



**COMMENTARY  
PROVIDED BY**

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The physician claimed that the patient had declined his recommendations for colon cancer screening many times, but the medical record didn't reflect it.

## Colon cancer screening comes too late

**AFTER 14 YEARS OF TREATMENT** by her physician, a 73-year-old woman with a medical history that included chronic obstructive pulmonary disease and major depression underwent her first colonoscopy. It revealed colon cancer. The patient died about a year and a half later.

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

**THE DEFENSE** The physician claimed that the patient had declined his recommendations for colon cancer screening many times and that she had failed to return stool samples from a home test kit he had given her. The physician's medical records, which began in 2001, didn't reflect his screening recommendations. Earlier records had been destroyed in 2007 in accordance with office policy.

**VERDICT** \$500,000 Massachusetts settlement.

**COMMENT** *Do you routinely document refusal of preventive services by your patients? If not, you, too, may fall victim to a plaintiff's attorney!*

## A drug reaction with lasting consequences

**AN ALLERGIC REACTION** to trimethoprim/sulfamethoxazole caused skin changes in a 44-year-old woman. Nevertheless, her physician prescribed another regimen of the drug 4 years later. This time, the patient had a full-blown allergic reaction, characterized by red, scaly, weepy skin and elevated liver enzymes, among other symptoms.

After several emergency department visits and a hospital admission, the patient was transferred to the burn unit of a regional medical center, with a presumed diagnosis of Stevens-Johnson syndrome (SJS). After evaluating the patient, however, the director of the burn unit concluded that her symptoms were not severe enough to be SJS; he attributed them to a simple drug reaction and had the patient moved to a medical/surgical floor.

At some point, she developed peripheral sensory neuropathy in her hands and feet. The parties involved disagreed about when the neuropathy began and what caused it.

**PLAINTIFF'S CLAIM** The patient should not have been transferred to the medical/surgical unit; the higher level of care provided on the burn unit would have prevented the peripheral neuropathy. The patient received inadequate nutrition, which contributed to her injuries.

**THE DEFENSE** Because the patient didn't actually have SJS, the medical/surgical floor was the appropriate place to treat her. The patient received proper skin care and nutrition. The patient had complained of numbness and tingling in her hands and feet before she was hospitalized, indicating that the drug-related neuropathy had existed before admission to the regional facility.

**VERDICT** Defense verdict following confidential settlement with the physician who prescribed trimethoprim/sulfamethoxazole.

**COMMENT** *When prescribing any antibiotic, always confirm that the patient isn't allergic to it. Have your nurses and medical assistants help you maintain accurate medication and allergy lists in your office chart or electronic medical record.*

## A colonoscopy, then hepatitis C

**AFTER UNDERGOING A COLONOSCOPY**, a 44-year-old man was diagnosed with hepatitis C. He claimed that the infection had been transmitted by the anesthetic used during the procedure.

**PLAINTIFF'S CLAIM** The anesthesiologist drew the anesthetic from a multiple-dose vial that had been used during previous procedures; proper sterile techniques weren't followed.

**THE DEFENSE** No information about the defense is available.

**VERDICT** \$675,000 New York settlement.

**COMMENT** *I thought this practice had stopped 20 years ago. Review your office procedures and make sure it doesn't happen. Don't use single-dose, single-use vials for more than one patient—ever.*

**JFP**

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