



CASE OF THE QUARTER: A TALE OF TWO CASES

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:

Case 1: Dr. Blue began treating a 27-year-old female for depression. Within the first three months of treatment, Dr. Blue learned that the patient had a drinking problem. He recommended she stop drinking and go to Alcoholics Anonymous. Dr. Blue continued to encourage these steps at every visit; however, before he knew it a year had passed and the patient had not followed his recommendations. During that time, he continued to treat her depression, but she was not improving. Dr. Blue felt her drinking was impeding his ability to effectively treat her depression. Dr. Blue told the patient he could not continue to treat her because she was not addressing her drinking problem. He told her he would cover her for thirty days while she looked for a new provider. He gave her a letter confirming the termination in which he provided referrals for alcohol use disorder treatment options and a psychiatrist specializing in addiction treatment. Two months after Dr. Blue terminated treatment, the patient died from a combination of excessive amounts of alcohol and oxycontin that she bought on the street. The patient’s husband filed suit.

Case 2: Dr. Green also began treating a 27-year-old female for depression. Within the first three months of treatment, Dr. Green learned that the patient had a drinking problem. He recommended she stop drinking and go to Alcoholics Anonymous. Dr. Green continued to encourage these steps at every visit; however, before he knew it two years had passed and the patient had not followed his recommendations. During that time, he continued to treat her depression, but she was not improving. Dr. Green felt her drinking was impeding his ability

to effectively treat her depression. Dr. Green felt that despite the patient’s continued drinking, his attempts to treat her depression were better than no treatment at all. He didn’t want the patient to feel like he abandoned her or that he didn’t understand the difficulties of having a drinking problem. Two months after Dr. Green made this decision, the patient died from a combination of excessive amounts of alcohol and oxycontin that she bought on the street. The patient’s husband filed suit.

ALLEGATIONS:

The allegations against both doctors were the same; namely, failure to accurately diagnose the patient’s alcohol use disorder and failure to timely refer the patient for appropriate treatment.

DEFENSES:

Dr. Blue’s defense was that he did diagnose the patient’s alcohol use disorder as documented in his record during the third month of treatment. He also documented his treatment recommendations and his follow-up at each visit. A further defense was that Dr. Blue terminated treatment that was ineffective and directed the patient to seek appropriate care elsewhere.

Dr. Green’s defense was that continuing to treat the patient’s underlying depression was within the standard of care because depression can lead to drinking. Further, he did diagnose her alcohol use disorder and recommended she seek treatment for it. He documented this in his chart periodically. Another defense was that getting treatment from him was better than getting no treatment at all.

OUTCOME:

The jury found in favor of Dr. Blue and told counsel after trial that they found he did meet the standard of care because he recognized the ineffectiveness of his treatment, diagnosed the alcohol use disorder, gave the patient time to follow his treatment recommendations, and ended treatment and referred her to addiction treatment within a reasonable timeframe.

The jury found against Dr. Green citing that his failure to appropriately recognize the severity of the patient's alcohol use disorder and insist she get addiction treatment in order for him to continue treating her was a deviation from the standard of care. The jury also found that his continued treatment of the patient despite its ineffectiveness over the course of two years was not within the standard of care.

TAKEAWAY:

Be cautious when treating a patient with a dual diagnosis especially if you are not an addiction treatment specialist. Promptly refer a patient with an alcohol use or a substance abuse disorder to appropriate addiction treatment. Pay attention to documenting your diagnosis and treatment recommendations at each visit. Be aware of the length of time that has passed in which the patient has failed to get the addiction treatment you recommended. Critically analyze the effectiveness of your treatment absent the addiction treatment. Consider terminating treatment that is ineffective and/or for a patient who refuses to get appropriate treatment for addiction.

Compliments of:



(800) 245-3333 | PRMS.com | TheProgram@prms.com

 [@PRMS](https://twitter.com/PRMS)

 [LinkedIn.com/company/PRMSprograms](https://www.linkedin.com/company/PRMSprograms)

 [Facebook.com/PRMSprograms](https://www.facebook.com/PRMSprograms)

 [@prmsprograms](https://www.instagram.com/prmsprograms)

Professional Risk Management Services ("PRMS") provides the information contained in this article for general use and information. Information provided is intended to improve clarity on issues regarding psychiatry services and insurance coverage, and related issues regarding those services. This information is intended, but not promised or guaranteed, to be current, complete, or up-to-date. PRMS is neither a law firm nor a provider of professional medical services, and the materials in this article do not constitute legal, medical, or regulatory advice. You should not act or rely on any legal or medical information in this article without first seeking the advice of an attorney, physician, or other appropriate professional. PRMS, The Psychiatrists' Program and the PRMS Owl are registered Trademarks of Transatlantic Holdings, Inc., a parent company of Fair American Insurance and Reinsurance Company (FAIRCO).