



WhiteCoat's Call Room

A blog from inside the emergency department

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The Trial Of A WhiteCoat – Part 1

This is the first in a series of posts I'm going to do about my malpractice trial. Names and minor facts about the patient and his family have been changed. Everything else is the real deal.

I was in the middle of writing admission orders on a patient when the secretary told me that someone needed to see me in the front.

I headed toward the triage desk when a security guard ran up, grabbed my arm and stepped in my path. "What the hell is going on?" I thought to myself. He told me that the person who wanted to see me up front was a process server. He said that he could keep her from coming back and that I could sneak out the back door after my shift if I wanted.

I thought about it for a few seconds and realized that it would only delay the inevitable. I thanked him for "having my back" and walked out to see the woman. When she saw me, she fiddled with her briefcase for a moment, finally got the latch undone, opened the briefcase, and handed me some ruffled papers. I asked her if she wanted me to sign for them and she raised her eyebrows, making it seem as if my offer was not something ordinarily done. She handed me another piece of paper. I scribbled my signature on it and walked away.

The front page of the stack of papers was a summons commanding me to appear in court. I turned the page and saw the name of a Plaintiff as the executor of the estate of another person. Not a good sign. Someone died. Below that was my name, the name of the hospital where I had previously worked, the names of a few other doctors, and a couple of nurses. As I paged through the complaint, I had no idea who the patient was. All I knew was that everyone allegedly delayed diagnosis of a surgical problem in the hospital emergency department and that the patient walked into the hospital, but didn't walk out.

The rest of my shift that day sucked. I looked at patients as adversaries rather than as people needing help. I ordered more tests than I probably needed to. Wasn't for defensive medicine purposes or anything like that. Everyone knows that defensive medicine doesn't exist. Maybe it helped me feel better about "not missing anything." Maybe I didn't want to get named in another lawsuit a few years from now. My head wasn't in the game at that point. My brain was full and I wanted to go home. The shift couldn't end quick enough.

When I got home, I wasn't myself, but I didn't say anything about the lawsuit to my wife. Still hadn't gotten over the shock and I didn't want her worrying about me. Didn't get much sleep that night.

The next day was a day off, so I canceled plans to take my kids to the park and went to my old hospital to review the patient's chart. "Had some important business suddenly pop up," I told my wife. I could see the concern on her face, but I just wanted to be alone, so I gave her a peck on the cheek and took off. Tooling down the highway with Motown blasting on the car stereo helped me take my mind off of things for a little while. I even caught myself singing to a couple of the songs.

The chart had been placed in a secured area and I was only able to review it with a member of the medical records department watching me go through it. Like I'm going to write extra notes in it or something. You know that the attorneys already have copies of the whole thing. Otherwise they wouldn't be able to tell what had been done to the patient. Do I look *that* dumb to make a change in the records *now*? The staff member looked around at the walls and paced in the room as I flipped through the chart.

The patient had come by ambulance with a nonspecific complaint. Soon after he arrived, he began to complain of severe back pain. He got pain medication and then went into shock shortly afterwards. While treating his shock, we also looked for the cause of his nonspecific complaint. It took several hours, but we finally made the correct diagnosis in the emergency department. Unfortunately, the patient's disease had progressed too far. He died from sepsis the next day.

After reading through the chart, I remembered the patient. Nice older fellow who was laughing and joking with the staff when he first came in. I also remembered the patient's daughter. As soon as she arrived, she began questioning everything we did and everything I ordered. I remember asking her if she had any suggestions for her father's care. She wanted him transferred to his regular doctor at a hospital across town. By the time she made that request, he was already in shock and we couldn't transfer him. That made her even more upset.

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WhiteCoat

Latest patient complaint: "The doctor had dirty shoes." Arrrg.

2012/02/24 03:29

How are Press Ganey survey comparisons and preliminary presidential polling alike? They're both inaccurate.

<http://t.co/BWIkWV8o>

2012/01/18 21:50

New weapon: Squirt gun full of penicillin. 90% of ED patients are allergic to it. One shot would hospitalize miscreants ... and cure acne!

2011/12/21 05:02

ED secretary on phone: "Hi, this is the back pain toothache work note department, how may I help you?"

2011/12/15 04:26

US tech says that patients always

Fortunately, because of the daughter's animosity, I documented that chart very well.

Once I had read the chart, I felt the need to validate the care I provided. I spent the rest of the day in the medical library reading through all the sources I could find about the patient's diagnosis and about management of patients in shock. The more that I read, the more that I thought my care was entirely appropriate. I got angry. If I missed something, that's one thing. But we diagnosed a very obscure problem and provided excellent care. I couldn't wait to see what the "expert" said that I should have done different.

I notified the group I was working for at the time and they notified our insurer.

The following day, I got a call telling me that I had been assigned a malpractice attorney.

See other posts in this series [here](#).

This entry was posted on Monday, June 1st, 2009 at 6:05 am and is filed under [Trial](#). You can follow any responses to this entry through the [RSS 2.0](#) feed. You can [leave a response](#), or [trackback](#) from your own site. [Edit this entry](#).

59 Responses to "The Trial Of A WhiteCoat – Part 1"



1. [Hyper AI](#) says:
[June 1, 2009 at 7:20 am](#) ([Edit](#))

Just a piece of advice. I know you feel the need to vent but for your own sake, stop here and do not discuss this case in public. You are not completely anonymous as you may think. Anything you write here can be used against you.

[Reply](#)



2. [Don Salva](#) says:
[June 1, 2009 at 9:45 am](#) ([Edit](#))

O shit! I'll keep my fingers crossed that all ends well for you Whitecoat! Malpractice suits are a, pardon my french, bitch!

Especially with "experts" with almost non-existent knowledge in this specific situation, telling you what to do "generally".

[Reply](#)



3. [hashmd](#) says:
[June 1, 2009 at 10:24 am](#) ([Edit](#))

A good attorney on your side will find experts on your behalf.

I had 4 on my side, the Plaintiff had one. I chose to "cave" just before trial because I couldn't stand the chance of losing a million or more when we could settle for 150,000. Even a 10% chance of losing was not worth it. My attorney agreed and my malpractice insurance agreed.

Now I get to pay for it because I am reported the the National Practitioner Databank. I get to pay every time I re-apply to insurance contracts, every time I re-apply for hospital and clinic privileges, etc.

Fight it to the end if your attorney thinks you have at least an 80% chance of winning.

I agree. Don't blog about your case anymore. We don't need to lose another good blogger.

[Reply](#)



4. [shadowfax](#) says:
[June 1, 2009 at 10:26 am](#) ([Edit](#))

Dude...

Remember Flea? It wasn't that he ad blogged about his malpractice trial, it was that he (and more importantly his lawyers) were surprised when he was confronted on the stand with the existence of his blog – that forced the settlement. So, if you persist in writing, even in vague and nonspecific terms, about your trial, for the love of god make sure your counsel is aware of the blog so they can prepare a defense.

Unless you're writing about past events...

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5. [Blacksails](#) says:
[June 1, 2009 at 10:46 am](#) ([Edit](#))

Im pretty sure that this is a past event. It sounds like it from the way it is being written.

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6. [Medicine Think» Blog Archive » Medical Malpractice](#) says:
[June 1, 2009 at 11:26 am](#) ([Edit](#))

request US picture so they can prove that they're pregnant. She refuses to print them out any more.

2011/12/07 03:51