



Kay Anderson

Litigation Attorney

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As a member of the Health Care Litigation Group, Kay Anderson concentrates her practice in medical malpractice defense.

Ms. Anderson's experience includes representing physicians, nurses, nurse practitioners and CRNAs in medical malpractice defense litigation.

She also has experience in successfully defending state licensure investigations of physicians and nurses, as well as product liability cases and contract disputes with health care providers. Ms. Anderson has successfully argued many cases in the appellate courts of Tennessee. In addition, Ms. Anderson is a Rule 31 mediator for the state of Tennessee.

Representative Matters

- Successfully defended a radiologist in a case alleging failure to interpret CT of aorta. Summary judgment granted.
- Represented a doctor in a medical malpractice claim in which the plaintiff argued that the client failed to properly replace the knee during a total knee operation. Case dismissed at trial.
- Represented a doctor in a medical malpractice claim in which the plaintiff alleged that the client failed to timely deliver a baby. Case dismissed at trial.
- Represented a doctor in a medical malpractice action in which the plaintiff alleged that the client failed to timely diagnose prostate cancer. Summary judgment.
- Represented a doctor in a medical malpractice action in which the plaintiff alleged that the client failed to properly supervise doctoral residents as they removed part of his spinal nerve. Unanimous jury defense verdict.
- Defended a neuroradiologist in a case where it was alleged that the radiologist failed to properly interpret the CT scan. The 24-year-old female had a hemorrhagic stroke. Case dismissed on summary judgment.
- Successfully represented a physician in Shelby County Circuit Court who was added as a defendant in a lawsuit that had commenced three years earlier. By this time, the statute of report had expired. The plaintiff and co-defendant argued to the court that this was a continuing tort. The court ruled in the client's favor and dismissed her from the lawsuit.
- Successfully defended a physician in a case where cardiac stents were placed below the knee, failed and the patient had an amputation. Case dismissed.
- Represented a nurse anesthetist in a medical malpractice claim in which the plaintiff alleged that the client paralyzed him with spinal anesthesia. Unanimous jury defense verdict.
- Represented a doctor who was on trial for a medical malpractice action involving an alleged failure to recognize blunt abdominal trauma causing a retroperitoneal bleed in the death of a 12-year old child. Unanimous jury defense verdict.
- Represented a doctor in a medical malpractice claim in which the plaintiff alleged that the client stapled her ureter to her rectum, causing her pain and agony. Unanimous jury defense verdict.
- Represented a doctor in a medical malpractice claim in which the plaintiff alleged that the client caused bed sores and consequential death. Unanimous jury defense verdict.

- Represented a doctor in a medical malpractice claim in which the plaintiff alleged that the client failed to recommend a colonoscopy, and therefore allegedly causing a patient's death. Unanimous jury defense verdict.
- Represented a doctor in a medical malpractice claim in which the plaintiff alleged that the client failed to diagnose breast cancer.
- Obtained a verdict on behalf of an internal medicine specialist whose patient died as the result of a junctional bradycardia that occurred while she was hospitalized and awaiting orthopedic surgery. The decedent was initially hospitalized with a fractured tibial plateau but was not considered to be an emergent surgery. The internist prescribed Zofran for her nausea. She was not connected to telemetry monitoring. The Internist did order a pre-operative EKG which was being performed at the time the decedent 's heart rate slowed. The Zofran had been administered three minutes before the bradycardia. It took nine minutes to intubate the patient. The decedent was in a coma for a year and then expired. The plaintiff's expert opined that, the decedent had a prolonged QT interval and should never have been given Zofran as it caused further prolongation thus causing her cardiac arrest. The defense experts explained that no evidence supported the validity of the plaintiff's theory. The decedent had been administered Zofran in the past with no cardiac arrest. Beyond that fact, it would have taken at least thirty minutes for there to have been a reaction to the Zofran. The jury quickly deliberated and found that the defendant did not deviate from the standard of care in his treatment of the patient.



Professional Honors & Activities

- Member – DRI
- Member – Memphis Bar Foundation
- Member – Memphis Bar Association, litigation section and fee dispute resolution
- Member – Mississippi Bar Association
- Member – Tennessee Bar Association
- Member – Tennessee Defense Lawyers Association
- Named the Tennessee Defense Lawyers Association 2020 Defense Lawyer of the Year
- Member – Tennessee American Association of Nurse Attorneys (TAANA)
- Master – Leo Bearman Sr. American Inn of Court
- Tennessee Rule 31 Mediator
- Martindale-Hubbell Bar Register of Preeminent Women Lawyers
- AV[®] Preeminent[™] Peer Review Rated by Martindale-Hubbell
- Listed in *The Best Lawyers in America*[®] for Medical Malpractice Law - Defendants (2020 – 2025)
- Selected to Mid-South Super Lawyers, Health Care (2015 – 2024)
- Named as a Top Rated Medical Malpractice Attorney in Memphis by *Super Lawyers* (2015 – 2021)



Education

- University of Memphis Cecil C. Humphreys School of Law, J.D., 1988
 - *Law Review*
- Christian Brothers College, B.S. in Health Care Administration, 1984
- Methodist Hospital School of Nursing, Diploma Registered Nurse, 1976



Admissions

- Tennessee
- Arkansas
- Mississippi
- United States District Court for the Western District of Tennessee
- Tennessee Supreme Court