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WHY ARE SOME MEMBERS OF CONGRESS & ACADEMIA TRYING TO CENSOR MEDICAL COMMUNICATIONS?

Diabetes. Cancer. Obesity. Respiratory disease. America's medical professionals are busier than ever. How can they stay current with medical advances and still improve their patients' well-being?

Information is part of quality care. Yet government controls threaten to keep doctors in the dark about current medical advances.

Restrictions on how much information consumers and doctors can know about current and new treatments reduce their ability to advocate for care.

Using censorship as a policy tool to control healthcare costs is a bad idea! Yet that's what vocal pockets of academic medicine and Congress have in mind.

We are concerned that some members of Congress and academia are seeking to restrict the content of CME and other industry-sponsored communications without input from practicing physicians.

Information is the first step to care.
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WHAT'S THE VERDICT?

Medical judgments and settlements

Birth control change proves fatal

THE WORST HEADACHE SHE EVER HAD brought a 21-year-old woman to the emergency room. She had suffered severe headaches the previous month after switching from Depo-Provera shots to Nordette 28 birth control pills; the headaches went away, then returned.

A month after the ER visit, she visited a family medicine clinic, complaining of headaches, nausea, diarrhea, possible fever, and slight dizziness. A physician assistant prescribed Bactrim DS, Phenergan for the nausea, and Phrenilin for the headache.

Two days later, the patient was taken by ambulance to an ER because of numbness all over, nausea, vomiting, and dizziness. She was discharged, but brought back 4 hours later somnolent, difficult to arouse, and unable to obey commands. A computed tomography (CT) scan and magnetic resonance imaging performed the next morning showed blood clots in the brain, with complete occlusion of the superior sagittal sinus vein, and cerebral herniation.

A few days later, the patient was removed from life support. An autopsy indicated that the cause of death was a recent thrombus of the superior sagittal sinus with bilateral acute cerebral infarcts associated with secondary thrombi of tributary veins.

PLAINTIFF'S CLAIM The defendants were negligent in failing to pay attention to the change in the patient's birth control regimen and test for cerebral thrombosis, a recognized adverse reaction when switching from shots to pills for birth control.

THE DEFENSE No information about the nature of the defense is available.

VERDICT $7 million North Carolina verdict.

COMMENT *If you want to avoid malpractice, make sure you obtain urgent imaging for the patient with the worst headache of his or her life.*

CONTINUED ON PAGE 108

COMMENTARY PROVIDED BY **Jeffrey L. Susman, MD,** Editor-in-Chief

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CONTINUED FROM PAGE 102

"Bronchitis" turns out to be lung cancer

UPPER RESPIRATORY TRACT SYMPTOMS prompted the patient to visit his primary care physician, who diagnosed asthma. Six months later, the patient returned with difficulty breathing and discolored mucus. The doctor diagnosed acute bronchitis and ordered a chest radiograph, which showed a growth in the lung. A subsequent CT scan confirmed the finding and identified a swollen right paratracheal lymph node. The radiologist's report noted that "neoplasm cannot be entirely excluded."

A series of radiographs and CT scans over the next several months continued to show the growth, which appeared unchanged. Radiologists' reports advised that cancer couldn't be ruled out and recommended further evaluation.

More than a year after the initial radiograph, the patient began to complain of persistent back pain along with the respiratory problems. A pain specialist ordered magnetic resonance imaging of the thoracic spine, which showed that the growth had enlarged. The report noted that the mass "must be considered highly worrisome for metastatic or other tumor unless proven otherwise." A subsequent biopsy revealed stage IV lung cancer.

PLAINTIFF'S CLAIM If the defendant had investigated the growth at the time of the first radiograph, the cancer might have been curable.

DOCTOR'S DEFENSE The lung cancer was caused by the patient's smoking, and the physician had tried unsuccessfully to get the patient to quit. The doctor did what the radiologists recommended after each CT scan and radiograph. The cancer wasn't diagnosed earlier because a second scan failed to note that the right lymph node was still enlarged.

VERDICT $3 million Pennsylvania verdict.

COMMENT *Failure to aggressively follow up—and diagnose—lung masses is a common malpractice pitfall.*

Undiagnosed diabetes leads to death

A 27-YEAR-OLD MAN went to his primary care physician complaining of dry mouth unrelieved by increased fluid intake and occasional soreness while swallowing. He'd lost 11 pounds in the last 5 months. Although the patient had a family history of diabetes and symptoms consistent with diabetes, the physician didn't check his glucose levels.

Almost a month later, the young man returned with blurred vision and severe headaches. He also complained of bilateral calf cramps at night and had lost another 13 pounds. The physician referred him for an eye exam, but didn't test for diabetes.

A few weeks later, the patient went to the hospital with the "worst headache ever." He also reported blurred vision and seeing white dots. Immediately after giving the history, he suffered 2 generalized seizures. A brain scan showed edema; initial urine testing revealed a glucose level of 500, proteinuria 2+, blood, and positive ketones.

The patient was intubated and transferred to another hospital, where he was diagnosed with diabetic ketoacidosis and an elevated intracranial pressure of 57. He didn't respond to treatment and was pronounced dead 3 days later. An autopsy revealed cerebral edema with herniation of the cerebellar tonsils and brain stem compression and hypoxic encephalopathy associated with diabetic ketoacidosis.

PLAINTIFF'S CLAIM The patient had diabetes when he first saw the doctor; the doctor was negligent in failing to perform a diabetes workup.

DOCTOR'S DEFENSE The patient had a virus when he was first seen, and the headaches were caused by eye strain. The patient died not from undiagnosed diabetes, but from an underlying virus, which couldn't have been detected until an autopsy was performed.

VERDICT $1 million Massachusetts settlement.

COMMENT *Be alert for common but potentially serious medical problems, such as diabetes, when faced with a patient with multiple nonspecific symptoms.* ■

FAST TRACK

The patient, who had a family history of diabetes, complained of dry mouth and had recently lost 11 pounds. His glucose levels were not checked.

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.*