



## Failure to spot postpartum danger leads to permanent disability

**AFTER 2 HOSPITALIZATIONS FOR HYPERTENSION** ordered by her physician, a pregnant 41-year-old woman gave birth to a daughter by cesarean section on December 17. She was discharged 2 days later with a blood pressure of 130/90 mm Hg.

On December 21, the woman went to her doctor's office, complaining that she didn't feel well and had severe swelling. A nurse took her blood pressure twice, obtaining readings of 170/88 and 168/90 mm Hg. She sent the patient home without an examination by the doctor. On her way out of the office, the patient passed the doctor in the hallway and, she claimed, told him she wasn't feeling well and that her blood pressure was high. She said he told her to double her blood pressure medication.

That evening the patient had trouble breathing and was taken by paramedics to a hospital, where she was intubated. She didn't have a pulse for 15 minutes, leading to permanent brain damage.

The patient can't walk without help and can't feed herself because her hands are contorted. She's legally blind, suffers from short-term memory loss, and has difficulty speaking.

**PLAINTIFF'S CLAIM** The patient had classic signs of postpartum cardiomyopathy. If the doctor had looked at her blood pressure readings and examined her while she was at the office, she would have received appropriate treatment and avoided injury.

**THE DEFENSE** The patient went to the doctor's office to show the staff her baby and have her blood pressure checked, not because she was feeling ill. The doctor would have examined the patient if he had been told of the blood pressure readings.

**VERDICT** \$5 million Georgia verdict.

**COMMENT** *For the vast majority of patients, a blood pressure of 170/88 mm Hg is not a medical emergency or even urgent. But for a woman 4 days postpartum with significant edema, it is. This case illustrates the ultimate*

*challenge of family medicine: identifying and treating the dangerous situations among the many mundane ones.*

## Persistent pain requires more than medication

**PAIN IN HER CHEST AND SHOULDERS** prompted a 27-year-old woman to seek medical attention. Her physician attributed the pain to muscle strain and prescribed medication. Six months later the patient returned to the doctor complaining of continuing pain. The doctor concluded that the position in which the patient slept was causing the pain and prescribed painkillers.

After 9 months, the pain still had not resolved. The patient was given a diagnosis of stage II Hodgkin's lymphoma, which went into remission after aggressive treatment.

**PLAINTIFF'S CLAIM** The pain was caused by the cancer, which had been present at all of the patient's visits with her doctor. The doctor was negligent in failing to diagnose the cancer promptly, necessitating more aggressive treatment than would otherwise have been required.

**THE DEFENSE** The patient's pain was episodic and varied; it didn't warrant diagnostic testing. The patient failed to follow through on physical therapy that the physician had prescribed. The patient denied that the doctor had prescribed physical therapy.

**VERDICT** \$800,000 New York verdict.

**COMMENT** *Persistence of symptoms dictates persistence of work-up. After 6 months of pain, the patient should have had a more detailed evaluation. On a personal note, I had a patient just like this one several years ago; a chest radiograph revealed her lymphoma.* **JFP**

### COMMENTARY PROVIDED BY

John Hickner, MD, MSc



**The doctor attributed the patient's ongoing pain to the position in which she slept. A few months later, the patient was given a diagnosis of stage II Hodgkin's lymphoma.**

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