

**Type of Action** - Medical Malpractice, Survival/Wrongful Death

**Type of Injuries** - Death from failing to timely diagnose/treat stomach cancer

**Name of Case** - *Boe v. Coe HMO\**

**Awarded or Settled** - Settled

**Settlement** - \$1,509,638.00

**Attorney for Plaintiff** - William E. Artz, Esq. and Dominique D. Michel, Esq., Arlington,

VA

**CASE SUMMARY** - In August, 1992, Plaintiff's husband, then 44 years of age and father of two (2) minor children, presented to his HMO with a history of several weeks of abdominal pain. The HMO physician advised him to discontinue caffeine, prescribed an antacid medication and ordered an upper gastro intestinal (UGI) study, which the decedent underwent a week later. The HMO's radiologists interpreted the series as demonstrating duodenitis.

Thereafter, the decedent was seen in follow-up approximately one (1) month later by a different HMO physician, who concluded that the duodenitis was resolving. Nevertheless in December, 1992, the decedent returned to his HMO with complaints of mid-epigastric, left upper-quadrant pain. He was again seen by an HMO physician, who diagnosed his condition as peptic ulcer disease and who prescribed a course of Prilosec for him.

Subsequently, from April 1, 1993, to April 7, 1995, the decedent returned to, or received prescription orders from his HMO on no less than thirty-eight (38) occasions for continued symptoms of mid epigastric tenderness, burning and post-prandial pain. During this time period, he was made to undergo two (2) more UGI's, an abdominal sonogram, a barium enema and proctosigmoidoscopy, all of which were interpreted by the HMO's physicians as normal or consistent with an ulcer. On each of these occasions, he was diagnosed with a variety of gastric

disorders, including dyspepsia, ulcer disease, gastric dilatation and/or constipation, and prescribed a number of acid-blocking medications. Yet, at no time was an esophagogastroduodenoscopy (EGD) ordered.

Following his last HMO visit of April 7, 1995, he was, for the first time, referred outside the HMO to a hospital, where he underwent an EGD. This later test revealed a gastric outlet obstruction by a circumferential lesion that was stenosing, ulcerating and obstructing the antrum. Shortly thereafter, he was diagnosed with an advanced stage gastric cancer and an attempt was made to perform a partial gastrectomy. Upon laparotomy, however, the surgeon found the cancerous mass to extend to the area of his common bile duct and gallbladder and nonresectable. He underwent a brief course of chemotherapy, but died some four (4) months following his diagnosis.

Plaintiff's experts testified at deposition that Coe HMO, by and through its physicians, were negligent in failing to order and perform an EGD at least by no later than April-June, 1993, given that the decedent continued to experience symptoms, with little or no relief from the numerous acid-blocking medications that were being prescribed, and because he began to complain of post prandial pain as early as June, 1993, which is atypical of an ulcer. Moreover, Plaintiff's experts opined, the HMO physicians failed to properly interpret the UGI studies of December, 1993 and October, 1994, both of which, in fact, evidenced a narrowing of the antrum - an abnormality that warranted further investigation by EGD. Had an EGD been performed by at least June, 1993, and a diagnosis made at that time, Plaintiff's experts stated, the decedent would, more likely than not, have survived the disease.

\* Names of parties are pseudonyms for purposes of confidentiality.