physician connection

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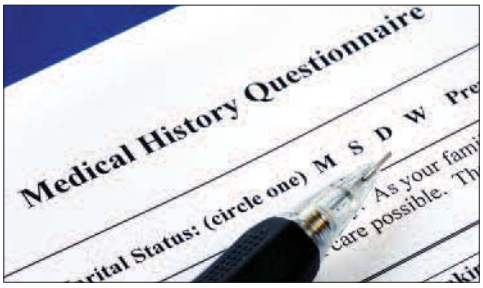
PROFESSIONAL SOLUTIONS INSURANCE COMPANY BRINGS YOU PRACTICAL TIPS FOR AVOIDING A MALPRACTICE ALLEGATION ISSUE 4 • 2011

Why the Patient History Is So Important



"The medical interview or consultation influences the precision of diagnosis and treatment, and studies have indicated that over 80 percent of diagnoses in general medical clinics are based on the medical history."

—Epstein, Perkin, Cook, et al. Clinical Examination, 4th Ed. (2008). Mosby, Ltd.

In spite of all of the technology available today, the history is still the mainstay of diagnosis. The impact of social, environmental, hereditary and behavioral factors on patient well-being and illness must be realized in the patient's history.

Advances in the field of genetics and the work of the Human Genome Project have made possible the identification of genetic alterations that make some families and individuals more likely to get certain diseases, such as cancer, diabetes or Alzheimer's disease.

More and more genetic markers are being identified. It is exciting and profound that physicians may be able to offer at-risk patients the opportunity for individualized testing and treatment to actually prevent disease. However, this ability will be contingent upon obtaining a detailed history. Consider the following scenarios:

Scenario 1: Family History of Cardiac Arrest

A 45-year-old male presented to his primary care provider (PCP) complaining of chest "tightness and palpitations," nausea and profuse sweating of 12 hours duration. The PCP did a complete physical exam and EKG in the office, which were normal. The PCP said he thought the patient was having an anxiety attack related to his recent job loss and suggested the patient take a mild antidepressant to relieve his symptoms. However, the patient refused the prescription.

The PCP then advised the patient to call him if the symptoms increased in severity or occurred more frequently. The physician told the patient to return for a follow-up appointment in six weeks. Within 12 hours, however, the patient suffered a massive MI and died before the ambulance arrived.

The patient's family brought suit against the physician for wrongful death of the patient. The key issue was that the patient had a known family history of sudden cardiac arrest. Both his father and paternal uncle had suffered fatal MIs before they reached the age of 50. This history was known to the PCP and was documented in the patient's record. The physician simply did not review the patient's history when the patient was seen and stated he had forgotten about the family history.

Discussion: The physician did not review the patient's history when the patient presented with symptoms suggestive of cardiac problems. The PCP

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What to Do When a Patient Might Sue

The first step you should take if you suspect a patient is considering a lawsuit or a complaint against you before your state board (and certainly any time you get a letter from an attorney, a summons or complaint) is to contact PSIC at 1-800-640-6504.

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A complete and accurate history is the foundation for all future patient care.

did perform an EKG and, finding no irregularity, assumed the symptoms were stress related. However, based on the patient's significant family history, the physician should have had a high index of suspicion for myocardial infarction. Further diagnostic studies such as cardiac enzyme measurement were indicated. Had the physician done so, the outcome could have been much different.

Scenario 2: Possible Medication Allergies

A 4-year-old girl was being seen by a family practitioner in a walk-in clinic on a Saturday morning with complaints of a painful sore throat and difficulty swallowing. She was brought to the clinic by her aunt who was watching the child while her parents were on vacation.

The child, her parents and her regular pediatrician resided in a town four hours away. The aunt said the child seemed to be feverish. The aunt had a signed form from the parents giving her the requisite authority to make medical decisions for the child in the parents' absence.

The FP diagnosed a strep infection, confirmed by a rapid strep test. The FP asked the aunt if the child was allergic to any medications, and the aunt said, "I'm not sure, but I don't think so." The FP prescribed Penicillin V and told the aunt to have the patient seen by her regular pediatrician if she wasn't asymptomatic within 4 to 5 days. The aunt filled the prescription.

Unfortunately, the child had a known allergy to penicillin and had an anaphylactic reaction to the drug within a half hour of taking the first dose. The aunt called 911 and the child was promptly and successfully treated with epinephrine by emergency personnel.

