STATE OF MINNESOTA
IN COURT OF APPEALS
A25-0603

Margaret Zabel, et al.,
Appellants,

vs.

Michael Gartner, et al.,
Respondents.

Filed February 9, 2026
Reversed and remanded
Bond, Judge

Blue Earth County District Court
File No. 07-CV-20-3440

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Matthew J. Hanzel (of counsel), Mayo Clinic – Rochester, Rochester, Minnesota (for respondents)

Considered and decided by Bond, Presiding Judge; Worke, Judge; and Jesson, Judge.[*]

[*] Retired judge of the Minnesota Court of Appeals, serving by appointment pursuant to Minn. Const. art. VI, § 10.

NONPRECEDENTIAL OPINION

BOND, Judge

Appellants in this medical-malpractice case challenge the district court's grant of judgment as a matter of law (JMOL) to respondents on the issue of causation, arguing that they presented sufficient evidence for the jury to conclude that respondents deviated from the standard of care, which directly caused the decedent's death. Because there is sufficient evidence to present an issue of fact on causation that should be resolved by the jury, we conclude that the district court erred by granting respondents' motion for JMOL. Therefore, we reverse and remand.

FACTS

Dennis Zabel (Zabel) had a history of chronic atrial fibrillation and dilated cardiomyopathy.[1] He was taking blood-thinning medication. In June 2018, Zabel fell and lost consciousness. He received treatment, including two CT scans of his head.

Approximately one month later, Zabel fell again and was unresponsive. He was transported to respondent Mayo Clinic Health System – Mankato (MCHS Mankato) and placed under the care of respondent Michael Gartner (Dr. Gartner). Dr. Gartner ordered several tests, including a CT scan of Zabel's head. The results of the CT scan were "unremarkable without evidence of skull fracture" and "[n]o intracranial or intracerebral hemorrhage [was] identified." Zabel was discharged in "stable" condition with a diagnosis

[1]These facts are taken from the evidence presented at trial, viewed in the light most favorable to appellants as the nonmoving party. *Vermillion State Bank v. Tennis Sanitation*, *LLC*, 969 N.W.2d 610, 618 (Minn. 2022); *Navarre v. S. Washington Cnty. Schs.*, 652 N.W.2d 9, 21 (Minn. 2002).

of "[s]yncope with confusion suspected secondary to seizure episode" and "[s]eizure disorder-newly diagnosed."

On August 6, 2018, Zabel fell again and was again transported to MCHS Mankato. Zabel complained about groin pain and right leg weakness. Zabel was again placed under the care of Dr. Gartner. Dr. Gartner noted that Zabel was experiencing "[d]izziness," in addition to groin pain and extremity weakness. There is also evidence that Zabel was experiencing headaches, numbness, and upper extremity weakness. Dr. Gartner ordered several tests for Zabel, including an arterial ultrasound; Dr. Gartner did not order a CT scan or Protime INR test, which measures how long it takes blood to clot to determine the effect of blood-thinning medications. The physical-examination results indicated that Zabel was "basically unremarkable for anything acute."

After consulting with a neurologist, Dr. Gartner recommended that Zabel's already scheduled electromyogram be "moved up" and arranged for a cardiological follow-up regarding Zabel's dizziness. Because no beds were available at MCHS Mankato, Zabel was transported to Mayo Clinic's Albert Lea location.

Shortly after admission, Zabel yelled for help because he was experiencing intense leg spasms, numbness on his right side, and a headache. A CT scan of Zabel's head was conducted, which showed a hemorrhage. Zabel was transferred to another hospital where additional CT scans showed an "expansion of the . . . hemorrhage" and a "new subarachnoid hemorrhage." On August 12, 2018, Zabel died from an intracerebral hemorrhage.

Appellants Margaret Zabel, Troy Zabel, Jill Kroc, and Tracy Songe, co-trustees for the next-of-kin of Zabel (appellants), initiated a medical-malpractice lawsuit against Dr. Gartner and MCHS Mankato (respondents). Appellants alleged that respondents were negligent for failing to take a CT scan of Zabel's head based on Zabel's medical history and symptoms, and that, because a CT scan would have detected Zabel's brain hemorrhage, this negligence caused Zabel's death.

