

Docketed 1/28/2026

COMMONWEALTH OF MASSACHUSETTS

NORFOLK, ss.

SUPERIOR COURT DEPARTMENT

CIVIL ACTION NO. 2682CV00081

LINDSAY M. CLANCY,

Plaintiff,

v.

JENNIFER A. TUFTS, M.D., ALIA GOODHEART, M.D.,
ZOBIDA M. DIAZ, M.D., REBECCA H. JOLLOTTA,
C.N.P., ASTER MENTAL HEALTH INC., SOUTH SHORE
HEALTH SYSTEM, INC., MCLEAN HOSPITAL, and
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND,

Defendants.

FIRST AMENDED COMPLAINT AND JURY DEMAND

INTRODUCTION

This is an action for personal injury and loss of consortium brought by Lindsay M. Clancy ("Lindsay" or "Plaintiff"). This action arises from the catastrophic failure of multiple medical providers to properly diagnose, treat, and monitor Lindsay's severe postpartum psychiatric condition, despite her repeated, desperate pleas for help and her family's persistent efforts to obtain adequate care.

Lindsay Clancy did everything a mother in her situation could do. She recognized something was wrong with her. She sought medical treatment. She went to emergency rooms. She called crisis hotlines. She admitted herself to hospitals. She took the medications prescribed

to her. She communicated her worsening symptoms to her providers. She told them the medications were making her worse. Her husband advocated for her. Her family drove from out of state to help care for her children. And still, the medical system failed her completely.

The Defendants—Jennifer A. Tufts, M.D. ("Dr. Tufts"), Alia Goodheart, M.D. ("Dr. Goodheart"), Zobeida M. Diaz, M.D. ("Dr. Diaz"), Rebecca H. Jollotta, C.N.P. ("Nurse Jollotta"), Aster Mental Health Inc. ("Aster"), South Shore Health System, Inc. ("South Shore"), McLean Hospital ("McLean"), and Women & Infants Hospital of Rhode Island ("Women & Infants")—each failed to properly diagnose Lindsay's bipolar disorder with postpartum onset and instead subjected her to a disorganized, uncoordinated course of polypharmacy that exacerbated her condition and precipitated a severe psychotic break.

Lindsay's clinical course was "significantly complicated by polypharmacy and the involvement of multiple prescribers, which, in effect, obscured an accurate diagnosis and appropriate intervention and treatment," even though Lindsay did all that she could to obtain the appropriate treatment.

The psychotropic medications Lindsay received appear to have paradoxically exacerbated her underlying psychiatric vulnerability, precipitating a state of manic psychosis characterized by compelling command hallucinations. The tragedy that followed was the direct and proximate result of the Defendants' collective negligence in failing to recognize obvious warning signs, coordinate care, properly diagnose Lindsay's condition, and provide treatment that met the applicable standard of care.

As a direct result of Defendants' negligence, Lindsay suffered catastrophic physical injuries, including permanent paralysis, and she lost her three beloved children—Cora Marie

Clancy, Dawson William Clancy, and Callan Patrick Clancy. Lindsay now faces a lifetime of physical disability, psychological trauma, and the unbearable grief of waking up every day knowing she killed her children—all of which could have been prevented had Defendants provided competent medical care.

PARTIES

1. Plaintiff Lindsay M. Clancy is a resident of Massachusetts who, at all relevant times, resided in Duxbury, Massachusetts with her husband Patrick Clancy and their three children. Lindsay was a registered nurse who worked in the labor and delivery department at Massachusetts General Hospital. She is the mother of Cora Marie Clancy, Dawson William Clancy, and Callan Patrick Clancy.
2. Defendant Jennifer A. Tufts, M.D. is a psychiatrist registered to practice medicine in the Commonwealth of Massachusetts with a usual place of business in Braintree, Norfolk County, Massachusetts.
3. Defendant Alia Goodheart, M.D. is a psychiatrist registered to practice medicine in the Commonwealth of Massachusetts with a usual place of business at McLean Hospital, 115 Mill Street, Belmont, Middlesex County, Massachusetts. Dr. Goodheart was the attending psychiatrist who authored and signed Lindsay's physician discharge summary on January 5, 2023, following Lindsay's five-day inpatient admission.
4. Defendant Zobeida M. Diaz, M.D. is a psychiatrist registered to practice medicine in the State of Rhode Island with a usual place of business at Women & Infants Hospital, 101 Dudley Street, Providence, Rhode Island. Dr. Diaz was the attending psychiatrist who

evaluated Lindsay at the Women & Infants Day Hospital Program on December 20, 2022.

