



## Failure to properly manage a patient's hypertension

**A 44-YEAR-OLD MAN WHO WEIGHED >450 POUNDS** went to his internist for treatment of hypertension. At a work-related physical the previous day, his blood pressure had been 160/110 mm Hg. After examination, the internist wrote a 30-day prescription for amlodipine, 5 mg/d, with 3 refills. The patient saw the physician 2 weeks later but not again until 3 months later. At that visit, the internist prescribed amlodipine, 5 mg/d, for 90 days with 2 refills. The patient missed his next appointment, which was set for 4 months later, but when his medication was about to run out, he was able to get a prescription for 10 months' worth of amlodipine by phone. The patient died 2 months before the prescription ran out.

**PLAINTIFF'S CLAIM** The physician failed to properly manage and monitor the patient's hypertension. The dosage of amlodipine was insufficient.

**THE DEFENSE** The patient was noncompliant and failed to show for follow-up appointments. The dosage of amlodipine was sufficient. The cause of death was unknown because no autopsy was performed.

**VERDICT** \$136,000 New Jersey verdict.

**COMMENT** *If we accept a patient into our practice, we need to have reasonable policies for patients to show up for follow-up, and to consider having them find another physician if they do not.*

## Did the patient's age discourage proper evaluation?

**THREE MONTHS AFTER NOTICING BLOOD IN HER STOOL**, a 19-year-old woman went to see her physician. Without ordering a flexible sigmoidoscopy or colonoscopy, the physician diagnosed a healing anal fissure. Approximately 4 years later, the patient developed bloody diarrhea and went to a gastroenterologist, who found a 2.6 cm lesion in her rectum during a flexible sigmoidoscopy. Biopsy confirmed a low-grade adenocarcinoma. Imaging studies revealed that the cancer had spread to her lungs and liver, and she was

diagnosed with Stage IV rectal cancer. After 2 years of extensive treatment that included surgical resection, conventional and experimental chemotherapy, and radiation therapy, the patient died.

**PLAINTIFF'S CLAIM** If the physician had ordered endoscopy exams when the patient first presented for treatment, testing could have identified a polyp or early-stage cancer.

**THE DEFENSE** No information about the defense is available.

**VERDICT** \$2.5 million Maryland verdict.

**COMMENT** *Colon cancer in a 19-year-old is extraordinarily rare. I doubt that the patient didn't experience any more rectal bleeding until 4 years after she first sought treatment. A lesson in this tragic case is to be sure to document when you tell patients to "come back to see me right away if this happens again."*

## 23-year-old dies when myocarditis is mistaken for bronchitis

**A 23-YEAR-OLD MAN PRESENTED TO THE EMERGENCY DEPARTMENT (ED)** with chest tightness, cough, and fever. After a chest x-ray, the ED physician diagnosed bronchitis and sent the patient home with prescriptions for hydrocodone/acetaminophen and antibiotics. He was found dead in his bed less than 24 hours later. An autopsy determined the cause of death was myocarditis.

**PLAINTIFF'S CLAIM** The physician didn't perform an electrocardiogram (EKG), which is a routine evaluation for a patient with chest pain. The EKG would have detected myocarditis.

**THE DEFENSE** The patient was evaluated properly. An EKG was not necessary.

**VERDICT** \$2.9 million Massachusetts verdict.

**COMMENT** *I think the jury got this one wrong. I don't think an EKG is necessary for every case of acute bronchitis. However, I do wonder if the chest x-ray showed a large heart shadow. 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](http://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.

### COMMENTARY PROVIDED BY

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