

THE JOURNAL OF **FAMILY PRACTICE**

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Improperly treated *C difficile* leads to total colectomy

A 66-YEAR-OLD MAN contracted *Clostridium difficile* during hospitalization for treatment of a foot infection. The treating physician prescribed a 7-day course of antibiotics rather than the 14-day course recommended by a hospital infectious disease specialist. On the day the patient was discharged from the hospital, the treating physician dictated a letter to the patient's primary care physician, but misdated it with the previous year.

When the patient visited his primary care physician the following week, he was seen by an associate of his regular doctor. According to the patient, the associate said she hadn't seen the letter that had been sent to his primary care physician. The associate then re-prescribed the cephalosporin antibiotic that had led to the patient's *C difficile* illness in the first place.

When the patient went back to his primary care physician's office 2 weeks later, a physician assistant (PA) told him to return to the hospital because he'd been ill since discharge. At the hospital, toxic megacolon and septicemia were diagnosed, and the patient underwent immediate surgery to remove his entire colon and perform an ileostomy.

PLAINTIFF'S CLAIM The doctor who treated the foot infection at the hospital was negligent in failing to follow up and properly transfer care of the patient to the primary care physician. The primary care physician and his associate were negligent in failing to treat the *C difficile* infection properly.

THE DEFENSE The doctor who treated the foot infection denied negligence and maintained that he'd acted properly in dictating the discharge letter to the primary care physician.

The primary care physician and his associate claimed that they hadn't received the letter until more than 30 days after the patient was discharged. The plaintiff countered that

CONTINUED ON PAGE 304

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.

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WHAT'S THE VERDICT?

CONTINUED FROM PAGE 298

the PA had told him he had cellulitis and osteomyelitis—something the PA couldn't have known unless he'd seen the letter describing those diagnoses. The plaintiff also contended that neither the primary care physician nor his associate complained about the tardiness of the letter at the time they received it.

VERDICT \$2.75 million Pennsylvania verdict.

COMMENT *This case is a classic failure of our system for coordination and handoff of care. Although such problems are endemic, substantial malpractice judgments await the unwary.*

For want of a timely transfusion, man bleeds to death

A MAN SUSPECTED OF HAVING GASTROINTESTINAL BLEEDING was admitted to a university medical center. He collapsed the next day. A resident informed the attending physician, who ordered a transfusion over the phone. The patient died of cardiac arrest from internal bleeding 6 hours *after* the transfusion was ordered, but before it was given.

PLAINTIFF'S CLAIM The blood bank had reported that the transfusion was ready 3 hours before the man collapsed; the attending physician, resident, and nurses were negligent in failing to administer the transfusion in a timely manner.

THE DEFENSE The attending physician claimed that he wasn't required to come to the hospital for 24 hours after the patient was admitted and that the resident didn't provide him with information that would have prompted him to come in and examine the patient. The resident maintained that he gave the attending physician all the necessary data and provided an accurate account of what had happened to the patient.

VERDICT \$1.75 million New Jersey settlement.

COMMENT *Speaking of coordination of care, understand the risks of working with residents, particularly when caring for a potentially unstable patient. I doubt many juries would be sympathetic to, "I wasn't required to come to the hospital for 24 hours after admission." JFP*

COMMENTARY PROVIDED BY

Jeffrey L. Susman, MD, Editor-in-Chief