

Verdicts ONLY on the Web

MD fails to check for metastasis of Ca

A woman in her late 50s underwent a total abdominal hysterectomy performed by a gynecologist. The postoperative pathology report indicated cancer. The initial tests showed endometrioid adenocarcinoma, and later tests indicated uterine papillary serous carcinoma (UPSC), a rare and aggressive cancer. The woman returned to the gynecologist twice a year for physical exams, as instructed. A year and a half after the surgery, she went to her family physician complaining of stomach, shoulder, and chest pains. Lesions on her diaphragm, liver, and abdomen, consistent with metastatic disease, were evident on a CT scan. Eventually, the patient died.

Patient's claim The postoperative pathology report showed two different cancers, but the gynecologist did not inform her of the UPSC. She should have been referred to an oncologist so that she could have been given chemotherapy and had a chance for a prolonged life.

Doctor's defense He did inform the patient about the UPSC, but she chose not to undergo chemotherapy. At the time, there was no standard of care for UPSC, and when she was healthy for several years, he chose not to check for metastasis of the cancer.

Verdict \$575,000 Pennsylvania verdict.

Profound neurologic damage to one triplet

A 48-year-old woman pregnant carrying triplets—conceived through in vitro fertilization—was admitted to the hospital for preterm labor at 20 weeks' gestation. She was given a diagnosis of insulin-dependent

gestational diabetes and sent home. At 31 weeks, she was readmitted for preterm labor and was given magnesium sulfate. After 3 weeks in the hospital, she was moved to labor and delivery when a low heart rate was detected in one fetus. One nurse cared for the mother for several hours, during which late decelerations in the fetal heart pattern were evident. The nurse notified the other defendants, but there was allegedly a delay in responding. When a cesarean section was performed, one of the three babies was born with profound neurologic damage. Diagnosed with spastic diplegia, he cannot walk or stand without help; cannot speak or communicate effectively; and has low vision. He requires physical, occupational, and speech therapy.

Patient's claim A delay in performing the cesarean section caused the one baby's neurologic damage.

Doctor's defense Not reported.

Verdict \$4.2 million Massachusetts settlement.

"Stay home," despite reports of problems

When a woman at 35 weeks' gestation presented to her physician with signs consistent with premature labor, she was sent home. Later that day she was advised to go to the hospital, where tests conducted over a 72-hour period indicated premature labor and a healthy, viable fetus. Steroids were administered to increase lung maturity. Then the woman was instructed to monitor herself for increased frequency of contractions, decreased fetal movement, or leakage of fluid, and sent home. After 4 days, she reported significantly decreased fetal movement, but was advised to continue monitoring at

home. After 2 more days, she reported leakage of fluid, but was again told to stay at home. One week later, she noted no fetal movement. Fetal death was confirmed at the hospital, and the fetus was delivered later that day.

Patient's claim A nuchal cord led to fetal death. She should have been admitted for monitoring or delivery when she reported decreased fetal movement and fluid leakage.

Doctor's defense The nuchal cord was an unforeseeable complication.

Verdict \$2.5 million Ohio verdict.

Resident asks for help too late in birth

Dr. A, a first-year family practice resident, provided prenatal care to a woman pregnant with her first child; Dr. B was the attending physician. The pregnancy had no serious complications, but the woman had mildly elevated blood pressure and discomfort at the end of the pregnancy. She requested an elective cesarean section several times, but Dr. A declined the request and consulted with neither an OB nor Dr. B. When she noted decreased fetal movement, a fetal non-stress test was done and was nonreactive. A low level of amniotic fluid and low fetal tone were confirmed. The woman was hospitalized and administered oxytocin to stimulate uterine contractions. Intermittent decelerations and diminished variability were evident

in the fetal heart rate, but a cesarean section was not discussed. She progressed to active labor. Dr. B was on his way to the hospital as requested by Dr. A, but Dr. A—who had limited obstetrical experience—did not seek the aid of any other physician. He failed to interpret the fetal monitor strip correctly, and the labor and delivery nurse neglected to call a more experienced physician—although one was available. Just prior to delivery the fetal heart rate was not monitored for 20 minutes. At delivery, a nuchal cord was detected, then clamped and cut by Dr. A. The chief resident was called in and completed delivery in 2 minutes. The child was born blue and lifeless. A full neonatal resuscitation team was unavailable, and intubation was performed after 4 minutes. Dr. B arrived 5 minutes after delivery. The child suffered catastrophic brain damage due to hypoxic-ischemic encephalopathy.

Patient's claim The brain damage occurred just before delivery.

Doctor's defense Not reported.

Verdict \$3.2 million Washington settlement. ■

The cases in this column are selected by the editors of OBG Management from Medical Malpractice Verdicts, Settlements & Experts, with permission of the editor, Lewis Laska, Nashville, Tenn (www.verdictslaska.com). The available information about the cases is sometimes incomplete; pertinent details may be unavailable. Moreover, the cases may or may not have merit. Still, these cases represent types of clinical situations that may result in litigation and are meant to illustrate variation in verdicts and awards. Any illustrations are generic and do not represent a specific legal case.