

12

King's Bench Walk

Gerard Martin QC

Call: 1978

Silk: 2000

martin@12kbw.co.uk



AREAS OF EXPERTISE

Personal Injury, Clinical Negligence, Professional Negligence, International & Travel, Arbitration

Specialist in catastrophic injury work for Claimants. Other specialties include claims for amputees, pain and somatoform disorders.

In the way his career has developed both at the junior bar and in silk, he has been instructed almost exclusively by those acting for Claimants (including those employed in the military), save for one or two occasions when insurance companies have sought his assistance. The majority of his work over the past 15 years in silk has been for clients with severe brain injuries, be they adults or children, the injuries resulting as the consequence of accidents or by way of clinical negligence.

Each case of severe brain injury is unique and experience has taught him that it is unwise to generalise about outcomes, much depends upon the individual and the support they receive. Practising in this speciality has meant that the experts on both sides of the litigation divide are known to him, as are the centres of excellence for rehabilitation of the brain injured.

Clinical Negligence

Cerebral palsy and all other serious injury work both as to liability and quantum. In addition, Gerard has detailed experience of pursuing claims on behalf of those who have suffered strokes by reason of clinical negligence.

Qualifications

Cambridge, Law degree 2.1, 1974-1977

Appointments & Memberships

Former chair of Northern Circuit Medical law Association; former recorder; accredited mediator.

PIBA; PNBA

Cases

Guantanamo Bay Negotiations 2010

Acted for two of the inmates in a two week mediation against five Government departments seeking compensation for

human rights violations, successfully settled.

AB 2010

Severe brain injury to a 60 year old passenger in a car, £7.5 million recovered, including annual payments for care and case management of £310,000.

CD2010

Severe brain injury for a passenger exiting a moving taxi- successfully recovered £250,000.

EF 2011

Spinal injury tetraplegic in his early twenties, complicated by his failure to use care package, £7.3 million.

GH 2010

Young man of 16 at time of severe brain injury, passenger in car driven off Beachey Head, management of his care team made difficult by his amorous relationship with one of his carers, just under £6 million recovered.

IJ 2011

Chronic pain case for a man in his twenties, video surveillance and credibility in issue, settled for £535.000.

KL 2012

A lady in her fifties, amputee, loss of upper limb, just below shoulder, issues re use of myo electric prosthetics – £1.15 million recovered.

OP 2011

Turkish speaking man in his fifties, severe brain damage, unable to walk by reason of neurological injuries, lost ability to speak English, severely distressed by his injuries, complicated by boney growths around his knees causing pain, £5.5 million recovered.

QR 2012

Young lady in her twenties, severe brain injuries, rendered virtually blind, 3% sight remaining in one eye, severe anxiety

problems, case complicated because we were the second legal team, called in to take over the case from solicitors with whom the family had become dissatisfied, very difficult care package to manage, £5.5 million recovered.

MN2012

Lady in her fifties, suffers severe brain injury, as a result suffers the onset of bipolar disorder, a diagnosis agreed by Defence expert to be caused by accident. The disorder not yet controlled by medication. Has reverted to her first language of Sri Lankan, profoundly deaf

Cases abroad

Two recent cases of interest both concern the management of cases abroad. One involves a man in his sixties, living in Tehran, who suffered what we believe to be a severe brain injury when knocked down as a pedestrian in London and the brain injury was missed by the treating hospital which focussed on the orthopaedic injuries. The client speaks no English.

The other is for a young man with a severe brain injury who resides in Kuwait City, little is known as yet what systems for rehabilitation exist in his home country. Little English is spoken and reliance upon interpreters is essential.