At trial, Dr. Robert Stuart, a board-certified emergency-medicine physician, testified as an expert on behalf of appellants. Dr. Stuart testified that (1) Zabel presented possible symptoms of a stroke on August 6; (2) Zabel's cause of death was an intracerebral hemorrhage; (3) based on the symptoms Zabel presented, it was likely that Zabel had a sentinel hemorrhage[2] that expanded into a large hemorrhage; and (4) had Dr. Gartner followed the normal standard of care in evaluating Zabel's symptoms on August 6 and obtained a CT scan, the hemorrhage would have been appropriately addressed and Zabel's death likely prevented.

At the close of appellants' case-in-chief, respondents moved for JMOL, arguing that appellants failed to provide sufficient evidence of causation. The district court granted the motion, reasoning that Dr. Stuart's testimony left "missing links[] in the chains of the causation . . . [leaving] no question for the jury to decide."

[2] Dr. Stuart testified that a sentinel bleed is a small hemorrhage that undergoes a period of quiescence and then later can present with worsening symptoms.

Appellants moved the district court for amended findings and judgment that respondents were not entitled to JMOL, or for a new trial. The district court denied these motions, stating:

> In sum, Dr. Stuart did not provide testimony regarding (1) how he concluded [Zabel] had a sentinel bleed on August 6, 2018; (2) how sentinel bleeds related to the various other terms for brain bleeds and strokes that he defined during trial; (3) [i]f [Zabel]'s alleged sentinel bleed was a microbleed (where only "some" microbleeds "would show up" in a CT scan with IV contrast, which is used to see higher detail) . . . ; (4) if [Zabel]'s alleged sentinel bleed would have appeared on a CT scan taken at MCHS-Mankato on August 6; (5) how he knew that [Zabel]'s alleged sentinel bleed was not the type that "sometimes" resolve on their own[,] but instead was the type that "sometimes . . . goes on . . . from hours to days to weeks when that may present itself as with a more massive brain hemorrhage["]; (6) why stopping [certain medication] and/or administering [certain medication] was an appropriate treatment, given [Zabel]'s atrial fibrillation, and how it would have prevented [Zabel]'s death; and (7) when and why [Zabel] would have recovered with appropriate treatment. Plaintiffs were required to supply this information, which is not within the common knowledge of laymen, through expert testimony. . . . On that basis, the [c]ourt was required to grant [d]efendants' motion for JMOL.

This appeal follows.

DECISION

Appellants argue that the district court erred in granting JMOL because they presented sufficient evidence for a jury to determine the issue of causation. We review a decision granting JMOL de novo. *Bahr v. Boise Cascade Corp.*, 766 N.W.2d 910, 919 (Minn. 2009). In doing so, we view the evidence in the light most favorable to the nonmoving party, making an "independent determination of whether there is sufficient

evidence to present an issue of fact for the jury." *Jerry's Enters., Inc. v. Larkin, Hoffman, Daly & Lindgren, Ltd.*, 711 N.W.2d 811, 816 (Minn. 2006).

Minn. R. Civ. P. 50.01(a) provides:

> If during a trial by jury a party has been fully heard on an issue and there is no legally sufficient evidentiary basis for a reasonable jury to find for that party on that issue, the court may decide the issue against that party and may grant a motion for [JMOL] against that party with respect to a claim or defense that cannot under the controlling law be maintained or defeated without a favorable finding on that issue.

Granting JMOL is appropriate "only when the evidence is so overwhelming on one side that reasonable minds cannot differ as to the proper outcome." *Kedrowski v. Lycoming Engines*, 933 N.W.2d 45, 55 (Minn. 2019) (quotation omitted). And in making this determination, "the [district court] *must* ignore all the evidence that points in favor of the moving party and focus solely on the evidence supporting the nonmoving party's position." *Peterson v. W. Nat'l Mut. Ins. Co.*, 946 N.W.2d 903, 911 (Minn. 2020). "When there is a fact or inference upon which the [jury] *could* decide for the nonmoving party, the [district court] *must* leave the decision to the jury." *Id.* (emphasis added).