5. Defendant Rebecca H. Jollotta, C.N.P. is a certified nurse practitioner registered to practice medicine in the Commonwealth of Massachusetts with a usual place of business in Weymouth, Norfolk County, Massachusetts.
6. Defendant Aster Mental Health Inc. is a Massachusetts professional corporation with a principal place of business at 325 Wood Road, Suite 209, Braintree, Norfolk County, Massachusetts. Aster employed Dr. Tufts and is vicariously liable for her negligent acts and omissions.
7. Defendant South Shore Health System, Inc. is a Massachusetts nonprofit corporation with a principal place of business at 55 Fogg Road, South Weymouth, Norfolk County, Massachusetts. South Shore employed Nurse Jollotta and operated the Perinatal Behavioral Health Program through which Lindsay received treatment. South Shore is vicariously liable for the negligent acts and omissions of its employees.
8. Defendant McLean Hospital is a psychiatric hospital located in Belmont, Middlesex County, Massachusetts. McLean provided inpatient psychiatric treatment to Lindsay from January 1-5, 2023. McLean employed Dr. Goodheart and is vicariously liable for her negligent acts and omissions.
9. Defendant Women & Infants Hospital of Rhode Island is a hospital located in Providence, Rhode Island. Women & Infants operated a partial hospitalization day program for patients with postpartum depression where Lindsay sought treatment in late

December 2022. Women & Infants employed Dr. Diaz and is vicariously liable for her negligent acts and omissions.

JURISDICTION AND VENUE

10. This Court has jurisdiction over the Massachusetts Defendants under G.L. c. 223A, §§ 2 and 3 because they either reside in Massachusetts, have a principal place of business in Massachusetts, and/or their actions and inactions that caused the injuries at issue took place in Massachusetts.
11. This Court has jurisdiction over the Massachusetts Defendants—Dr. Jennifer A. Tufts, M.D., Dr. Alia Goodheart, M.D., Rebecca H. Jollotta, C.N.P., Aster Mental Health Inc., South Shore Health System, Inc., and McLean Hospital—under G.L. c. 223A, § 2 because they reside in Massachusetts, are organized under the laws of Massachusetts, and/or maintain their principal places of business in Massachusetts. This Court has jurisdiction over Dr. Zobeida M. Diaz, M.D. and Women & Infants Hospital of Rhode Island under G.L. c. 223A, § 3(a) and (d) because:
 - This Court has jurisdiction over Dr. Diaz and Women & Infants Hospital of Rhode Island under G.L. c. 223A, § 3 because Dr. Diaz and Women & Infants transacted business within the Commonwealth, provided medical services to a Massachusetts resident regarding her treatment in Massachusetts, and their negligent acts caused injury within the Commonwealth.
 - Dr. Diaz and Women & Infants transacted business in the Commonwealth by accepting a referral from Massachusetts General Hospital and providing medical evaluation and

treatment services to Lindsay, a Massachusetts resident, for a condition being actively managed by Massachusetts healthcare providers;

- Dr. Diaz and Women & Infants knew that Lindsay was a Massachusetts resident who would return to Massachusetts for ongoing care and that their treatment recommendations would be implemented by Massachusetts providers;
- Women & Infants operates a specialized postpartum mental health program that serves patients from the New England region, including Massachusetts, and derives substantial revenue from Massachusetts patients;
- Dr. Diaz's and Women & Infants' negligent acts in Rhode Island caused tortious injury to Lindsay in Massachusetts; and

12. Venue is proper in this Court pursuant to G.L. c. 223, § 1.

FACTS

A. Lindsay Clancy and Her Family

13. Lindsay Marie Clancy, born August 11, 1990, was raised in Wallingford, Connecticut. Her formative years were characterized by consistent academic excellence, culminating in a distinguished record throughout college and a rigorous accelerated nursing program at Massachusetts General Hospital.
14. Lindsay's nine-year tenure as a labor and delivery nurse at Massachusetts General Hospital demonstrated notable professional competence and personal fulfillment. She was passionate about nursing and dedicated to her patients.

15. Lindsay married Patrick Clancy in December 2016, and they established their family home in Duxbury, Massachusetts.
16. Lindsay and Patrick had three children: Cora Marie Clancy, born December 24, 2017; Dawson William Clancy, born September 30, 2019; and Callan Patrick Clancy, born May 26, 2022.
17. As described by Patrick Clancy, before Lindsay became ill, she was dedicated to being a mom, even over dedicated—worked twice as hard as most. She rarely took a break to rest. Lindsay "loved our children" and "never took her frustration out on the kids. She remained as affectionate with the kids as always."
18. Lindsay's mother-in-law, Susan Clancy, testified in grand jury proceedings that she "loved everything about Lindsay. She was a fun loving, doting wife and mother. She loved her kids, and she was a nurturing mother who smiled all the time."
19. Lindsay's sister, Allison Olga, described Lindsay as "the kind of person who cares deeply for the people she loves. She shows up for the celebrations and writes handwritten notes to show her love and appreciation. She's also there in times of need and finds just the right words to provide comfort and support."
20. Lindsay consistently conveyed profound affection for her children and her husband. She had never previously engaged in any form of physical harm towards her children.

