

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF FLORIDA  
MIAMI DIVISION  
CIVIL ACTION NO. 11-CV-22026-MGC

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<b>DR. BERND WOLLSCHLAEGER, et al.</b>	)
	)
Plaintiffs,	)
	)
v.	)
	)
<b>RICK SCOTT, et al.</b>	)
<i>In his official capacity as Governor of the</i>	)
<i>State of Florida</i>	)
	)
Defendants.	)
	)
	)

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**DECLARATION OF DR. LANCE GOODMAN**

I, Lance Goodman, declare as follows:

1. My name is Lance Goodman, and I am a member of the Florida Chapter of the American Academy of Pediatrics (“FAAP”) as well as the American Academy of Pediatrics (“AAP”). I live and work in Boca Raton, Florida. I am a physician specializing in pediatric medicine and have been practicing for 20 years. I received my medical degree from the University of Virginia in 1989. I am licensed to practice medicine in Florida, and I am Board-certified in pediatrics.

2. My patients range in age from infancy through college-age. My practice consists of treating my patients for illnesses or other medical conditions and performing well-child checkups and yearly physical examinations, and includes counseling my patients on preventive health and safety measures.

3. I have been a member of AAP and FAAP for over 15 years. I joined these organizations to become part of the most prestigious pediatric professional network in the country, stay current on best medical practices, and benefit from continuing medical education offerings. I regularly receive information from AAP and FAAP, including information about continuing medical education; preventive health care and other medical information, including brochures about a wide range of preventive health care topics; and practice suggestions and guidelines, including issues to discuss with parents and children during office visits. I consider the information that I receive from AAP and FAAP to be trustworthy, current, and consistent with applicable standards of patient care, and helpful to my day-to-day practice.

4. Practice guidelines issued by physicians' organizations including the American College of Physicians ("ACP") and AAP inform my understanding of current applicable standards of medical care. I understand that both ACP and AAP recommend preventive health and safety counseling to patients of all ages.

5. Preventive health and safety counseling is an important part of standard pediatric medical practice today, and I routinely counsel my patients on effective ways to minimize a variety of health and safety risks. Advising patients and their families on the health risks associated with swimming pools, household chemicals, prescription drugs, smoking in the home, and firearms, among other things, is a particularly crucial part of my practice as a pediatrician because of the heightened risks of accidental injury and death posed to infants, children, and young adults.

6. It has been my general practice to ask patients, and, for younger children, patients' parents, questions about these issues, and to provide appropriate counseling. For example, I seek to ensure that children are using the appropriate child safety seats, that there are

gates around any pools, that measures are taken to ensure that children do not have access to dangerous cleansers or medications commonly found in kitchens and bathrooms, and that any firearms in the house are out of the children's reach. I sometimes record information in a patient's medical record about such discussions, including discussions about firearms.

7. As a physician, I often have to discuss uncomfortable topics with patients and their families, and I am aware of the sensitive nature of many types of questions, including firearm-related questions. Accordingly, I try to avoid asking patients or family members any questions in an accusatory or judgmental way. My goal in engaging in preventive health discussions is to help my patients and their families minimize health and safety risks and to prevent disease and injuries, including unintentional or intentional injuries inflicted by firearms.

8. I understand that both ACP and AAP recommend counseling children of all ages and parents regarding firearm safety. Specifically, current guidance from these organizations recommends that physicians counsel parents to keep guns away from the environment in which children live and play, and that any guns kept in the home be stored safely and securely.

9. In my own practice, I consider anticipatory guidance regarding safe firearm practices in particular to be a key part of preventive health consultations, in light of the significant health risks posed by firearms to my patients, especially children. Before the passage of HB 155, if I knew that guns were kept in a patient's home – for example, if the patient's father is a police officer, or the patient's family enjoys hunting – then I would make a special effort to counsel the patient or family members about safe firearm practices. Young children are often intrigued by guns, so if they see firearms lying around the house they may be tempted to play with them, unaware of the potential consequences. With older children and adolescents, depression and suicidal ideation are common issues, and it is important that depressed or suicidal

patients not have easy access to firearms in the home. Accordingly, it was previously my general practice to counsel such patients and, if appropriate, their families about firearm safety issues.

10. Since its passage, HB 155 has and will continue to adversely affect the quality of care that I am able to give my patients because it “muzzles” me in patient discussions, limiting my ability to effectively advise patients on the health risks associated with firearms. With its vague language and ambiguously-defined exceptions, the law does not provide me with a clear understanding of what I can and cannot do with respect to discussing firearms safety with my patients. I have therefore started to limit my discussion of firearms with patients and families, counseling fewer patients, proceeding with extreme caution, and fearing the possibility of punitive repercussions. I avoid asking direct questions about firearm ownership, and frequently steer clear of the topic altogether, unless I have a previously established relationship with the patient or family. I also now avoid entering any information about firearms in a patient’s chart, unless a patient has indicated that that he or she is suicidal and has access to guns, suggesting a potentially life-threatening situation.

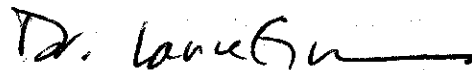
11. Despite my choice to implement such precautions, I fear it is still possible that a patient or parent who has heard about this new law might report me to the Board of Medicine for discussing firearms, especially given the law’s nebulous language. Indeed, just recently, the mother of one of my own patients expressed anger at the possibility of doctors asking questions about firearms during patient visits. Now that HB 155 is law, it is possible that she or other patients or family members may consider simple discussions of firearm safety – even those arguably permitted by the statute – to constitute “unnecessar[y] harass[ment]” under the law, and thus could cause the Board of Medicine to launch a disciplinary proceeding against me. The prospect of such claims has caused and will continue to cause me to limit or avoid discussions

about firearm safety with some patients who otherwise may have benefited from more thorough counseling. My patients will potentially suffer as a result of my inability to counsel them fully about the hazards of firearms and effective precautionary measures they can take to reduce those risks.

12. Appearing before the Florida Board of Medicine could cost me my reputation in the medical community, my professional standing with colleagues and patients alike, and potentially my medical license. Even if I am found to have not violated the law, appearing before the Board would harm not only my medical reputation but also my business, as my patients would potentially question my medical judgment and ethics. Any reprimand or sanction would become a matter of public record that patients could easily find on an internet website. Moreover, I would need to hire an attorney, which would involve a great deal of personal expense and stress.

13. If the new law is rescinded, I will resume more complete counseling of my patients and their families regarding firearms safety, free from any concerns that I will be disciplined for doing so, in an effort to provide the best possible medical care to my patients.

I declare under penalty of perjury that the foregoing is true and correct.



Dr. Lance Goodman

Executed on June 16, 2011