



## Did PSA finding get lost in the shuffle?

**A SCREENING PROSTATE-SPECIFIC ANTIGEN (PSA) TEST** ordered for a 76-year-old man by his primary care physician was within normal limits at 3.1. Two years later, the patient saw a urologist, who diagnosed renal cysts and bladder trabeculation based on a CT scan. Five months after that, the primary care physician ordered a second screening PSA, which was elevated at 12.

About a week later, the primary care physician noted that the patient was scheduled to see the urologist the next day, but didn't indicate that the urologist had been informed of the elevated PSA or that the patient had been told of its significance. A letter from the primary care physician to the urologist after the patient's visit stated that the patient was being treated for microscopic hematuria but didn't mention elevated PSA. A letter several weeks later from the urologist to the primary care physician discussed the patient's elevated PSA. The primary care physician didn't contact the urologist to follow up on the finding, however.

After a year of testing, the urologist concluded that the hematuria was probably related to the kidney, or perhaps the prostate, and started the patient on dutasteride, which helped the bleeding. Two months after the start of treatment, the urologist ordered a PSA test, which was extremely elevated. A subsequent biopsy revealed adenocarcinoma, and a bone scan showed metastatic bony disease, which hadn't shown up on a bone scan done 6 months before. The patient died 2 years later. The cause of death was listed as cardiopulmonary arrest, cardiogenic shock, and myocardial infarction.

**PLAINTIFF'S CLAIM** The plaintiff's claim focused on the handling of the PSA test, though the specifics of the claim were not detailed in the case summary.

**DOCTOR'S DEFENSE** The primary care physician claimed that his nurse told the patient after the second PSA test that the PSA was 12 and encouraged the patient to see the urologist to discuss the elevated level. The physician also claimed that he had faxed the elevated PSA test result to the urologist and that the patient was reminded of the elevated PSA during his visit to the urologist. No information about the urologist's defense was available.

**VERDICT** \$325,000 Massachusetts settlement.

**COMMENT** *Coordination of care and documentation of communication are keys to good patient care—and avoiding lawsuits.*

## Woman sent home from ER dies of aneurysm

**SEVERE HEADACHES** prompted a 38-year-old woman to visit her family physician, who referred her to a neurologist; an appointment was scheduled for more than a month later. A month after seeing the family physician, the patient went to the emergency room complaining of a severe headache.

A CT scan ordered by the ER physician showed a large mass in the patient's brain. The ER physician gave the patient the scan report, told her to see her family doctor, and sent her home without consulting a neurosurgeon. Later that day, the aneurysm ruptured; the patient's family took her to the hospital, where she died the next morning.

*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 available information about the cases presented here is sometimes incomplete; pertinent details of a given situation therefore may 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.*

**COMMENTARY PROVIDED BY**  
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**PLAINTIFF'S CLAIM** The family physician should have ordered a CT scan, which would have revealed the aneurysm. The ER physician should have ordered an immediate neurologic consult, which would have led to surgical repair of the leaking aneurysm. Either measure would have saved the patient's life.

**DOCTOR'S DEFENSE** The family physician claimed that the patient's complaints weren't urgent and he made a proper referral. The ER physician claimed that the patient wouldn't have lived even if he'd arranged an immediate consult.

**VERDICT** \$1.5 million Michigan verdict against the ER physician.

**COMMENT** *This case illustrates the value of clearly documenting referrals and suggesting follow-up if a change in symptoms occurs.*

## Jaundiced newborn dies after slip-ups

**AN INFANT BORN AT 36 WEEKS** and the baby's 20-year-old mother were discharged from the hospital fewer than 48 hours after delivery, with an appointment with a visiting nurse for the following day and a pediatrician 3 days later. Hospital medical records reported infrequent breast feeding, significant decrease in weight, and a bruise on the back of the infant's head.

The visiting nurse who examined the baby noted moderate facial jaundice, mild jaundice in the groin, and slight jaundice in the sclera of the eyes, as well as the bruise on the back of the head. The nurse didn't notify the pediatrician of the jaundice. The mother said that when she voiced concern about the jaundice, the nurse told her to feed the infant more often and expose her to sunlight.

The day after the nurse's visit, the parents noticed that the baby was more jaun-

diced and had started to arch her back, grunt, and whine. The mother called the pediatrician's office that day and reported the symptoms; the nurse told her that the pediatrician felt that he didn't need to see the baby before her appointment the following day. As the symptoms worsened, the mother called the pediatrician's office 3 more times before 6 PM, speaking with 2 nurses, neither of whom took a medical history.

The mother called again after the office had closed. A nurse arranged for the infant to be seen at the hospital, where the baby was admitted with a critically low temperature, decreased muscle tone, arching of the back, and an elevated bilirubin level of 35.4 mg/dL. Despite phototherapy and intubation, the infant's condition deteriorated, and she was airlifted to another medical facility for more advanced care. The baby was given cardiopulmonary resuscitation on arrival, but died 4 hours later of acute bilirubin encephalopathy.

**PLAINTIFF'S CLAIM** In light of her symptoms, the baby shouldn't have been discharged from the hospital. The visiting nurse should have reported the baby's symptoms to the pediatrician or recommended that the parents take the baby to the doctor right away. The nurses in the pediatrician's office were negligent in not taking a full medical history. The pediatrician should have seen the baby immediately. He failed to recognize the symptoms of possible hyperbilirubinemia, a medical emergency.

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

**VERDICT** \$460,000 Massachusetts settlement.

**COMMENT** *This case illustrates, once again, the importance of care coordination and sharing information on a timely basis. ■*

### FAST TRACK

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