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Cardiology Sample Case

Hypertensive young smoking patient with family history of heart disease has no cholesterol testing or therapy, had chest and shoulder pain but negative EKG and cardiac enzyme blood tests. Sent home and dies a few hours later.

In 1994, at age 37, this patient was hypertensive, had a family history of heart disease and complained of chest pain. His family physician, Dr. #1, referred him to a cardiologist, Dr. #2, who performed an echocardiogram (sound x-ray-like study) and noted his heart to be normal. The coronary artery patency was tested by a stress test but was "inconclusive" because he could not exercise enough to raise his heart rate above 92. It was nowhere near the target rate.

I found no blood testing for a lipid panel, which includes cholesterol and triglycerides. The failure to do such a test by either doctor is a departure from the standards of care, even in 1994. Proper long-term cholesterol-lowering therapy reduces the risk of developing a heart attack. Also, I found no documentation that a low fat / low-cholesterol diet was recommended. His aunt died of a heart attack at age 43 and these blood tests needed to be done. His hypertension was treated, although he did not always take his medication due to the cost, yet he continued to buy and consume one to three packs of cigarettes per day, which shortens life by 48 minutes per cigarette.

On August 17, 1999, he was seen at the Clinic #1 and his blood pressure was elevated to 180/98. They reasonably decided to recheck it in three days. They prescribed medication for his left shoulder, which was painful to touch. He had no chest pain radiating (projecting into) his shoulder, often seen with a heart attack. And it was "tender" to touch, consistent with their diagnosis and therapy.

When they rechecked him on (?) August 20, his blood pressure was borderline elevated at 140/90 and his left shoulder still was "tender."

On August 20 he arrived at the Emergency Room with a history of severe chest pain (10 out of 10) and a blood pressure of 164/90 and repeated as 170/100. The chest x-ray was normal, as was the EKG. Also, most significantly the cardiac enzymes (proteins that enter the blood stream from dying heart muscle cells, the CK-MB) were normal at 0.

Except for 30 seconds of chest pain while in the X-ray Department, he had no chest pain, the cardiac monitor was normal and his prerelease blood pressure at 1555 (3:55 p.m.) was 145/90 (borderline and required no treatment).

He died after he arrived home, most likely from a heart attack. No autopsy was done.

Even if the cholesterol test would have been done on August 17, 1999, prescribing cholesterol-lowering medication on that date would make no difference to his survival, compared to 1994.

His cigarette smoking significantly contributed to his demise and you may want to file a claim against the cigarette manufacturer of his brand.

For all the reasons noted above, I do not find negligence against his health care providers. At age 42 and with his family history and chest pains, some physicians may have admitted him to the coronary care unit of the hospital for a one-day stay and monitoring. If that had happened, his death most likely would have been prevented by the use of anti-arrhythmic drugs and electrical shock therapy. But he had significant coronary artery disease of an unknown amount. Without an autopsy, I can only assume by statistical probability that more likely than not, he would have been amenable to angioplasty (balloon artery dilatation) or CABG (coronary artery bypass graft) surgery. Then with an intense antismoking therapy program, cholesterol-lowering drug therapy and a strict vegetarian diet, he may have had added years to his life.

The defense will contend all I noted above, plus the fact that he was disabled. Therefore, the "economic value" of his life was very limited and he had real shoulder pain, which would, to some degree, confuse his cardiac diagnosis, which had a normal EKG and a cardiac enzymes (which rise within a few hours of a heart attack), and the fact that his chest pain went away.

You may want us to send these records to a cardiologist and/or Emergency Room Expert for their independent opinions, regarding negligence causation and/or longevity issues. Please advise us if you want to pursue the product liability (cigarette) aspect of this case.