thank you so much.

Ron: Thank you.