To succeed in a medical-malpractice case, plaintiffs must prove, using expert testimony, "(1) the standard of care recognized by the medical community as applicable to the particular defendant's conduct, (2) that the defendant in fact departed from that standard, and (3) that the defendant's departure from the standard was a direct cause of the patient's injuries." *Dickhoff ex rel. Dickhoff v. Green*, 836 N.W.2d 321, 329 (Minn. 2013) (quotation omitted). Expert testimony is required in a medical-malpractice case to prevent the jury from speculating about causation, because in this context, causation is often outside

"the common knowledge of laymen." *Rygwall ex rel. Rygwall v. ACR Homes, Inc.*, 6 N.W.3d 416, 430 (Minn. 2024). Proving causation requires a showing that, "more likely than not," the defendant's actions were a foreseeable, "substantial factor" that brought about the injury—"that the harm would not have occurred without the negligent act." *Id.* at 429 (quotation omitted). Causation is generally "a question of fact for the jury." *Jepsen ex rel. Dean v. County of Pope*, 966 N.W.2d 472, 491 (Minn. 2021). JMOL is inappropriate on the issue of causation so "long as the jury can reasonably infer from the evidence, without speculation, that the defendant caused the plaintiff's injury." *Rygwall*, 6 N.W.3d at 430.

Here, the district court granted JMOL based solely on causation; that is, that Dr. Stuart's testimony did not provide sufficient information for the jury to determine the factual issue of causation without speculation. Based on our careful review of the record and focusing "*solely* on the evidence supporting [appellants'] position," we disagree. *Peterson*, 946 N.W.2d at 911 (emphasis added).

Dr. Stuart testified that a CT scan was warranted based on Zabel's presentation of symptoms, medical history, and use of blood thinners, and that, had a CT scan been performed, it would have detected a hemorrhage. Dr. Stuart further explained that Zabel's brain bleed was initially small but relatively stable "and if it had been picked up, it could have been treated early and highly likely, more probably than not, would have prevented the . . . down-the-road massive hemorrhage that ended up occurring."

In granting JMOL to respondents, the district court determined there were gaps and "missing links in [p]laintiffs' chain of causation." For example, the district court

determined that Dr. Stuart failed to explain how he concluded that Zabel had a sentinel hemorrhage on August 6. But Dr. Stuart testified that his conclusion that Zabel experienced a sentinel hemorrhage was based on Zabel's acute headache followed by a "relatively quiescent period." The district court also determined that Dr. Stuart failed to explain why stopping the blood-thinner medication and administering other medications would have prevented Zabel's death, but Dr. Stuart testified that administration of other medications would have counteracted the effects of the blood-thinner medication, which would have helped stop the bleeding. As to the district court's concern that Dr. Stuart did not explain whether the sentinel hemorrhage would have appeared on a CT scan on August 6 if one had been performed, Dr. Stuart testified that "some" microbleeds "might" appear on a CT scan with an IV contrast and that a hemorrhagic stroke will "usually" be detectable on a CT scan.

In this case, any gaps and contradictions within Dr. Stuart's testimony should be resolved by the jury in making a credibility determination. *See Kedrowski*, 933 N.W.2d at 60 (stating that potential deficiencies in expert's testimony relate to the weight of expert's opinion). And any such purported testimonial deficiencies are appropriately addressed through cross-examination, dueling expert testimony, and closing arguments, rather than JMOL. *Cf. id.* at 60-61 (recognizing that deficiencies in expert's testimony are properly addressed by "detailed cross-examination and argument to the jury"). In other words, while proving causation may be an "uphill battle," appellants should have been allowed a jury determination, as is our "longstanding approach to tort law." *See Dickhoff*, 836 N.W.2d at 338 n.17.

Because appellants presented sufficient facts through Dr. Stuart's testimony that could lead reasonable minds to conclude that respondents' omissions substantially contributed to Zabel's death, *see Kedrowski*, 933 N.W.2d at 55—and because JMOL has a high standard that *heavily favors* the nonmoving party, *see Peterson*, 946 N.W.2d at 911—we conclude that the district court erred by granting respondents' motion for JMOL. Thus, we reverse and remand for a new trial.[3]

Reversed and remanded.

[3] Because we reverse and remand on this issue, we need not consider the additional claims appellants raise in this appeal.