



## WhiteCoat's Call Room

A blog from inside the emergency department

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### The Trial of a WhiteCoat – Part 14

New day, new witness.

Now it was time for the experts.

The "star witness" for the plaintiff ended up being a rotund old surgeon with spectacles and long hair who looked like Santa Claus without the beard. According to his witness disclosures, he was going to blast everyone's care.

We were waiting for things to start and everything was quiet when he walked in the door. As he passed through the doorway, he tripped over his shoes. Then he sat down in the back of the courtroom and shuffled papers around. Vinny leaned over to me and said "If you think the attorney was bad in the opening statement, wait for this guy." Not what I needed to hear.

The plaintiff attorney started out with direct examination which is basically a bunch of easy open-ended questions. He started with the doctor's qualifications. This expert was 71 years old. He was licensed in three states. He was board certified only in general surgery which he "allowed him to specialize in the diagnosis and management of certain conditions of the body." He stated that general surgery was a "broad field." He was an associate clinical professor at a medical school, which essentially meant that he was on staff there. He charged \$5,000 per day plus expenses for court testimony. He charged \$500 per hour to review and analyze charts. He charged \$350 per hour for depositions. He has testified in more than 2000 cases and gave approximately 20 depositions in the past year.

He started right in on the patient's medical problem. Pretty much everything I did to keep the patient alive was wrong.

"This condition needs surgery, nothing else. Until the patient gets surgery, he will not get better. If the patient does not get surgery, he will die. In this disease, minutes and hours make a difference."

Then he made up all of these criteria for the diagnosis of sepsis. The patient's temperature could be low or high, the patient could have a heart rate greater than 90, the patient could have a respiratory rate greater than 20, bicarbonate level < 28, a white blood cell count < 4000 or > 12,000, or greater than 10% bands on the differential. If any two of these criteria exist, a patient is "septic by definition." Let me get this straight. If I go out jogging, my heart rate goes higher than 90 and my respirations go greater than 20, then I need IV antibiotics? Get a clue.

During the expert's testimony, I just kept staring at him. It seemed to be rattling him a little bit because he would say something that wasn't quite true, then look over at me, then get flustered and look away quickly. I must have stared at him for good 20 minutes.

He then began reading medical records given to him by the Grinch. Problem was, the Grinch never gave *anyone else* copies of the medical records. The records were from several previous treating physicians and had little to do with the care we provided to him. We got them the morning of the expert's testimony. The judge excluded those records from being shown to the jury, but then the expert just read the *contents* of the records to the jury. It was just like handing them the records anyway. That upset me. I wrote on my legal pad "Can he read it into the record if it has been excluded?" Then I pushed the note in front of Louise. She dropped her shoulders, cocked her head to the side and gave me one of those cold stares that apparently meant "Yes, and stop playing lawyer, dammit." Maybe I'll get a mirror to flash her stare back at her or something. See if she can turn herself into stone.

They made a big issue of the requisition form for the patient's CT scan. A radiologist's report contains a brief history about why the testing is being performed in addition to the interpretation of the images. The report from the radiologist was dictated an hour after the patient arrived in the emergency department. It stated "pertinent history" and then listed the patient's diagnosis. This led the plaintiff's attorneys and the expert to believe that I knew what the patient's diagnosis was an hour after he arrived in the emergency department. I didn't.

The radiologist that read the film had a habit of going to the surgeons the following day and asking them what they had found. He would open up a blank report so that it looked as if it was dictated at the time of the exam, but would then hold the reports as "preliminary" and finalize them after dictating in the results of the surgeries. That way it looked like he had picked up on all these small findings before anyone else knew about them. He was a decent radiologist, so no one seemed to mind that he was adding all these findings after the fact. Now it burned me. The information on the radiology report was something we hadn't noted when

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WhiteCoat

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

2012/02/24 03:29

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

<http://t.co/BWIKWV80>

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

preparing for trial. Now we had to figure a way to explain away the radiologist's antics without sounding like we were trying to make him a scapegoat.

The expert ended up his direct examination by saying that all the patient's vital signs at that time were "abnormal" and "indicative of sepsis." I failed to contact surgery in a timely manner, I failed to appreciate the patient's history, and I failed to even appreciate the signs and symptoms of sepsis. Basically, I was a poor excuse for a doctor and caused the patient to die.

As far as the expert was concerned, the patient would have survived had I contacted a surgeon sooner. After he got to the ICU, he went into multiple organ failure and died as a result.

"The negligence of the hospital and of Dr. WhiteCoat caused this patient's death."

Damn it is hard to sit there and listen to someone say things like that without jumping up to defend yourself.

But Vinny was getting primed. Now it was his turn to ask the questions.

This should be good.

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

This entry was posted on Saturday, July 18th, 2009 at 5:11 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](#).

### 103 Responses to "The Trial of a WhiteCoat – Part 14"



1. *Painless* says:

July 18, 2009 at 7:40 am ([Edit](#))

ACKKKKK!!! Are you sure you aren't a writer for some sort of crime TV show? Excellent so far... can't wait to read the next installment! I have been a witness in court – rather a preliminary hearing. I was the nurse who drew a blood alcohol on someone brought into the ER intoxicated.. who blamed it on being hypoglycemic (BA was upwards of 300mg/dL... sugars > 100 +.. what do we REALLY think was going on?). I am only glad that I didn't have to sit and be the object of the attorney's contempt as you are in this case.

Anyhow, keep up the good work.. again can't wait until the next installment!!

[Reply](#)



2. *Danimal* says:

July 18, 2009 at 8:47 am ([Edit](#))

I'm with @Painless — this really keeps getting better every post. I have no idea how you could resist standing up and calling out that idiot. You're a better man than me, White Coat.

[Reply](#)



3. *DaveyNC* says:

July 18, 2009 at 8:58 am ([Edit](#))

Bastard! Both the "expert" witness, and you! The witness, for obvious reasons. You, for ending this installment like that! Bastard!

[Reply](#)



4. *Soronel Haetir* says:

July 18, 2009 at 9:29 am ([Edit](#))

So did you all learn your lesson and quit backfilling any records?

[Reply](#)



5. *Matt* says:

July 18, 2009 at 9:58 am ([Edit](#))

Of course, this "idiot" came to the same conclusion as one of the experts hired by WC.

[Reply](#)



o *Fyrdoc* says:

July 18, 2009 at 12:40 pm ([Edit](#))

Actually, you keep harping on the point that WC's first "expert" said that he didn't meet the standard of care, but you know as well as anyone this is not true. In every case I've been asked to testify for, I was sent the records without being told which "side" was represented (to avoid the obvious bias). There are those "physicians" (I prefer the term "whores") who will only testify for plaintiffs (better \$\$\$), so all of their reports read that way. An unfortunate byproduct of our system.

Second, the "expert" in this installment is an idiot to suppose that as a board

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

2011/12/07 03:51