

Wrongful Death Resulting From a Failure to Diagnose & Treat Pulmonary Emboli in a Timely Manner

Boe* v. Moe,* M.D.

Type of Case: Wrongful death resulting from a failure to diagnose and treat pulmonary emboli in a timely manner

**Names of parties camouflaged per bilateral confidentiality agreement.*

Court: Confidential

Attorneys: William E. Artz and
Thomas M. Wochok

Settlement: \$1,100,000.00

Summary: Boe is the surviving wife of a decedent husband who was 62 years old at the time of his death. The husband presented at his primary care physician with one to two weeks of complaints of shortness of breath on exertion. Husband had extensive family history of heart disease. An EKG was done on January 28, 2016 which showed abnormal change from his previous EKG taken three years earlier. His primary care physician promptly contacted the defendant cardiologist who agreed to see the patient that afternoon. Husband/patient promptly went to the cardiologist's office for an evaluation. The defendant cardiologist recommended and performed an immediate cardiac catheterization. The cardiac catheterization did not explain the shortness of breath symptoms. Following the catheterization, the defendant called the primary care physician to report his findings.

Thereafter, several blood tests were ordered by the defendant while the patient was still at the hospital. These tests included a D-dimer. The tests were ordered stat and the results were evaluated within an hour of the blood draw. Blood was drawn at 5:30pm and the results were placed in the electronic record by 6:08pm. The D-dimer results were markedly elevated at 7650, normal being less than 500. One of the primary causes of an elevated D-dimer is pulmonary embolism. Here the standard of care required immediate hospitalization, anti-coagulation, and imaging to confirm emboli.

The patient was discharged from the hospital at approximately 7:30pm and went home with his wife. He was given instructions to follow up with defendant cardiologist the following week.

About 5pm on the afternoon of January 29, 2017 he was found by his wife unresponsive in the bathroom. She had just returned from work. An autopsy demonstrated the cause of death was multiple pulmonary emboli.

The decedent had significant coronary artery disease including a totally occluded right coronary artery seen both on catheterization and autopsy. His heart had developed collateral circulation to provide alternate circulation to the right side of the heart thereby enabling the defendant to rule out coronary artery disease as the cause of the patient's shortness of breath. The decedent had long standing hypertension resulting in left ventricular hypertrophy and cardiomegaly.

The defense disputed cause of death and insisted the patient died of heart failure in spite of the autopsy results. They also claimed that the stat D-dimer order only meant to draw the blood stat while the patient was still in the hospital and not to run the test stat or pay attention to the results stat.

The defendant testified on deposition that he became aware of the D-dimer results at 8:30pm after the patient was discharged. He called the primary care to report the results and the two of them agreed the patient could be seen the following week. The primary care physician denies ever having that conversation and had he been aware of the D-dimer value, he would have ordered the patient back to the hospital for an immediate workup.

The plaintiff and her husband had no children and were married for about 18 years. Plaintiff is well educated and fully employed as an economist.



William E. Artz



Thomas M. Wochok