

Victoria Crawshaw Scanlon

Shareholder

VCScanlon@mdwccg.com

Scranton – 570.496.4652



Victoria is the supervising attorney for the Health Care Liability Practice Group in the Scranton office. She is an experienced litigator with more than 20 years of experience representing physicians, midwives, nurse practitioners, nurses, physical therapists, hospitals, ambulatory surgery centers, skilled nursing facilities, personal care homes, home health care providers and physician practice groups in Pennsylvania and Massachusetts. Victoria is a proven trial attorney and highly successful negotiator. She also provides risk management services.

Prior to joining Marshall Dennehey in 2008, Victoria was a partner in the Boston office of a large litigation firm, where she represented health care professionals and entities in malpractice suits and manufacturers in products liability matters. She is a 1998 graduate of Suffolk University Law School. Victoria obtained her undergraduate degree in communications and political science in 1994 from the University of Rhode Island, where she was the 1994 student commencement speaker and captain of the debate team.

Victoria was born in Johannesburg, South Africa. She is a dual citizen of the United States of America and South Africa.

Education

- Suffolk University Law School (J.D., 1998)
- University of Rhode Island (B.A., 1994)

Admissions

- Massachusetts, 1999
- U.S. District Court District of Massachusetts, 2002
- Pennsylvania, 2008
- U.S. District Court Middle District of Pennsylvania, 2011

Practices

- Medical Malpractice
- Long-Term Care Liability
- Behavioral Health Risk & Liability
- Catastrophic Medical Injury
- Product Liability
- General Liability

Honors & Awards

- The Best Lawyers in America®, Medical Malpractice Law - Defendants (2023-2027)
- The Best Lawyers in America®, Health Care Law; Litigation - Health Care (2025-2027)
- BV® Distinguished™ by LexisNexis Martindale-Hubbell
- International Association of Defense Counsel (IADC) (2006 Trial Academy, attendee)
- Massachusetts Super Lawyer Rising Star (2007)

Associations & Memberships

- Lackawanna Bar Association
- Massachusetts Bar Association

Classes/Seminars Taught

- *How to Write a Great Report: Malpractice Lawyer's Perspective*, American Roentgen Ray Society (ARRS) Annual Meeting, Pittsburgh, PA, April 12, 2026
- *Legal Update: Advanced Practice Providers*, The CHART Institute, webinar, June 18, 2025
- *Legal Update: Advanced Practice Providers*, The CHART Institute, webinar, October 24, 2023
- *What a Radiologist Should Know About Medical Malpractice*, Department of Radiology at Penn State Hershey Medical School, May 11, 2023
- *Advanced Practice Clinicians in Health Care: What Your Facility Needs to Know*, ASHRM 2018 Annual Conference, Nashville, Tennessee, October 8, 2018
- *Mock Depositions: What the Child Psychiatrist Needs to Know Before Sitting in the Hot Seat*, The American Academy of Child and Adolescent Psychiatry 64th Annual Meeting, Washington, D.C., October 27, 2017
- *Mock Trial: Lessons for Psychiatrists from the Bar and Risk Management*, New York-Presbyterian Hospital Child Psychiatry Residency, New York University Child Psychiatry Residency, Weill Cornell Psychiatry Residency Programs, Allied World, August 2017
- *Medical Malpractice Case Study - Suicide and the Defense of a Wrongful Death Claim*, Pennsylvania Association of Health Care Risk Management (PAHCRM), Annual Conference, September 9, 2016
- *Ostensible Agency and Corporate Liability Claims: What You Need to Know*, Health Care and Health Law Seminar, Marshall Dennehey, November 5, 2015
- *Mock Trial: Lessons for Psychiatrists From the Bar and Risk Management*, American Academy of Child and Adolescent Psychiatry Annual Meeting, San Antonio, Texas, October 30, 2015
- *Peer Review, Charting Pitfalls/Issues and Anticipated Legal Issues Pertaining to the Electronic Medical Record*, Northeast Chapter of the Pennsylvania Association of Nonprofit Senior Services, Continuing Education Conference, April 2009

