



Medical malpractice claims and physician assistants

Medical malpractice claims can be asserted against any healthcare provider, including physician assistants (PAs). As PAs are now found in many settings and as the demand for PAs grows, the reality is that physician assistants are more frequently finding themselves defending the care they provide to patients. This case involves a sixty-five year-old patient who presented to the emergency department with pain in her foot. The patient claimed the PA failed to make a proper diagnosis.

The patient/plaintiff's decedent, age sixty-five, had pain in her foot all day in July 2006 after a trip to the beach. It worsened and she went to the emergency room the next day. She was evaluated by a PA.

The defendant PA's supervising emergency room physician was present. The defendant PA concluded that the decedent patient had sustained a foot sprain and was discharged from the emergency room. The defendant PA did not consult with the supervising emergency room physician, although the supervising emergency room physician did later sign off on the chart.

The decedent actually had a virulent strain of Strep A. Two days later she returned to the emergency room and the infection was diagnosed. She did not improve and she died of infection complications two days later. The patient alleged negligence in failing to make a proper diagnosis at the first emergency room visit. The patient claimed that a blood test should have been performed and a re-check of the vital signs should have been made. The patient also faulted the PA for failure to communicate with the supervising emergency room physician.

The defendants claimed that the diagnosis of foot sprain was reasonable and that the defendant PA was qualified to make that diagnosis.

According to Federal Jury Verdict Reporter a defense verdict was returned.

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:

- Perform a patient clinical assessment and physical examination to evaluate and address specific clinical issues under consideration.
- 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.
- Perform appropriate diagnostic tests to determine the cause or causes of a patient's multi-symptom presentation, including blood tests, X-rays, electrocardiograms and consultations, as needed.
- Perform indicated culture and sensitivity testing for suspected infection prior to initiating antibiotic therapy. When results are positive, prescribe the most appropriate antibiotics.
- Utilize evidence-based clinical practice guidelines or protocols when establishing a diagnosis and providing treatment, and document the clinical justification for deviations from protocols.
- Consult with the collaborating or supervising physician at least as frequently as required and for all cases of difficult or delayed diagnosis.
- Discuss the patient's condition, medications and care needs with the collaborating or supervising physician, per state scope of practice laws and regulations.
- 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.

It is the PA's duty to practice within the boundaries of a PA's scope of practice. These are determined by four parameters: education and experience; state law; facility policy; and the supervising physician's delegatory decisions. Complying with each boundary must be followed in order to promote effective patient-centered care and may protect you from being named in a lawsuit. By using this example, PAs have a better understanding of the risks they may encounter on a daily basis.



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