

Repeated Errors by Doctors in Viewing CT Scan Result in Man's Death

The summer of 1996 found Jessie Schatz in the prime of his life. Mr. Schatz retired from the United States Army in 1991 as a successful, decorated, noncommissioned officer in the intelligence service stationed in East Berlin. Married in 1996 to his second wife, Donna, Mr. Schatz operated a successful wholesale business, called Pace Wholesale. Mr. Schatz maintained an extremely close relationship with his four daughters from his first marriage.

On Aug. 3, 1996, Mr. Schatz was taken to Hospital X via ambulance with complaints of upper back pain and neck pain. On their run sheet, paramedics noted that Mr. Schatz was scheduled for an MRI the next day to rule out an aortic aneurysm, but this information was never included in any other part of the record.

When Mr. Schatz arrived at the hospital, the emergency room physician Dr. X noted that he was in severe pain and was short of breath. Blood work, x-rays, an EKG, and a CT scan without contrast were ordered. Mr. Schatz was moaning loudly in pain in spite of significant amounts of strong narcotic medication.

Dr. A came to examine Mr. Schatz while he was still in the emergency room. Dr. A noted that the CT scan was negative, but assumed that the scan was performed with contrast. A CT scan without contrast is useless in some medical situations and, unless the patient is allergic to the dye, a CT scan with contrast is considered standard medical care. Dr. A ruled out a diagnosis of aortic dissection based upon the useless CT scan. This was a mistake repeated by a number of other physicians who attended to Mr. Schatz over the next few days.

Dr. A ordered consults with an orthopedist and a cardiologist in an effort to locate the source of Mr. Schatz's pain. The orthopedist was unable to locate the source

of the pain, but was sure that it was not orthopedic in nature. On Aug. 4, 1996, Mr. Schatz was examined by cardiologist, Dr. B, who relied on handwritten notes in the file that indicated that the CT scan was negative. Dr. B did not review the scan itself or make any effort to determine whether contrast was used. Dr. B assumed that the scan was done with contrast and used that information to rule out aortic dissection. Inexplicably, Dr. B diagnosed Mr. Schatz with possible early ischemic bowel, a life threatening condition, but offered no opinion as to further testing or treatment.

On Aug. 5, Mr. Schatz was examined by another doctor, Dr. C. The doctor found that Mr. Schatz had a new complaint of lower right quadrant pain, but, again relying on the non-diagnostic CT, cleared him for discharge. The nurses' notes reflect that after being examined by Dr. C, Mr. Schatz was in excruciating pain. The nurse on duty administered a suppository and subsequently discharged Mr. Schatz in spite of the fact that he was screaming in pain.

On Aug. 6, Mr. Schatz returned to his regular treating physician and was almost immediately diagnosed with an abdominal aortic dissection. He was emergently admitted to Baptist Hospital and then immediately transferred to Sacred Heart Hospital for emergency surgery. Unfortunately, the delay in treatment caused irreparable damage to Mr. Schatz's aorta. Mr. Schatz passed away on Aug. 9, six days after his first visit to the hospital.

The Schatz family retained attorneys Jennifer Byrom and Dan Stewart in Milton, Fla., to investigate Mr. Schatz's treatment in the initial hospital.

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Ms. Byrom and Mr. Stewart contacted attorneys Chris Searcy and Bill Norton, who immediately began their investigation of the case. Expert testimony confirmed that Mr. Schatz's condition would have been easily detectable with the administration of a CT scan with contrast. Had Mr. Schatz been diagnosed correctly and on a timely basis, plaintiffs' experts opined that surgery would have saved Mr. Schatz's life.

In 2002, after a long and vigorously contested litigation, Mr. Searcy and Mr. Norton were able to reach a settlement with the defendant doctors and the hospital. Mr. Schatz's widow accepted a very small percentage of the total settlement in an effort to maximize the funds available to her stepchildren. The total settlement will be paid over the children's lifetimes to provide for college and financial security. ■