B. Lindsay's Prior Postpartum History

21. During Lindsay's first pregnancy with Cora, she experienced anxiety due to an abnormal ultrasound finding that later resolved. She experienced some anxiety during the postpartum period but returned to part-time work and breastfed for one year without incident.
22. During the postpartum period following her second child, Dawson's, birth, Lindsay was initially elated with increased energy. Patrick described that "she had manic behavior" for multiple days. In October 2020, she had an episode of decluttering to "simplify her life," obsessively cleaning and discarding items. She said she felt "amazingly on top of things." Her thoughts raced, and she constantly felt pressure to be active.
23. After her second pregnancy, anxiety emerged at approximately two months postpartum. Although Lindsay was offered Zoloft by a psychiatrist, she declined due to concerns about breastfeeding. Her symptoms resolved through exercise, healthy diet, meditation, and several therapy sessions.
24. These prior postpartum episodes, including the hypomanic symptoms following Dawson's birth, were critical indicators that should have alerted competent psychiatric providers to the risk of bipolar disorder and the potential for more severe postpartum psychiatric complications following subsequent pregnancies.

C. Third Pregnancy and Initial Postpartum Period

25. Lindsay gave birth to Callan on May 26, 2022. Both Patrick and Lindsay took parental leave following Callan's birth.

26. Lindsay demonstrated significant activation and hypomanic behavior, including an extensive program of exercise beginning only one week after delivery. She woke every day before the children at 4:00 a.m., ran three miles, did spinning for thirty minutes on the Peloton, and then thirty minutes of aerobics. On July 4, 2022, only five weeks after delivery, she ran a five-mile race.
27. Lindsay's sister Allison observed that, unlike her usual sensible self, Lindsay impulsively bought into a "beach body" multi-level marketing scheme, purchasing products to resell. She made videos of her exercise routines, posted them on Facebook, and encouraged friends to join the program.
28. These early postpartum behaviors constituted a hypomanic episode that, combined with her history following Dawson's birth, should have immediately suggested bipolar disorder to any competent psychiatric provider who obtained an adequate history.

D. Lindsay's Desperate Efforts to Seek Help

29. At approximately twelve weeks postpartum, Lindsay's mood switched suddenly to anxiety and depression. She experienced debilitating anxiety, insomnia, sleeping only approximately three hours per night, and exhaustion during the day. She had no motivation and could not exercise. Everything about her body felt heavy and required effort. It was a chore to dress or shower. Her parents came from out of state to help care for the children.

30. Recognizing that something was seriously wrong, Lindsay took the initiative to seek psychiatric care. On September 12, 2022, she found Dr. Jennifer Tufts online and scheduled an appointment.
31. At her first appointment with Dr. Tufts, Lindsay's Edinburgh Postnatal Depression Scale (EPDS) score was 23, indicating severe depression. Dr. Tufts prescribed Zoloft despite Lindsay's hesitation about medication due to breastfeeding concerns.
32. Lindsay waited approximately two weeks before taking the medication, still concerned about its effects on breastfeeding, but ultimately began taking Zoloft in mid-October 2022 because she knew she needed help.
33. After increasing the Zoloft dose from 25 mg to 50 mg as prescribed, Lindsay experienced a severe adverse reaction: she did not sleep for 48 hours, had racing thoughts, worsening anxiety, and felt "awful." This dramatic departure from her previous sleep patterns was an obvious warning sign of medication-induced activation consistent with bipolar disorder.
34. Lindsay promptly reported these symptoms to Dr. Tufts on October 20, 2022. Rather than recognizing the significance of this reaction and conducting appropriate testing to determine why Lindsay had such an adverse response to a relatively low dose of medication, Dr. Tufts simply discontinued the Zoloft and prescribed Ativan and Benadryl for sleep.
35. Even after carefully tapering these medications, Lindsay's profound insomnia persisted, accompanied by distressing cardiac palpitations. Her condition continued to deteriorate.

36. On November 16, 2022, Lindsay's insomnia had become so severe that she took herself to the emergency room at South Shore Hospital seeking help. She reported insomnia, anxiety, and palpitations. The ER doctor prescribed Trazodone for sleep, but it was not effective.
37. Patrick's mother, a nurse at South Shore Hospital, contacted the South Shore Perinatal Behavioral Health Program on November 20, 2022, seeking additional help for Lindsay. Nurse Practitioner Julie Paul reached out to Lindsay.
38. Lindsay reported to Nurse Paul that she was "very frustrated and scared," experiencing "extreme insomnia" averaging only three hours per night, and having racing thoughts. Nurse Paul prescribed Prozac on November 21, 2022.
39. After merely four days on Prozac, Lindsay reported that the medication intensified her insomnia. She immediately informed her providers and the Prozac was discontinued. This was the second antidepressant that had caused activation and worsening insomnia—a critical red flag for bipolar disorder that the providers failed to recognize.
40. On November 25, 2022, Nurse Paul prescribed three different medications: Ambien, Remeron, and Klonopin. On November 26, 2022, after taking Remeron, Lindsay experienced dissociation—perceiving the world around her as unreal, distorted, and distant. She was unable to determine what was real. She became disoriented, forgetful, confused, and disconnected from her own body. She was unable to drive and unable to be alone.

