

THE Clinical Advisor

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Heart attack misdiagnosed as heartburn

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Ms. M, a 28-year-old nurse practitioner, worked in a walk-in clinic that was located on the ground floor of a multi-story office building. She had been working for the clinic for the past year. Due to the clinic's location, many of the patients were employees in the businesses located in the office building. The clinic was primarily staffed by nurse practitioners with the oversight of a supervising physician.

On a typical day, Ms. M would primarily see business people with minor injuries or complaints of flu symptoms, sore throats, or gastrointestinal illness.

She administered flu and pneumonia shots as well as regular vaccinations, and she performed the occasional pediatric check-up for kids participating in sports activities or going to camp. In the few times that there was a true emergency, the patient was referred to the local hospital for treatment.

The office building opened at 7 a.m. each morning, but the clinic itself did not open until 9 a.m. Ms. M arrived at 8 a.m. to help the office manager prepare for the upcoming day. The clinic's waiting room was open to the building's lobby, but the reception and exam areas were gated off until the clinic opened.

One morning, just past 8 a.m., Ms. M was at the clinic looking over some paperwork when she heard a faint knocking coming from the waiting area.

She opened the locked door to the waiting room and saw a somewhat distressed-looking man in a business suit in his mid-50s. The man was pale, with a slight sheen of sweat on his face, although the day was cool.

"I'm sorry. We're not open for another hour," Ms. M said politely.

"Oh," the man said, clearly disappointed and with a hand across his stomach. "I was hoping someone could see me. I



Signs exhibited by the patient should have alerted Ms. M that the situation should be treated as an emergency.

arrived at work this morning, and I've just had this terrible stomach ache that is just radiating across my body."

"I'm very sorry," Ms. M said, still speaking through the slightly open office door. "I can't examine you until we open. If I came out there, the only thing I'd be able to do is call an ambulance for you, and I don't know if your insurance would cover that."

The man frowned. "I can only imagine what something like that would cost. Okay, I guess I'll just come back down in another hour. I'm just feeling pretty crappy."

"There's a pharmacy around the corner that is open already," Ms. M said. "Maybe you want to go pick up an antacid in the meantime."

"Good idea," the man said. "I'll do that, and will come back in an hour when you're open."

"See you then," Ms. M said cheerfully.

However, when the clinic officially opened, the man did not return. Shortly after the clinic opened, Ms. M and the other clinic staff heard a commotion in the lobby of the building and saw an emergency medical team running into the building and heading up in the elevator.

A short time later, they wheeled someone out. Later that afternoon, one of the other clinic staff asked Ms. M whether she had heard about the guy on the fifth floor who had died of a heart attack that morning.

Ms. M realized that it was likely the man who had come into the waiting room earlier that day. She felt terrible that she had not called an ambulance for him.

After he had tried to get medical help from Ms. M that morning, the man—Mr. D—went to the pharmacy as Ms. M had suggested and bought an antacid.

He returned to his office and told his co-worker that he had not been able to get into the clinic yet, but he had spoken to a nurse and he was going to try an antacid in the meantime.

The co-worker found Mr. D slumped over in his chair a short time later and called 911. But Mr. D had had a massive cardiopulmonary event and was declared dead on arrival at the hospital.

The co-worker told Mr. D's family about his encounter with the nurse at the clinic that morning. His family hired a plaintiff's attorney and sued the walk-in clinic.

Ms. M and the supervising physician met with their defense attorney.

"We never treated that man," the physician said. "Ms. M merely talked to him and told him we weren't open yet. He wasn't actually a patient."

The attorney asked Ms. M some questions: Was the man exhibiting signs that indicated a heart attack? Did Ms. M suggest calling for emergency medical help?

Ms. M described her interaction with the man, including the symptoms he described, his appearance, and her suggestion that he go to the pharmacy and come back in an hour. The attorney consulted with a medical expert who

confirmed that the symptoms described were consistent with signs of a heart attack.

After some months of negotiations, the case was settled out of court for \$900,000.

Legal background

Cases may settle out of court for any number of reasons. Taking a case to trial is expensive and time-consuming, and the result is unpredictable, particularly when a jury is involved. In this case, the defense attorney made a tactical decision to settle. Taking the case to trial would have resulted in bad publicity for the clinic and its staff. Although the clinic did not officially treat Mr. D and he was not a patient as such, once Ms. M spoke to him and noted that he was exhibiting cardiac symptoms, she should have called an ambulance.

Protecting yourself

Clinicians are well acquainted with the signs and symptoms of a heart attack. Abdominal pain that radiates and pale sweaty skin are signs exhibited by Mr. D that should have been enough to alert Ms. M that the situation should be treated as an emergency.

Although Ms. M thought she was doing the right thing by referring Mr. D to the nearby pharmacy for an antacid and expressing concern about whether an ambulance would be covered by Mr. D's insurance, she was doing him a great disservice. Once she heard the symptoms he was describing and recognized that it could be an indicator of a heart attack, she should have either called an ambulance immediately or instructed the patient to take himself to the nearest hospital right away. Either option might have both saved the patient's life and prevented a costly lawsuit.

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