

Defendant Hospitalist Prevails In Wrongful Death Case

9.21.15

On Friday, September 18, 2015, a Centre County, Pennsylvania jury announced its unanimous verdict in favor of all defendants in a wrongful death case. Anna Bryan, Debra Weinrich and Adrianna Yanez, represented a hospitalist whom plaintiff's lawyer characterized as the "captain of the ship," the "boots on the ground," the "shepherd" and the one doctor responsible for overall care of an active man the plaintiff claimed died as a result of respiratory failure caused by medication toxicity. The death certificate and a staff nurse's progress note supported plaintiff's theory of the case.

The patient had coronary bypass surgery and an aortic valve replacement approximately one week prior to the admission at issue. During the surgical hospitalization he had been started on the anti-arrhythmic medication Amiodarone, which he was to continue taking after discharge for at least another week. However, the day after discharge, the patient presented to the emergency department in another hospital closer to his home with complaints of shortness of breath, weakness and fever. He was admitted by a hospitalist with an assortment of possible diagnoses, including congestive heart failure and pneumonia. He was thought to be experiencing "post pericardiotomy" syndrome. Amiodarone was continued throughout the hospitalization. The patient experienced occasional transient improvement but ultimately significantly deteriorated without explanation and, after four days, the defendant hospitalist transferred him by helicopter back to the hospital where the initial surgery took place. After evaluation, the providers decided there was a possibility that the patient was suffering from Amiodarone-induced pulmonary toxicity. The medication was stopped and related steroid treatment was provided but proved unsuccessful. The death certificate identified Amiodarone toxicity as the underlying cause of this patient's adult respiratory distress syndrome and death. Plaintiff's experts testified that Amiodarone remained in the body for some significant time after discontinuance.

Plaintiff claimed the hospitalist should have recognized the likelihood that the patient was suffering from Amiodarone toxicity due not only to his particular clinical course but also because of his underlying risk factors, including, according to plaintiff, the presence of well documented chronic lung disease in the form of asbestosis, recent bypass surgery and a "high" dose of Amiodarone. Plaintiff alleged that by failing to relay material information, to ask specialist consultants the "right" questions, or to appropriately coordinate the investigation of the underlying cause of the patient's symptoms, the hospitalist increased the risk that his patient would die as a result of the continued administration of the drug.

The case was greatly complicated by a significant number of imprecise entries in the applicable medical records regarding the patient's preexisting medical treatment and diagnoses, chest x-ray and CT scan findings and the death certificate itself, as well as by related deposition testimony. Defendants argued the patient did not have preexisting asbestosis, the medication was required, and most importantly, that he did not experience Amiodarone toxicity, despite indications in the records to the contrary. The jury unanimously found in favor of all defendants.