41. Lindsay reported these alarming symptoms to her providers on November 28, 2022, noting she was still struggling, sleeping only three to four hours, and feeling disoriented and forgetful.
42. On November 29, 2022, Lindsay began treating with Nurse Jollotta. Lindsay reported that she was "anxious and frightened about what is happening" and that she blamed herself. Nurse Jollotta correctly considered a bipolar presentation and prescribed Seroquel, an antipsychotic and mood stabilizer.
43. After starting Seroquel, Lindsay's condition took a dramatic turn for the worse. She developed suicidal ideation and began experiencing what she described as "intrusive thoughts"—which were actually auditory hallucinations. The voice said, "I will not be the same. I want to die."
44. Lindsay openly communicated her escalating internal turmoil to her husband, her parents, and her providers. She described her emotional state as "emotionless" and "like a zombie," attributing this profound affective blunting to the Seroquel.
45. On December 2, 2022, Lindsay reported to Nurse Jollotta that she had lost fifteen pounds, had no appetite, was experiencing panic attacks and confusion, and had a lack of attention over the past four days.
46. On December 4, 2022, Lindsay was so frightened by the hallucinations that she called the New Bedford Suicide Hotline seeking help. She was told there was no emergency because she said she had no specific plan as to how she would kill herself.

47. On December 5, 2022, Lindsay met virtually with an ASPIRE Crisis Support clinician, again seeking help. She was told that she did not meet the criteria for inpatient treatment because she did not have a suicide plan.
48. On December 6, 2022, Patrick attended an appointment with Lindsay and Nurse Jollotta. Patrick connected Lindsay's suicidal thoughts to the Seroquel. He told Nurse Jollotta that "Lindsay is ten thousand times worse since she has taken medication" and asked if they could "get Lindsay off medications and start from scratch to see what is going on." He asked if there could have been some mistake, like using the wrong medications. Nurse Jollotta acknowledged "it is possible." Despite this, Nurse Jollotta continued to increase the Seroquel dosage toward 400 mg per day.
49. On December 13, 2022, Lindsay remained deeply depressed, had no motivation, and still had suicidal ideation. She wanted "this to be all over."
50. On December 15, 2022, Patrick called Nurse Jollotta's office to report that "Lindsay has had a devastating week" and that "it was the worst day for Lindsay. She had HORRIBLE thoughts all day." Lindsay had auditory hallucinations all day, every day. She felt debilitated, not interested in anything, exhausted, and could not get out of bed. The hallucinations were loud and continued all day, saying "I will never be the same," "I will never be me again," and "You are damaged. You will never be the same. The only option is to die."
51. Lindsay told her husband Patrick, "I have thoughts of harming the kids." She also told her mother about these thoughts. Because she was in a psychotic state, Lindsay also had

paranoid delusions that people could hear her thoughts and that she would be locked in a hospital and have her children taken away.

52. Lindsay's escalating suicidal thoughts prompted a visit to the Massachusetts General Hospital emergency room on December 20, 2022, where she sought help. The ER suggested either admission to McLean Hospital or the partial hospitalization day program at Women & Infants Hospital in Rhode Island.

E. Women & Infants Hospital's and Dr. Diaz's Failure to Properly Treat Lindsay

53. On December 20, 2022, Lindsay admitted herself to the partial hospitalization day program at Women & Infants Hospital in Providence, Rhode Island, a program intended for patients with postpartum depression. This was yet another active step Lindsay took to seek help for her worsening condition.
54. Lindsay's chief complaint at Women & Infants was "I feel numb and crazy depressed." She reported feeling "crazy depressed, numb to all emotion, can't feel love," that her "life is becoming a disaster," that she couldn't "feel fear," and that she was "messed up beyond repair." She had lost fifteen pounds in a month, had no motivation, and reported that "It takes all the effort in the world just to breathe."
55. Lindsay's Edinburgh Postnatal Depression Scale (EPDS) score at Women & Infants was 23—indicating severe depression. Her Generalized Anxiety Disorder 7-item (GAD-7) score was 21—higher than the threshold for the most severe category.
56. Despite these severely elevated scores, Dr. Diaz, the attending psychiatrist at Women & Infants, concluded that Lindsay had "no postpartum depression" and rejected a bipolar

disorder diagnosis because of "no history of hypomania or psychosis or family history."

