WHAT'S THE VERDICT?

Medical judgments and settlements

Discontinued anticoagulant blamed for stroke

A MAN ON WARFARIN 3 YEARS AFTER A MASSIVE PULMONARY EMBOLISM visited a doctor, who reviewed the 37-year-old patient's records and noted that test results showed he no longer had hypercoagulation. The doctor discontinued the warfarin.

About 5 months later, the patient suffered an embolic stroke that caused brain damage. He has impaired cognitive function and executive decision-making skills, as well as residual emotional and psychiatric problems.

PLAINTIFF'S CLAIM The patient had a hereditary disposition to clots and had suffered a previous embolism, necessitating lifelong use of warfarin.

DOCTOR'S DEFENSE Hypercoagulation is treated with 6 to 12 months of warfarin; the patient hadn't showed a recurrence of hypercoagulation. The doctor denied conclusive evidence of a hereditary predisposition to developing clots.

VERDICT $3.1 million New York verdict.

COMMENT *Whatever the underlying factors in this case, documenting a careful discussion of benefits and harms and consulting with experts can sometimes avoid a date in court.*

Filing misstep leads to missed diagnosis

A 76-YEAR-OLD MAN HAD A CHEST RADIOGRAPH before undergoing cardiac catheterization. The radiograph showed a 4-cm mass in the left lung, which the radiologist reported as bronchogenic carcinoma. A staff member in the office of the physician who ordered the radiograph filed the radiologist's report in the patient's chart in the mistaken belief that the physician had seen it. No

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COMMENTARY PROVIDED BY **Jeffrey L. Susman, MD,** Editor-in-Chief

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one saw the report again until 6 months later, after the patient had been diagnosed with lung cancer that had metastasized to the liver, pelvis, hip, femur, spine, and shoulder. The patient died 18 days after the diagnosis.

PLAINTIFF'S CLAIM If the cancer had been diagnosed earlier, the patient could have been made comfortable while undergoing treatment and would have survived longer.

DOCTORS' DEFENSE The physician admitted liability, but claimed that the reduction in the patient's life expectancy was minimal because his cancer was advanced at the time of the radiograph. The net increase in pain and suffering also was minimal because the patient would have undergone chemotherapy and radiation if the cancer had been diagnosed earlier.

VERDICT $1 million Illinois verdict.

COMMENT *Coordination of care is key. Never assume that another clinician on the team has taken responsibility for a high-stakes finding such as a mass on a chest X-ray.*

Too much amiodarone led to respiratory failure

AMIODARONE WAS PRESCRIBED TO REGULATE THE HEARTBEAT of a patient who underwent surgery at a Veteran's Administration medical center to replace a defective heart defibrillator. The plan was to decrease the dosage gradually from 600 to 200 mg a day. A second doctor subsequently saw the patient and prescribed amiodarone but with no reduction in dosage. Each of the 7 authorized refills directed the patient to take 3 pills a day. The patient refilled the prescription 6 times at the VA hospital.

A year after the surgery, the patient was admitted to another hospital with respiratory problems, which were attributed to the amiodarone. The patient died a few weeks later after several relapses. The cause of death was listed as pulmonary fibrosis and respiratory failure caused by the medication.

PLAINTIFF'S CLAIM No information about the plaintiff's claim is available.

DOCTOR'S DEFENSE No information about the doctor's defense is available.

VERDICT $400,000 Utah settlement.

COMMENT *Prescribing limited refills of medications that can cause substantial harm will help assure appropriate monitoring and evaluation for side effects.*

Rising PSA, but no follow-up

CHEST PAIN PROMPTED A 48-YEAR-OLD MAN to visit his primary care physician. Blood work, including a prostate-specific antigen (PSA) test, revealed a slightly elevated PSA of 5.08. Five months later, the patient returned to the doctor complaining of a burning sensation on urination. Urinalysis and a digital rectal examination were normal. Laboratory test results included a PSA of 8.29. Nine months later the patient visited the physician for nonurologic complaints. Six months after that, when the patient had a complete physical because of a change in his insurance, his PSA was 17.11.

Subsequent testing revealed prostate cancer, and the patient underwent a nonnerve-sparing prostatectomy. A positron emission tomography scan done after the surgery showed an enlarged internal iliac lymph node, which indicated metastatic disease.

PLAINTIFF'S CLAIM The primary care physician was negligent in failing to follow up on the rising PSA values. The patient wasn't informed of the PSA results.

THE DEFENSE The patient was informed of the abnormal test results (though it wasn't charted). The patient would have had the same treatment, even with an earlier diagnosis, because he had a high Gleason score.

VERDICT $750,000 California settlement.

COMMENT *Not charted = never happened. So many cases could be avoided if documentation was timely and complete!* ■

FAST TRACK

A staff member filed a radiologist's report in the mistaken belief that the physician had seen it. Thus, the physician knew nothing of a 4-cm mass in the patient's lung.

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 may therefore 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.*