



CASE OF THE QUARTER: MRS. DOE VS. DR. BLUE

Written by
Claims Department
Professional Risk Management Services® (PRMS®)

The “Case of the Quarter” column is a sample case study that highlights best practices in actual scenarios encountered through [PRMS’ extensive experience in litigation and claims management](#). Specific names and references have been altered to protect clients’ interests. This discussion is for informational and education purposes only and should not be relied upon as legal advice.

FACTS:

Dr. Blue was called to the Emergency Department of Hope Hospital to evaluate a 35 year-old man who was agitated and paranoid. Dr. Blue learned from a family member that the patient had taken methamphetamine within hours of presenting to the Emergency Room. When Dr. Blue started to examine the patient, he became combative and started throwing items in the room. Dr. Blue left the room just as the patient picked up a heavy chair and threw it toward the wall. Dr. Blue called security and ordered an intramuscular injection of Benadryl, haloperidol and lorazepam. Security guards held the patient down on the floor while a nurse administered the injection. The patient calmed down but soon thereafter went into cardiac arrest and died.

Dr. Blue wrote a detailed note in the chart explaining the patient’s behavior and the treatment options he considered as well as why he chose the medications that were administered. He even noted that he weighed the risk of the patient possibly having a cardiac arrest with those of him hurting himself or others given his agitation, violence, and extreme strength.

ALLEGATIONS:

The patient’s wife filed suit against Dr. Blue and Hope Hospital. In her suit, the wife alleged that the medications Dr. Blue ordered and the security guards’ physical restraint of the patient caused his death.

DEFENSES:

The defense expert used Dr. Blue’s very detailed

note to support his exercise of professional judgment in ordering the medications he felt were needed to prevent injury to the patient or others. The expert testified that the medications ordered were within the standard of care as was asking security guards to hold the patient while the injection was given. Dr. Blue testified effectively as to the basis for the decisions he made. He maintained good eye contact with the jurors and remained confident, not defensive, under cross-examination. His testimony was congruent with the medical record documentation.

OUTCOME:

The jury found for the defense. In post-trial polling, some jurors told Dr. Blue’s attorney that they found him to be a credible, caring physician who had to do something to prevent the patient from hurting himself or hospital staff. Further, they said that they believed the use of methamphetamine was the true cause of the patient’s death.

TAKEAWAY:

Performing and documenting a thorough evaluation are critical pieces to any defense. A claimant’s attorney will pay particularly close attention to what a psychiatrist did and documented following a psychiatric hospital admission as the admission itself indicates some level of instability in the patient.

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