

Back pain, then sudden death

BACK AND CHEST PAIN prompted a 42-year-old man to see a doctor. The family physician took the man's blood pressure, which was 184/130, but performed no other testing. He prescribed pain medication and sent the patient home. The man died 3 days later of an aortic dissection.

PLAINTIFF'S CLAIM The physician was negligent because he did not try to lower the patient's blood pressure or order a radiograph before sending him home.

THE DEFENSE There was no reason to suspect aortic dissection; the rupture was sudden and catastrophic.

VERDICT Alabama defense verdict.

COMMENT *Although the defense prevailed, this case reminds us to always consider less common causes of low back pain.*

Increase in morphine dose has fatal results

BREATHING DIFFICULTIES associated with chronic obstructive pulmonary disease led to the hospitalization of a 79-year-old woman. While there, she suffered respiratory arrest and a code was called. The pulmonologist on duty and the attending physician responded. After the patient was bagged, she started breathing on her own.

The attending physician subsequently discussed the patient's treatment plan and prognosis with her daughter, who agreed to a do-not-resuscitate order. He ordered 2 mg morphine as needed for comfort.

Minutes later, the pulmonologist overrode the order and ordered 20 mg morphine by IV push. After it was given, the patient lost consciousness while talking to her daughter and granddaughter. She died about 3 hours later without regaining consciousness.

PLAINTIFF'S CLAIM The patient was improving until the night before her arrest, when she failed to get her scheduled breathing treatment. The pulmonologist was negligent in ordering 20 mg morphine, and the hospital nurses were negligent in administering it.

THE DEFENSE No negligence occurred. The patient would have died sooner than 3 hours after the morphine dose if morphine was, indeed, the cause of death.

VERDICT \$3 million Georgia verdict.

COMMENT *Do not resuscitate does not mean negligible risk of malpractice. Orders for 20 mg (!) of morphine will always be difficult to defend—even in a terminally ill patient.*

Breast cancer diagnosis falls through the cracks

AFTER NOTICING A LUMP IN HER LEFT BREAST, a woman in her 40s underwent a screening mammogram rather than a diagnostic mammogram at a local facility. The mammogram showed no abnormalities, but an ultrasound examination the following year was abnormal. The report was faxed to her physician, who reportedly didn't receive it. No follow-up occurred.

A year later, the patient made a follow-up appointment on her own and underwent diagnostic mammography and surgical biopsy, which revealed advanced breast cancer. A vacuum-assisted core biopsy and clip localization the following month revealed infiltrating ductal carcinoma. Neoadjuvant chemotherapy resulted in complications and hospitalization. The patient subsequently underwent additional chemotherapy and radiation treatments.

PLAINTIFF'S CLAIM The defendant health care facility didn't properly evaluate the patient for breast cancer.

THE DEFENSE The defendant denied liability and asserted that its personnel acted within the standard of care.

VERDICT \$575,000 South Carolina settlement.

COMMENT *Follow-up and tracking of results remain key in preventing malpractice.* **JFP**

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COMMENTARY PROVIDED BY

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**End-of life care:
How to reduce
malpractice risk**
John Davenport,
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