Discussion: The FP should have taken additional steps to determine whether the child had any medication allergies before prescribing penicillin. The aunt's vague response should not have been enough to jump to the conclusion that penicillin could safely be given. Since this was not a life-or-death situation, the clinic physician should have taken the time necessary to contact the child's parents or her pediatrician's office.

Scenario 3: Genetic Marker and Insurance Issues

A 38-year-old woman was seen by her gynecologist for a routine gynecological checkup. The patient mentioned to the physician that she thought she noticed a small lump on the upper outer quadrant of her right breast during her monthly breast self-examination (BSE). The doctor did a thorough breast examination and could not find the lump on palpation.

The patient's health insurance did not cover screening mammograms until the age of 40, so the physician said he would give her a referral for a mammogram at her next visit, which was scheduled for two years later. The physician told the patient to continue BSE and to call if the lump was again noticeable.

When the patient returned two years later and had her first mammogram, a mass was found in the upper outer quadrant of the right breast. Subsequent biopsy was positive for malignancy. The patient underwent a right mastectomy and was found to have 6 of 8 axillary nodes involved. Despite aggressive chemo and radiation therapy, the patient succumbed to her disease three years later at the age of 43.

The gynecologist was the target of a lawsuit brought by the patient's husband alleging failure to order a mammogram when the patient reported discovering a lump, resulting in a delayed diagnosis of breast cancer, metastases and untimely death. Key to the plaintiff's case was the fact that the patient had a family history of Cowden Syndrome, an autosomal-dominant condition known to be associated with several types of malignancy, particularly with breast cancer in females. This fact had been related to the physician at the time of the patient's initial appointment at age 25 and had been noted in her history.

At his deposition, the physician admitted that he simply wasn't familiar with Cowden Syndrome. The case was settled by the defense prior to going to trial.

The AMA's website provides information on red flags that could indicate a genetic condition or inherited susceptibility to a certain disease.

Discussion: The family history of Cowden Syndrome should have alerted the gynecologist to the fact that this patient was at increased risk of breast cancer at an earlier age. The use of genetic markers to identify patients with gene disorders or chromosomal abnormalities is increasing. This knowledge can be extremely valuable in determining a patient's predisposition to chronic diseases like diabetes, cardiac disease and certain cancers.

The gynecologist's admission that Cowden Syndrome was in the patient's history but he wasn't familiar with it was inexcusable. He was negligent in not referring the patient for mammography or other imaging studies to rule out breast malignancy.

Resources

U.S. Surgeon General's Family History Initiative: Information about ways to collect a family history and help health professionals encourage the collection of a family history. www.hhs.gov/familyhistory

"My Family Health Portrait" is a web-enabled program that helps people organize their family history information and print it out for their family doctors. People can save this information onto their own computer and share it with other family members. https://familyhistory.hhs.gov/

Centers for Disease Control and Prevention's Family History Public Health Initiative. www.cdc.gov/genomics/famhistory/index.htm

American Medical Association: Family Medical History in Disease Prevention. www.ama-assn.org/ama1/pub/upload/mm/464/family_history02.pdf

Family History: The Three-Generation Pedigree: D.J. Wattendorf & D.W. Hadley, National Human Genome Research Institute, National Institutes of Health, Bethesda, Maryland. Am Fam Physician. 2005 Aug 1; 72(3):441-448. www.aafp.org/afp/2005/0801/p441.html

Pediatric Genetics: Use of Family History Information in Pediatric Primary Care and Public Health. www.cdc.gov/ncbddd/pediatricgenetics/genetics_workshop/index.html

Does It Run in the Family? A family health history tool from Genetic Alliance. http://familyhealthhistory.org/

Sample Forms

American Medical Association:
Adult Family History Form www.ama-assn.org/resources/doc/genetics/adult_history.pdf
Pre-natal Genetic Screening Questionnaire www.ama-assn.org/resources/doc/genetics/ped_screening.pdf
Pediatric Clinical Genetics Questionnaire www.ama-assn.org/resources/doc/genetics/ped_clinical_genetic.pdf

Harvard Vanguard Medical Associates: Adult Medical History Form www.harvardvanguard.org/info/AdultMedicalHistory.pdf

Palo Alto Medical Foundation: Adult Health History for NEW Patients www.pamf.org/forms/143952_Adult_Med_Hx.pdf

Sample forms are provided solely for general information and educational purposes. They are not offered as, nor do they constitute, legal advice or opinion. Physicians should tailor their history forms to their specific needs and patient populations and in consultation with an attorney. Inclusion on the list does not indicate any type of PSIC endorsement.