This conclusion was negligent because Dr. Diaz failed to obtain an adequate history. Dr. Diaz's own notes documented that Lindsay's sister had experienced postpartum anxiety—a relevant family psychiatric history that should have been explored. Had Dr. Diaz properly inquired about Lindsay's early postpartum period, she would have learned of the hypomanic episode that began immediately after delivery. Dr. Diaz also failed to recognize that Lindsay's providers had previously considered bipolar disorder, as documented in Lindsay's records stating she was started on "Seroquel...and concern for bipolar."

57. Dr. Diaz accepted Lindsay and Patrick's belief that her symptoms were due to overmedication and recommended weaning Seroquel. The clinical team at Women & Infants posited that Lindsay's symptoms were "more pharmacologically induced than purely depressive." Dr. Diaz's assessment/plan documented that the "WIH DHP is not a suitable treatment facility" for Lindsay, yet Dr. Diaz failed to recommend or arrange appropriate alternative treatment and instead discharged Lindsay after only one day of treatment with inadequate follow-up care.
58. Women & Infants Hospital determined that its day program was not appropriate for Lindsay and reached out to Nurse Jollotta to discuss Lindsay's care. Nurse Jollotta did not respond to them.
59. Dr. Diaz's and Women & Infants' negligent failure to properly evaluate Lindsay, obtain an adequate psychiatric history, and recognize the signs of bipolar disorder with postpartum onset resulted in a missed opportunity to provide appropriate treatment. Their

recommendation to wean Seroquel without providing a proper alternative treatment plan or ensuring adequate follow-up care contributed to Lindsay's further deterioration.

F. McLean Hospital's and Dr. Goodheart's Failure to Properly Treat Lindsay

60. Following the Seroquel reduction recommended by Women & Infants, Lindsay's suicidal ideation resurged. By December 29, 2022, Lindsay told her husband, "I can't tough it out anymore. I need to go to McLean."
61. On December 30, 2022, Lindsay went to the MGH emergency room, which suggested admission to McLean Hospital. On December 31, 2022, Lindsay admitted herself to McLean Hospital—the nation's top-ranked psychiatric hospital—due to her severe depression and suicidal ideation.
62. Lindsay's admitting symptoms included passive suicidal ideation, feeling detached, hopelessness, depression, no appetite or energy to perform activities of daily living, no motivation, anhedonia, racing thoughts, inability to organize her thoughts, memory problems, anxiety, and insomnia. Her insight and judgment were documented as "limited."
63. McLean placed Lindsay on a locked unit with fifteen-minute suicide checks. However, the care she received was grossly inadequate. She was admitted on New Year's Eve, and there was a "skeleton crew" because of the holiday. Patients spent their evening doing puzzles and coloring. Nurses stayed behind a desk and glass. Lindsay did not see a doctor until January 3, 2023—three days after admission.

64. On January 3, 2023, the doctor advised Lindsay to stop Seroquel and benzodiazepines and prescribed Trazodone for sleep. On January 4, 2023, Lindsay asked if she could go home for Cora's birthday. Because her thoughts had improved since the Seroquel decrease, she was approved for discharge.
65. Lindsay was discharged from McLean Hospital on January 5, 2023 after only a five-day stay. Dr. Goodheart authored and signed the physician discharge summary, approving Lindsay's release despite her documented "limited" insight, judgment, and suicidal ideations. Lindsay was returned to the care of the same outpatient providers who had been providing allegedly substandard care.
66. After discharge, Dr. Goodheart from McLean called Lindsay and spoke for only ten minutes, offering names of antidepressants. The staff at McLean suggested Amitriptyline—yet another antidepressant, the very class of medications that had repeatedly caused Lindsay to have adverse reactions.
67. When Lindsay was discharged from McLean, she thought, "I was just in the best hospital in the country so there was not much hope." She decided she must appear like she was OK and "had to do her best."
68. Dr. Goodheart's and McLean Hospital's negligent failure to properly evaluate Lindsay, obtain an adequate psychiatric history, provide sufficient inpatient care during her brief admission, and ensure appropriate discharge planning and follow-up care directly contributed to the tragic events that followed. Dr. Goodheart, as the discharging physician, approved Lindsay's release after only five days despite her documented "limited" insight and judgment and her ongoing severe symptoms.

