



Medical malpractice claims and PAs

Medical malpractice claims can be asserted against any healthcare provider, including PAs. As PAs are now found in many settings and as the demand for PAs grows, the reality is that PAs are more frequently finding themselves defending the care they provide to patients. This case involves a fifty-three year-old patient who presented to the clinic with a discolored left thumb nail. The patient claimed the PA failed to diagnose nail bed cancer.

The patient/plaintiff's decedent, a fifty-three year old homemaker, presented to the defendant physician's clinic in 2009 with a discolored left thumb nail. Her nail had a thin brown line that went from the nail base to the nail tip in the midline. The decedent was seen by a PA who examined the thumb and allegedly assured her that it was only a nail fungus and not cancer. The PA advised the decedent to apply a name-brand Vapor Rub to the nail. The PA allegedly told the decedent that the problem often persists and a follow-up visit was not recommended. A few months later, the decedent presented to the clinic for an upper respiratory virus. However, her nail which remained discolored was not reassessed. In 2012, the decedent returned to the PA with an unrelated illness. The decedent allegedly informed the PA that her nail had become tender. On a return visit, the decedent informed the PA that her nail bed had drainage. However, neither of the complaints was documented in the decedent's medical record, and no recommendations were made. In 2013, the decedent's nail developed a split in it. The decedent presented to the clinic again and was seen by a different PA who noted a multi-year history of the left thumb nail discoloration/nail fungus. The PA diagnosed the decedent with a nail fungus and ordered a medication and bleach/soap water for soaking the nail. However, the medication caused an adverse reaction and the decedent returned to the clinic for further treatment. She was again seen by a different physician who immediately suspected nail bed melanoma. She was immediately referred to a cancer treatment center. The decedent underwent a distal thumb amputation and a metastatic workup was performed. She was diagnosed with Stage IV melanoma with widespread metastasis. The decedent filed a notice of intent against the PA, the supervising physician, and the clinic within six months of the date the physician advised the decedent she suspected melanoma. She died shortly thereafter and the case was pursued by her surviving husband. The patient's expert's opined that while the nail bed melanoma was rare, it is potentially fatal. The expert further opined that the standard of care required included a differential diagnosis with referral to a dermatologist and/or return visit within three to four weeks along with a referral if the discoloration persisted. The patient's oncology expert opined that the melanoma in 2009 was likely Stage 1 which carries a high probability of survival.

According to published reports, the case settled prior to case evaluation for \$620,000.

Risk Management is an integral part of a healthcare professional's standard business practice. The following risk control recommendations can be used to enhance quality of care and reduce risk:

- Carefully document your clinical decision-making process leading to the diagnosis and treatment plan. Similarly, document your rationale for any deviation in practice from established clinical protocols, guidelines or standards
- Diligently screen, test for, monitor and/or treat diseases known to have high morbidity and mortality, such as cancer, infection, heart disease, hypertension and diabetes.
- Utilize evidence-based clinical practice guidelines or protocols when establishing a diagnosis and providing treatment, and document the clinical justification for deviations from protocols.
- Obtain results from indicated diagnostic tests, procedures and consultations before documenting the diagnosis and implementing the treatment plan.
- Seek timely specialist consultations and advice regarding patients with recurring complaints and/or signs and symptoms that do not respond to the prescribed treatment.

It is the PA's duty to practice within the boundaries of a PA's scope of practice. By using this example, PAs have a better understanding of the risks they may encounter on a daily basis and may help protect you from being named in a lawsuit.

For more information on professional liability coverage through HPSO visit www.hpso.com.



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