COMMENTARY PROVIDED BY
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If the patient expressed concern about a possible stroke, it was incumbent upon the physician to either diagnose that condition or rule it out.

Impending stroke chalked up to carpal tunnel syndrome

A WOMAN WENT TO HER PHYSICIAN COMPLAINING OF DIZZINESS, blurred vision, numbness, tingling in her hands and feet, and other symptoms. The physician diagnosed carpal tunnel syndrome. The patient visited her physician a second time, and a day later, suffered a stroke and died.

PLAINTIFF'S CLAIM The patient specifically asked her physician if she was having a stroke and her physician told her No.

THE DEFENSE No information about the defense is available.

VERDICT $907,486 Kansas verdict.

COMMENT *Certainly carpal tunnel syndrome is not sufficient to explain all of this patient's symptoms—especially dizziness and blurred vision—but the details on this case are limited. If the patient did in fact express concern about a possible stroke, it was incumbent upon the physician to evaluate carefully and either diagnose that condition or rule it out.*

Rather than coming too late, Rx for methadone came too soon

A 34-YEAR-OLD MAN ADDICTED TO OXYCODONE AND OTHER PAIN MEDICATIONS as the result of a work-related injury 10 years earlier sought treatment for his addiction from a family physician (FP) while visiting Kentucky. The patient also was abusing alprazolam. The FP administered a drug test but prescribed methadone, 180 10-mg pills, before receiving the results. The next day, the drug screen returned positive for multiple drugs, including opiates and cannabinoids. The FP's staff tried to reach the patient, but was unsuccessful. The patient was found dead a few hours later after overdosing on a combination of methadone and alprazolam. Although 64 methadone pills were missing, the patient could not have taken all of them because only a therapeutic level of methadone was found in his system.

PLAINTIFF'S CLAIM The physician should have waited to receive the results of the drug screen before prescribing methadone. Drug Enforcement Administration guidelines allow prescription of methadone for addiction only if a patient is in withdrawal and in the process of being admitted to a treatment facility. There was no proof of withdrawal symptoms.

THE DEFENSE The treatment was reasonable and compassionate. The patient was at fault for abusing narcotics.

VERDICT $204,500 Kentucky verdict.

Could a proper history have spared this patient multiple surgeries?

A 13-YEAR-OLD CAME TO THE EMERGENCY DEPARTMENT (ED) with left knee pain and fever. He was diagnosed with a quadriceps strain and discharged. The next morning the patient still had knee pain and sought treatment from an FP, who diagnosed a sprained knee. At this visit, the patient's temperature was normal. Three days later, the patient went to another ED with a high fever and knee pain so severe that he couldn't walk. Blood culture revealed methicillin-resistant *Staphylococcus aureus* (MRSA) in the knee, which quickly spread. The patient was hospitalized and required 17 surgeries.

PLAINTIFF'S CLAIM The FP should have ordered blood work and recognized the signs of infection. MRSA had been present at least 4 days before it was diagnosed.

THE DEFENSE The patient did not have a diagnosable infection the day the physician saw him and his condition had progressed over the following 3 days.

VERDICT $2.1 million Illinois verdict.

COMMENT *This case reminds me of the necessity of obtaining a history of the mechanism of injury for joint pain. Absence of a definite cause should have led to a wider differential diagnosis.* **JFP**

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.