

Failures to diagnose condition in high-risk pregnancy resulted in mother's tragic death

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confirmed that placenta accreta could have, and should have, been diagnosed. Had Mrs. X's doctors properly diagnosed her condition, preventive measures could have been taken to limit the bleeding associated with placenta accreta which would have saved the woman's life. Mrs. X's perinatologist, radiologist, and the hospital vigorously defended the case, arguing that the obstetrician had all the information he needed to prepare for the surgery; that placenta accreta cannot be definitively diagnosed prior to surgery; and that even with preventive measures, Mrs. X's condition was so severe that she would have died anyway.

Key to proving liability in this case was the deposition of the obstetrician. The team was able to establish through his testimony that if the perinatologist and radiologist had advised him that Mrs. X had placenta accreta, he would have transferred her to a high-level hospital and would have sought the assistance of surgical specialists including urological and gynecological surgeons and critical care specialists. Following the deposition of the obstetrician, the perinatologist tendered his insurance policy limits. However, the hospital and radiologist continued to defend the case despite the fact that the radiologist had limited insurance coverage. Just days before trial, the hospital and radiologist settled, with the radiologist paying double his policy limit. The case was resolved in total for \$2.5 million despite statutory limitations on the recovery of non-economic damages. While the settlement proceeds will not bring Mrs. X back to her family, they take comfort in the fact that their efforts in pursuing this case uncovered the truth, and resulted in justice. ♦

Potentially Lethal Combination of Drugs Used to Treat Spider Bite Caused Permanent Damage

In September 2005, a 55-year-old Florida man suffered a spider bite to his left ankle. The man reported the bite to his family doctor who recommended that he treat the bite with a topical ointment. At first, the bite wound appeared to improve, but then began to worsen, and the man was referred to a dermatologist. The dermatologist began treating the wound, but the man's condition worsened and the wound became a red, swollen, ulcerated hole in the man's leg. Eventually, he was referred to an internist whose practice was located in the wound care center of a central Florida hospital.

In October 2006, the man began a lengthy period of care at the hospital's wound care center, under the direction of the internist. The diagnosis at this time indicated that the wound was infected. He was treated with various courses of antibiotics, debridements, and wound care monitoring. For the next eight months, the internist continued to manage the man's worsening infection on an outpatient basis, without consulting with an infectious disease specialist. The wound and infection continued to worsen. In May 2007, the internist elected to administer antibiotic therapy intravenously in an attempt to gain control of the advancing infection. The doctor prescribed and monitored this therapy using home care agencies. Again, he chose not to engage an infectious disease expert for consultation.

The internist ordered a dangerous combination of vancomycin and gentamicin intravenous medications in high dosages. Weeks later, the doctor increased the dosages. Not only did the medications fail to treat the infection, they produced toxic systemic damage. The man began to experience dizziness, loss of balance, ringing in his ears, bouncing vision, and severe headaches. He reported the symptoms to the doctor and to the home health care representatives. The medications were eventually discontinued, but the damage had already occurred. A neurologist later confirmed that, as a result of the combination of antibiotics, the man had suffered permanent toxic damage to his inner ear – a bilateral peripheral vestibulopathy. The treatment left him permanently disabled, requiring him to walk with a cane due to his inability to balance. He continues to suffer from the dizziness, loss of balance, ringing in his ears, bouncing vision, and severe headaches. His life changed dramatically, from being a vibrant husband and father, and an energetic, hard-working assistant principal, to someone who cannot walk or stand without assistance.

Believing that it was medical negligence that had caused his permanent disabilities, the man and his wife sought the assistance of SDSBS attorney **Sia Baker-Barnes**. Shortly after filing suit against the doctor and the hospital, Ms. Baker-Barnes was able to obtain a substantial settlement on behalf of the man and his wife. The amount of the settlement and the names of the parties remain confidential. ♦