NEW

WHAT'S THE VERDICT?

Medical judgments and settlements

Delayed testing leads to death from embolism

SWELLING OF HIS RIGHT FOOT prompted a 75-year-old man to seek medical attention. He had a history of blood clots and wore compression stockings. The physician spent 10 minutes with the patient; he did not remove the compression stockings during the examination. The physician scheduled a sonogram for the next day.

After the sonogram, the patient returned to the physician complaining of a back problem. While in the waiting room, the patient collapsed and died of a massive pulmonary embolism.

PLAINTIFF'S CLAIM: The patient had classic symptoms of a blood clot and should have been tested immediately.

DOCTOR'S DEFENSE: The patient didn't wear compression stockings to prevent blood clots but because of swelling from a long history of postphlebitic syndrome. The foot and back complaints were similar to previous complaints related to the patient's postphlebitic syndrome and degenerative disc disease. Moreover, the sonogram was negative for acute clots.

VERDICT: $5.2 million Texas verdict.

COMMENT: *Although the facts of this case aren't altogether clear, timely evaluation might have prevented the unfortunate outcome. As with many malpractice allegations, documentation remains key to a physician's defense. If it's not documented, it didn't happen.* **JLS**

Heart attack blamed on lack of workup, referral

A 57-YEAR-OLD MAN, who had been under the regular care of an internist for 5 years, died suddenly of an acute myocardial infarction. He had a history of high cholesterol and high blood pressure, as well as a family history of heart disease, and he was a heavy smoker. The internist had ordered resting electrocardiograms over the years but hadn't done a workup for heart disease or referred the patient to a cardiologist.

PLAINTIFF'S CLAIM: The internist should have performed appropriate testing or referred the patient to a cardiologist because the patient had all the risk factors for heart disease. If the doctor had done any of these things, the patient's heart disease would have been diagnosed and cardiac bypass surgery would have saved his life.

DOCTOR'S DEFENSE: The patient's continued heavy smoking caused or contributed to his fatal heart attack. The attack was unpredictable and untreatable because it was caused by new and unstable plaque rupture and thrombosis. (The plaintiff countered that the patient didn't suffer from ruptured plaque or thrombosis.)

VERDICT: $377,500 Michigan settlement.

COMMENT: *How aggressively should we evaluate the patient with multiple cardiac risk factors? This case suggests that we need to strongly consider definitive evaluation of the patient at high risk of coronary artery disease.* **JLS**

Death after repeated calls to doctors

AFTER SUFFERING SEVERE BURNS to his leg and foot while cooking French fries, a 48-year-old man was treated by his family physician as well as a surgeon specializing in skin grafts. During rehabilitation, the patient became disoriented and short

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The cases in this column are selected by the editors of The Journal of Family Practice *from* Medical Malpractice: Verdicts, Settlements & Experts, *with permission of the editor, Lewis Laska (www.verdictslaska.com). The information about the cases presented here is sometimes incomplete; pertinent details of a given situation therefore may be unavailable. Moreover, the cases may or may not have merit. Nevertheless, these cases represent the types of clinical situations that typically result in litigation.*

COMMENTARY PROVIDED BY
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of breath; he hyperventilated and reported that he was seeing aliens. He was also depressed.

His wife called the offices of both the family physician and the surgeon 4 times over 2 days. She never spoke to a doctor. Two days later, a nurse practitioner returned her call and prescribed fluoxetine for depression. Very shortly thereafter, the patient suffered a massive pulmonary embolism. He was taken to an emergency room, where he was pronounced dead.

PLAINTIFF'S CLAIM: The physician and surgeon were negligent in their failure to respond properly to the wife's phone calls. Prompt intervention would have prevented the pulmonary embolism.

DOCTORS' DEFENSE: The only information that was relayed to the doctors' offices was that the patient was depressed and "talking funny."

VERDICT: Indiana defense verdict.

COMMENT: *We're only as good as our staff and systems of care. Here's another patient with pulmonary embolus who might have survived if appropriate evaluation had occurred promptly.* **JLS**

2 cases, 1 theme: A purported lack of follow-up

A 62-YEAR-OLD MAN with an abdominal aortic aneurysm was seen by an internist at a Veterans Administration hospital. The aneurysm subsequently ruptured, necessitating emergency surgery. The surgery was successful, but the patient required attendant living assistance and neuropsychological retraining.

PLAINTIFF'S CLAIM: The internist was told that the patient's father had been diagnosed with an abdominal aortic aneurysm, and that the patient himself had been diagnosed with a 2- to 3-cm aortic aneurysm and advised to have it rescanned periodically. The patient further informed the internist that he had been told that the aneurysm would require surgery if it reached 5 or 6 cm.

The patient saw the doctor many times after the first visit, but no history of abdominal aortic aneurysm was ever recorded and no scanning was performed. Serial monitoring would have revealed a slowly enlarging aneurysm, and elective surgery could have treated it.

DOCTOR'S DEFENSE: The patient failed to inform the internist of the history of abdominal aortic aneurysm. An aneurysm of 2 to 3 cm does not require follow-up.

VERDICT: $200,000 California settlement.

A CHEST RADIOGRAPH of a 74-year-old woman showed lung densities and artifacts. No follow-up radiography was performed. Two years later, the patient was diagnosed with lung cancer, which had metastasized to her liver. The patient died 5 months after the diagnosis.

PLAINTIFF'S CLAIM: The internist should have ordered a CT scan to further investigate the abnormalities.

DOCTOR'S DEFENSE: A follow-up radiograph was ordered, which the patient refused. (The plaintiff denied that follow-up radiographs were ordered and argued that even if they had been performed, the outcome would have been the same.)

VERDICT: Illinois defense verdict.

FAST TRACK

Had the internist been told about the history of abdominal aortic aneurysm? No such history was recorded and no scanning was done

COMMENT: *Tracking and following up test results is often a challenge in primary care offices. Although the advice given to the first patient concerning follow-up of his abdominal aortic aneurysm appears to be sound, the lack of follow-through resulted in serious consequences. It's important to assure timely reevaluation of abnormalities, such as repeat CT or workup of a chest mass, repeat mammography, or tracking of an abdominal aortic aneurysm.* **JLS** ■