What Can We Learn?

The accuracy and completeness of the information contained in a patient's history is essential for optimal patient care. A complete and accurate history is the foundation for all future patient care—whether preventive care, diagnosis and treatment of acute or chronic illness, or prescription of medication. There are several important points to remember with the patient history:

- **Ask the patient about changes or additions to the history *at each visit.*** These include any new or discontinued medications, new conditions, new allergies, or changes in socio- or demographic information (e.g., marital status, job status, health status of a family member, or travel outside of the U.S.).
- **Pay particular attention to changes in medications** and be aware that patients may be seeing other physicians who are also prescribing medications or therapies. Drug-to-drug interactions are a significant cause of patient morbidity and mortality and medical malpractice actions against the physician prescribers. If this is done by an intake nurse or physician extender, any changes should be brought to the physician's attention. For example, the new information could be highlighted on the chart, verbally relayed to the physician and documented in the patient's chart.
- **Carefully review any initial history by physician extenders** to clarify, confirm and elicit more details to address any blank or "N/A" areas. Though nurse practitioners and physician assistants are usually well-trained and skilled in history taking, the physician is ultimately responsible and should regularly review the information gathered, especially when the patient displays a confusing clinical presentation.
- **Be aware that physicians are still accountable** for knowing the information in the patient's chart. For example, the gynecologist in the third scenario should have known that Cowden Syndrome predisposed his patient to breast cancer.

Taking the time to complete a family history is well worth the effort.

Family History: Practical Considerations

Reasons to Collect Family History Information

- Family history is a traditional tool for diagnosing and identifying risk for genetic disorders. It is also being used more commonly to assess risk for complex common conditions for which the genetic cause is unknown, such as heart disease and diabetes.
- Family history can help you make informed decisions about screening, patient education and other preventive health measures.
- It helps physicians build rapport with patients and their families, understand family relationships, and identify shared environments and behaviors that might put a patient at higher risk.
- It helps identify inheritance patterns and correct mistaken beliefs—for instance, that a disease affects only one gender or skips a generation.
- Family history is an essential part of a complete physical exam visit.

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Strategies for Collecting Family Histories in a Pediatric Practice

- It is helpful to use frequent well-child exams to complete and update family history information. (If a patient comes in for all recommended well-child exams, the clinician will see the patient 10 times in the first two years of life.)
- Several tools can help collect family histories.
  - Find a summary of tools from the National Coalition for Health Professional Education in Genetics at www.nchpeg.org.
  - Families can create a simple pedigree with the Surgeon General's "My Family Health Portrait" at https://familyhistory.hhs.gov/.
- Add family history links to the practice website. Ask patients or parents of minor patients to gather information before they come for an office visit.
- Provide handouts with resources for collecting family medical history.
- Post reminders for clinicians and families, such as "Five minutes for family history" or "Don't forget the family history."
- Review and update family history every year.

Challenges to Overcome

- The main barrier to collecting a complete family history is time, but making the time to capture and review this information is well worth the effort.
- Clearly explaining how family history can benefit one's health and addressing any concerns helps obtain complete and reliable information.
- In the case of a minor patient, several caregivers may be involved in a child's healthcare. Partnering with parents and other caregivers will help overcome this barrier.

Adapted from the National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention's Family History: Practical Considerations for Pediatric Primary Care Clinicians. www.cdc.gov/ncbddd/pediatricgenetics/genetics_workshop/family_history_hcp.html.

Questions?

If you have any questions you'd like our **Connection** *experts to answer, please e-mail them to riskmanagement@psicinsurance.com*

Recap of *Physician Connection* Survey

In March and April 2011, PSIC conducted a survey about the *Physician Connection* newsletter. Recipients were asked to rate and rank a number of aspects of the newsletter. The survey also provided an opportunity for recipients to write in specific suggestions for future topics and ways to improve the newsletter.

If you participated in this survey, thank you! Your comments are important to us, and we want you to know we listened.

Responses were received from physicians, office managers, physician assistants, risk managers and others. Overall, the newsletter received high ratings: More than 80 percent rated the articles and case examples, risk management tips, and supportive handout materials "useful" or "very useful."

Risk management topics deemed most relevant were: documentation/recordkeeping, patient communication and legal/regulatory news. As a result of the survey findings, PSIC will feature these topics in more depth and also offer additional website references.

If you have more feedback, please feel free to contact Veronica Brattstrom at 1-888-336-2642 or riskmanagement@psicinsurance.com.

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