G. Continued Deterioration Under Dr. Tufts' Care

69. Lindsay returned to treatment with Dr. Tufts on January 6, 2023, the day after her discharge from McLean. Dr. Tufts diagnosed Lindsay with "chronic" "major depressive disorder, single episode, moderate." She recorded that Lindsay's psychiatric condition was "Deteriorating" and that her medication was not effective. Despite her poor condition, Dr. Tufts met with Lindsay for only seventeen minutes.
70. At Cora's birthday party on January 7, 2023, Lindsay was not herself. She smiled but could not converse. She avoided talking and could not make sense of what others were saying.
71. Lindsay's hallucinations resumed within one week of her discharge from McLean.
72. On January 10, 2023, Lindsay returned to Dr. Tufts and was switched to Valium for a benzodiazepine taper. Dr. Tufts indicated that "at some point we will add an antidepressant."
73. On January 16, 2023, Lindsay was still experiencing debilitating depression. She had to force herself to do anything. The hallucinations continued: "You should harm the children." "You should kill yourself." "You will never be the same. The only option is to die." She felt like a "zombie." Dr. Tufts prescribed Amitriptyline—another antidepressant—at 10 mg per day.
74. On January 20, 2023, because Lindsay was having such awful thoughts and was so numb and emotionless, she researched "What is a psychopath?" to see if she was one, and whether there was a cure.

75. On January 23, 2023, during another seventeen-minute appointment, Lindsay reported being "a little more anxious" with heart racing and "more AM anxiety." Dr. Tufts recorded that Lindsay's "mood is the same flat/anxious," that she had "no motivation, numb," and "has to force herself up, out of the house." Her sleep and medication efficacy were "Poor," her insight was "poor," and her psychiatric condition generally was "Unchanged." Dr. Tufts increased the Amitriptyline to 20 mg per day. That night, Lindsay did not sleep.

H. January 24, 2023

76. On January 24, 2023, Lindsay woke severely depressed with suicidal thoughts. She gave the children breakfast. She took Cora to the pediatrician because Cora complained of a stomachache. Later, she went to the backyard with the children, built a snowman, and sent a picture to Patrick and her mother.
77. The suicidal hallucinations continued all day nonstop. Later in the afternoon, the voice began saying, "You should harm the children." Lindsay thought about dinner and realized she had not prepared anything. She asked Patrick about takeout. She looked at a map to see how long it would take because she did not want to be alone and needed help.
78. As soon as Patrick left to pick up the food, there was a loud, demanding, repetitious voice: "This is your last chance. Kill the children so you can kill yourself." "THIS IS YOUR LAST CHANCE. YOU HAVE TO KILL THE KIDS SO YOU CAN KILL YOURSELF." Lindsay felt a force come over her.

79. Lindsay experienced command auditory hallucinations: a "demanding, powerful male voice" explicitly ordered her. She felt an overwhelming, irresistible compulsion to comply, entering a dissociative "dream-like state" where her physical actions felt utterly disconnected from her conscious volition. She perceived her "body was just acting" and she was merely "watching [herself] do it." She reported she had "no choice" but to follow these compelling directives.
80. Lindsay described: "I lost all control. My body started acting without any control on my part. I was just following commands, 'all action.' This voice demanded action."
81. Lindsay proceeded to strangle each of her children, uttering "Go to God, baby." Following these acts, she undertook a severe suicide attempt, ingesting a substantial quantity of various medications, self-inflicting lacerations to her wrists and neck, and jumping from a second-floor window approximately twenty feet to the ground below.
82. Lindsay suffered catastrophic injuries including a thoracic spinal cord injury resulting in permanent paralysis below the sternum. She also suffered multiple closed fractures of her cervical and thoracic vertebrae and multiple rib fractures.
83. Cora and Dawson died on January 24, 2023. Callan succumbed to his injuries and died on January 27, 2023.
84. Lindsay consistently maintains her actions were compelled by a hallucinatory voice, not a conscious decision, and expresses profound, enduring love for her children.

I. Expert Psychiatric Opinions

85. Dr. Margaret Spinelli, Clinical Professor of Psychiatry at Columbia University College of Physicians and Surgeons and Founder of the Women's Program in Psychiatry at Columbia University Medical College, conducted a comprehensive forensic psychiatric evaluation of Lindsay. Dr. Spinelli met with Lindsay for five hours at Tewksbury Psychiatric Hospital on June 11, 2024, and subsequently spoke with her by telephone for three hours on September 6, 2024. Dr. Spinelli also interviewed Patrick Clancy, Lindsay's sister Allison Olga, Lindsay's mother Mrs. Musgrove, and Lindsay's mother-in-law Susan Clancy.
86. Dr. Spinelli diagnosed Lindsay with Bipolar Disorder I, severe, with psychosis and anxious distress, with postpartum onset. Dr. Spinelli concluded that Lindsay had a baseline bipolar disorder with minimal symptoms after her second childbirth, and that her symptoms worsened after her third birth when she was prescribed an antidepressant. Dr. Spinelli noted that "an antidepressant medication can create manic or hypomanic symptoms and mood instability in one who has a bipolar illness. This is a well-known response for a person with underlying bipolar disorder."
87. Dr. Spinelli opined that the providers "never seemed to communicate with one another," that "no one ever asked her to describe the content of her 'intrusive thoughts' which were in fact, hallucinations," and that Lindsay was repeatedly given antidepressants "instead of a mood stabilizer."
88. Dr. Spinelli specifically commented on the failures of multiple providers. Regarding the initial Zoloft reaction, she noted that if practitioners had recognized the hypomanic activation after Zoloft, a second or third antidepressant would not have been tried.

