

After Son's Death, Mother Becomes Advocate for Organ Donor Organizations

Son George had always wanted to be an organ donor, and his mother becomes a donor in his memory.

This is the story of one family's journey through pain and frustration caused by a series of medical errors, inefficiencies, and incompetence, and the family's profound lessons in healing.

In January 2006, Mr. and Mrs. S were notified that their 22-year-old son, George, had been severely injured in an automobile accident. He had been taken to a nearby hospital for immediate brain surgery which relieved the most urgent threat. Recovery began in the ICU. Numerous other injuries included broken bones, an eye injury, and severe leg injuries.



Three days later, he was moved into a regular hospital room. An examination revealed that his leg wounds were infected. The contaminated tissue around the wounds was surgically removed, an extremely painful procedure. The hospital then recommended George transfer to a rehabilitation center much closer to the family's home. Just before the transfer, the hospital directed George

to shower. Worried about the incision in his scalp and numerous open wounds on his legs, George expressed concern about showering in a communal facility. Nonetheless, the staff insisted.

The next day, George's legs showed more serious indications of infection. As the family tried to schedule an ambulance for the transfer, hospital personnel assured them they could transport George themselves. The 300 mile trip was agonizing for all. When they finally arrived at the center, there were no doctors on duty.

They called one of the doctors asking him to evaluate George's condition, but the doctor simply ordered pain medication.

The next morning, a doctor examined George and was alarmed by the condition of his legs. Sepsis, a potentially fatal bacterial infection, was clearly evident. Sepsis requires immediate and aggressive antibiotic treatment and close monitoring in an ICU. It was, however, another 14 hours before the center administered any antibiotics. By this time, George's eye was also infected.

The center kept him another two and one-half days. During that time, they transported George to a local ophthalmologist's office for an examination of his eye. He waited two hours before being examined. The emergency medical technicians who transported George thought he was in critical condition and should be moved to an ICU immediately. Finally, the center released George to a local hospital.

At the hospital, George's mother noticed his yellowish skin and swollen stomach. The hospital had also failed to note that George had stopped urinating. Acute kidney failure had begun. He was finally sent to ICU. The family was then told that George's legs would have to be amputated in order to save his life. Before the family could reach his room to tell him they would be waiting for him after surgery, George's heart began to fail. Within a short period of time, George died.

The family is presently pursuing litigation. To help other families avoid the suffering and helplessness they endured, they are lobbying the Florida legislature for mandates that could prevent these errors, including requirements that only board certified physicians treat or operate on patients and that rehabilitation centers have board certified physicians on duty all the time.

In the years since George's death, his mother has tried to find a positive focus for her loss and pain. George had always wanted to be an organ donor but organ failure prevented it. His mother joined the Alliance for Paired Donation, an organization that matches an incompatible donor/recipient pair to another pair. In February 2010, Mrs. S donated a kidney in memory of her son. She continues to advocate for organ donors. ♦

For additional information on organ donations, visit www.paireddonation.org

or

OrganDonor.Gov

Access to U.S. Government Information on Organ & Tissue Donation and Transplantation

