

## History and Symptoms Ignored by Doctors

# Man Dies After Two Cardiologists Misread EKG

**R**onald Carroll was a truck driver who was looking forward to returning home to his wife and children on the evening of May 16, 1998. Mr. Carroll was driving to his home in St. Petersburg, Fla. from a trip to Indiana when he began to experience shortness of breath. While driving through Gainesville, Mr. Carroll stopped at a drug store. The pharmacist recognized that Mr. Carroll had a severe problem and called 911.

Mr. Carroll was transported to Hospital A, where he was examined by emergency room physician Dr. B. The doctor noted complaints of left-sided chest pain and a productive cough. The emergency room record reflected a history of borderline diabetes and mitral valve replacement eight years prior. A chest x-ray was ordered, which the hospital radiologist found to be abnormal. Dr. B also ordered an EKG, which was mechanically interpreted to be abnormal and possibly indicative of a heart attack. Dr. B disregarded both the EKG and the x-ray and diagnosed Mr. Carroll with pneumonia and bronchitis. The doctor attributed Mr. Carroll's chest wall pain to a bruise he had received some weeks prior. Mr. Carroll spent less than one hour in the hospital.

When Mr. Carroll arrived home, he developed nausea and vomiting. His wife, Rebecca, went to the pharmacy to fill the emergency room doctor's prescriptions for antibiotics and pain medication. During the course of the night, Mr. Carroll continued to experience nausea and vomiting, which got progressively worse. Mrs. Carroll called an ambulance in the early morning hours of May 17, 1998, and Mr. Carroll was taken to Columbia Northside Medical Center. Shortly after his arrival at the hospital, Mr. Carroll died as a result of an acute



**Left to right:  
Rebecca, Brandon, Amber, and Ronald Carroll**

myocardial infarction. Mr. Carroll was survived by his wife, Rebecca, his daughter, Amber, and son, Brandon.

Mrs. Carroll originally sought representation by St. Petersburg attorney Jeffrey Chambers. Mr. Chambers referred the case to attorneys Chris Searcy and Bill Norton. Shortly after being placed on notice of the claim, the defendant hospital and emergency room doctor admitted liability and requested arbitration. They did so to take advantage of protection afforded to them by the Florida Medical Malpractice Statute. By admitting liability, the defendant hospital and emergency room doctor limited the Carroll family's non-economic (pain and suffering) damages to \$350,000. However, shortly after the defendants' admission of liability, the Florida Supreme Court ruled in the case of St. Mary's Hospital v. Phillippe that the statutory cap of \$350,000 is available to each of Mr. Carroll's survivors. Previously, defendants could cap their total exposure at \$350,000, regardless of the number of dependent survivors.

Citing the St. Mary's case, Mr. Searcy and Mr. Norton demanded the emergency room physician's policy limits of \$1 million. The policy limits were paid to Mr. Carroll's estate shortly thereafter. The case against Hospital A is still pending. Additionally, Mr. Searcy and Mr. Norton have discovered that Mr. Carroll had treated with a cardiologist several months prior to his death. The cardiologist performed an EKG which was misread. Had the cardiologist correctly read the EKG, Mr. Carroll could have received medical treatment which would have prevented his subsequent fatal heart attack. The Estate of Ronald Carroll has recently filed suit against this cardiologist as well. ■