Regarding Women & Infants, she noted that Dr. Diaz "did not review mood symptoms of last pregnancy and this postpartum period" and "did not review 'hypomanic' episode immediately after delivery, which was the beginning of Mrs. Clancy's postpartum psychosis."

89. Dr. Spinelli concluded: "She did all that she could to obtain the appropriate treatment."
90. Dr. Paul D. Zeizel, Psy.D., a forensic psychologist, also conducted extensive clinical interviews with Lindsay and her parents. Dr. Zeizel was the initial forensic expert to engage Lindsay in the immediate aftermath of the incident.
91. Dr. Zeizel concurred with the assessments of Dr. Spinelli and Dr. Phillip Resnick. Dr. Zeizel opined, to a reasonable degree of psychological certainty, that "Ms. Clancy's clinical course was significantly complicated by polypharmacy and the involvement of multiple prescribers, which, in effect, obscured an accurate diagnosis and appropriate intervention and treatment. Furthermore, the psychotropic medications she received appear to have paradoxically exacerbated her underlying psychiatric vulnerability, precipitating a state of manic psychosis characterized by compelling command hallucinations."
92. Dr. Zeizel noted that Lindsay's parents conveyed profound "shock" and "devastation" at the depth of her psychological decompensation, "indicating a prior lack of complete comprehension regarding the actual severity of her underlying illness." This underscores how the medical providers failed to adequately communicate the severity of Lindsay's condition or take appropriate action.

J. Defendants' Violations of the Standard of Care

93. The standard of care required Defendants to obtain a complete psychiatric history, including detailed inquiry into Lindsay's mood and symptoms during and after her prior pregnancies. Had any of the providers done so, they would have learned of the hypomanic episodes that followed her second and third deliveries, which were critical indicators of bipolar disorder, postpartum onset.
94. The standard of care required Defendants to recognize that Lindsay's severe adverse reaction to Zoloft—characterized by activation, worsening insomnia, and racing thoughts—was a red flag for bipolar disorder. The standard of care further required that after a second antidepressant (Prozac) caused similar activation, Defendants should have diagnosed bipolar disorder and prescribed a mood stabilizer rather than continuing to try antidepressants.
95. The standard of care required Defendants to conduct appropriate testing, including blood plasma levels of medication, to determine why Lindsay was having adverse reactions to relatively low doses of medication and whether she was a slow metabolizer.
96. The standard of care required Defendants to follow the "start low and go slow" principle when prescribing medications, particularly given Lindsay's demonstrated sensitivity to psychotropic medications. Instead, Defendants added and accelerated medications in an ad hoc manner that radically increased the risks to Lindsay.
97. The standard of care required Defendants to inquire into the content of Lindsay's "intrusive thoughts," which were actually auditory hallucinations. Had they done so, they

would have recognized the psychotic nature of her symptoms and the danger she posed to herself and her children, including the danger of Postpartum Psychosis.

98. The standard of care required Defendants to coordinate care among themselves and with other treating providers. Instead, the providers failed to communicate with one another, and Nurse Jollotta did not even return Women & Infants' call to discuss Lindsay's care.
99. The standard of care required Defendants to seek collateral information from Lindsay's family members, who could have provided crucial information about the severity of her condition and her functioning at home.
100. The standard of care required Defendants to recognize that Lindsay, as a patient suffering from severe postpartum mental health disorders with suicidal ideation, posed a risk of harming not only herself but also her children.
101. The standard of care required Dr. Goodheart and McLean Hospital to provide adequate inpatient care during Lindsay's brief admission, properly evaluate her condition, and ensure appropriate discharge planning rather than discharging her after five days with "limited" insight, judgment, and suicidal ideations back to the same providers who had been providing inadequate care.
102. The standard of care required Dr. Diaz and Women & Infants to properly evaluate Lindsay, obtain an adequate psychiatric history including inquiry into her early postpartum period, and recognize the signs of bipolar disorder rather than dismissing her severe depression scores and recommending medication changes without proper follow-up.

103. Defendants knew or should have known that Lindsay presented a real, clear, and present danger of harm to herself and her young children.

104. Defendants' collective failures to comply with the standard of care, more likely than not, directly and proximately caused the injuries suffered by Lindsay, including Lindsay's killing her children and attempt to kill herself.