Published Works

- "Enforceability of Nursing Home Arbitration Agreements in Pennsylvania," *Defense Digest*, Vol. 20, No. 4, December 2014
- *Case Law Alerts*, contributor, 2010-2012

Significant Representative Matters

- Obtained a defense verdict on behalf a midwife defendant in an alleged failure to properly manage and care for a patient's labor and delivery, resulting in catastrophic injury to her child. Counsel for the minor-plaintiff argued that the pregnancy and labor were high risk and, therefore, it was below the standard of care to use intermittent auscultation (IA) during the second stage of labor. The plaintiff argued that the fetus suffered a catastrophic brain injury during the second stage of labor, resulting in cerebral palsy and daily intractable seizures. The child, six years of age, wheelchair bound and unable to speak or feed himself, will require lifetime supervision and care. The defense argued that the patient's pregnancy remained low risk, and therefore, IA was within the standard of care; that a sentinel event did not occur during the second stage of labor; and that child's brain injury occurred in the days leading up to the hospital admission for labor.
-

Results

Medical Malpractice Arbitration Ends in Defense Award

We obtained an arbitration defense award in a medical malpractice case, in which the plaintiff alleged that our radiologist client misread the first of two head CT scans. She claimed that a timely diagnosis of her issue, which turned out to be cerebral venous thrombosis (CVT), would have given her the opportunity for a cure. We successfully argued that the head CT showed what appeared to be a normal anatomical variant, which only identified plaintiff's CVT diagnosis with additional, more sensitive imaging studies.

Defense arbitration award in a podiatric surgical malpractice case.

The 55-year-old plaintiff underwent tarsal tunnel surgery. She developed post-operative complications, including infection, and required two additional surgeries, including a sural artery flap graft. The plaintiff gained over 100 pounds after the podiatric surgeries and underwent gastric bypass surgery. She alleged it was required as the result of being sedentary from the podiatric surgeries and complications. The plaintiff has significant lower extremity surgical scarring, chronic pain and a gait abnormality. She was never able to return to work. She alleged that the defendant intentionally kept fraudulent, incomplete and untimely electronic medical records. The defense argued that the podiatric surgeries were indicated and performed within the standard of care, and that the plaintiff developed post-operative complications resulting in the need for additional surgeries due to her own noncompliance—prematurely and repeatedly walking on her surgical foot and getting her surgical dressings wet.

Plaintiff's case not on the right foot.

We received a defense verdict in a podiatric surgical malpractice arbitration. The plaintiff alleged that the defendant podiatrist negligently performed foot surgery, causing her foot deformities to worsen and resulting in shooting pain in her big toe, pain under her second and third toes, and imbalance. Her husband claimed loss of spousal consortium. The

defense successfully argued that the surgery was performed reasonably and within the standard of care, and that the plaintiff developed known and accepted risks and complications of the surgery.

Defense Verdict for Midwife.

Marshall Dennehey's health care attorneys obtained a defense verdict on behalf of a midwife in a case involving alleged failure to properly manage and care for a patient's labor and delivery, resulting in catastrophic injury to her child. Counsel for the minor-plaintiff argued that the pregnancy and labor were high risk. Therefore, it was below the standard of care to use intermittent auscultation (IA) during the second stage of labor. The plaintiff argued that the fetus suffered a catastrophic brain injury during the second stage of labor, resulting in cerebral palsy and daily intractable seizures. The child is six years of age, wheelchair bound, unable to speak or feed himself, and will require lifetime supervision and care. The defense argued that the patient's pregnancy remained low risk; that IA was within the standard of care; a sentinel event did not occur during the second stage of labor; and that the child's brain injury occurred in the days leading up to the hospital admission for labor.