

2016

# Case No. 18 - Death Following a Failure to Diagnose an Acute Myocardial Infarction

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## Recommended Citation

New York Law School, "Case No. 18 - Death Following a Failure to Diagnose an Acute Myocardial Infarction" (2016). *Patient Safety Project*. Book 20.

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CASE NO. 18

DEATH FOLLOWING A FAILURE TO DIAGNOSE AN  
ACUTE MYOCARDIAL INFARCTION

On January 5, 1996, John Nelson, age 45, went to his family physician Dr. Wells because he has been experiencing chest pain. John reminded Dr. Wells that his father died of a heart attack when John's father was only 50 years of age.

Dr. Wells, a General Practitioner, examined John and did an EKG. Even though Dr. Wells was a General Practitioner he had an EKG machine in the office. Dr. Wells interpreted the EKG as normal and gave John a "clean bill of health". He told John that the physical exam and EKG were all negative. Dr. Wells confirmed John's belief that the chest pain was likely related to the "greasy food" that John likes so much. He suggested that John change his diet.

Unfortunately Dr. Wells misread the EKG tracing. It was abnormal consistent with a mild heart attack.

In the following 3 years John saw Dr. Wells off and on for various unrelated "non-serious" conditions. Off and on John continued to feel similar chest pain and assumed that it was related to the "greasy" food that he enjoyed so much.

On January 5, 1999, John has severe chest pain and went to the Community Hospital.

Dr. Mason examined John on January 5, 1999 at 10:00 a.m. The physical examination was normal but Dr. Mason did not do an EKG or any other cardiac workup. Dr. Mason did not ask John about a family history of heart disease nor did he ask John if he had ever experienced chest pain before and John did not volunteer the information.

Dr. Mason suggested that John follow-up with his family physician. Dr. Mason did not speak with Dr. Wells.

At 1:00 in the afternoon John called Dr. Wells and related the events to him. John said, "I am surprised that Dr. Mason did not do an EKG as you did, especially because this chest pain was even worse and especially because of my family history". Dr. Wells assured John that Dr. Mason is a first-rate physician and that Dr. Mason must have had a good reason for what he did.

At 8:00 o'clock that night John again has crushing chest pain and was brought by his wife to the emergency room where John was seen by Dr. Dixon. An EKG revealed evidence of an evolving heart attack. Dr. Dixon gave John standard emergency department treatment and pending admission to the Coronary Care Unit left John

in the care of Nurse Jones. Nurse Jones did not put on a cardiac monitor contrary to hospital standing orders, and while awaiting transfer to the Coronary Care Unit John suffered a fatal arrhythmia and died.

An autopsy revealed evidence that John had an acute and fatal heart attack on January 5, 1999, correlating to the events that transpired that day. The autopsy also revealed that John had a mild heart attack correlating with the events that occurred on January 5, 1996.