COUNT I

Negligence / Medical Malpractice – Personal Injury

(Plaintiff against All Defendants)

105. Plaintiff repeats and realleges the allegations contained above as if fully set forth herein.

106. All Defendants owed Lindsay a duty to exercise reasonable skill and attention in their care and treatment of her psychiatric condition.

107. Defendants failed to exercise reasonable skill and attention in caring for Lindsay and their conduct deviated from accepted standards of medical practice as set forth above.

108. As a direct and proximate result of the negligence of Defendants, Lindsay suffered severe personal injuries, including but not limited to: the loss of her three children, Cora, Dawson, and Callan, the development of severe postpartum psychosis with command auditory hallucinations; a thoracic spinal cord injury resulting in permanent paralysis below the sternum; multiple closed fractures of the cervical and thoracic vertebrae; multiple rib fractures; neurogenic bowel and bladder dysfunction; impaired mobility requiring the use of a wheelchair; severe psychological trauma.

109. Further, the acts and omissions of Defendants constituted gross negligence and a reckless indifference to the health, safety, and welfare of Lindsay and showed reckless disregard for the consequences which Defendants knew or should have known could result from their acts or omissions.

110. As a result of the foregoing, Lindsay is entitled to recover damages from Defendants including, without limitation, past and future medical expenses, past and future lost wages, pain and suffering, emotional distress, including the knowledge that she killed her children, loss of enjoyment of life, permanent disability, and other damages in an amount to be determined at trial.

COUNT II

Loss of Parental Consortium

(Plaintiff against All Defendants)

111. Plaintiff repeats and realleges the foregoing allegations as if fully set forth herein.

112. At all relevant times, Lindsay was the mother of Cora, Dawson, and Callan.

113. As a direct and proximate result of the negligence, recklessness, and gross negligence of Defendants, Lindsay has suffered and will continue to suffer the complete and permanent loss of the companionship, consortium, services, society, comfort, guidance, counsel, and advice of her children Cora, Dawson, and Callan.

114. As a result of the foregoing, Lindsay is entitled to recover damages from Defendants in an amount to be determined at trial.

COUNT III

Loss of Spousal Consortium

(Plaintiff against All Defendants)

115. Plaintiff repeats and realleges the foregoing allegations as if fully set forth herein.
116. At all relevant times, Lindsay was married to Patrick Clancy.
117. As a direct and proximate result of the negligence, recklessness, and gross negligence of Defendants, Lindsay has suffered and will continue to suffer the loss of the normal marital relationship with her husband, including loss of companionship, consortium, society, comfort, guidance, counsel, advice, and conjugal fellowship, as a result of the devastating impact of the events of January 24, 2023 on her marriage.
118. As a result of the foregoing, Lindsay is entitled to recover damages from Defendants in an amount to be determined at trial.

COUNT IV

Vicarious Liability

(Against Aster Mental Health, South Shore Health Systems, Inc., McLean Hospital, and Women & Infants Hospital of Rhode Island)

119. Plaintiff incorporates by reference all preceding paragraphs as if fully set forth herein.

120. At all times relevant to this Complaint, Dr. Tufts was an employee, agent, or servant of Aster Mental Health, acting within the scope of her employment.
121. At all times relevant to this Complaint, Nurse Jollotta was an employee, agent, or servant of South Shore Health Systems, Inc., acting within the scope of her employment.
122. At all times relevant to this Complaint, Dr. Goodheart was an employee, agent, or servant of McLean Hospital, acting within the scope of her employment.
123. At all times relevant to this Complaint, Dr. Diaz was an employee, agent, or servant of Women & Infants Hospital of Rhode Island, acting within the scope of her employment.
124. Under the doctrine of respondeat superior, Aster Mental Health is vicariously liable for the negligent acts and omissions of Dr. Tufts.
125. Under the doctrine of respondeat superior, South Shore Health Systems, Inc. is vicariously liable for the negligent acts and omissions of Nurse Jollotta.
126. Under the doctrine of respondeat superior, McLean Hospital is vicariously liable for the negligent acts and omissions of Dr. Goodheart.
127. Under the doctrine of respondeat superior, Women & Infants Hospital of Rhode Island is vicariously liable for the negligent acts and omissions of Dr. Diaz.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff prays that this Honorable Court:

- a. Enter judgment in her favor on Counts I through IV;

- b. Award Plaintiff damages, including punitive damages as allowed by law, for the personal injuries suffered by Lindsay Clancy, including her physical injuries, psychological trauma, loss of consortium with her children and her spouse, and all other damages permitted by law, plus interest as allowed by law from the date of this Complaint, plus costs and attorneys' fees; and
- c. Grant such other and further relief as this Court deems just and appropriate.

THE PLAINTIFF DEMANDS A TRIAL BY JURY

Respectfully submitted,

LINDSAY CLANCY
By HER Attorney

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