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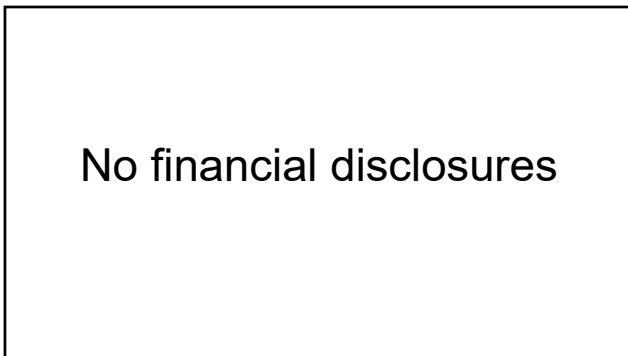
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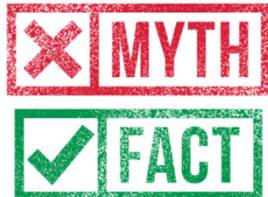
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- Lawsuits are a necessary evil
- Maybe I won't get sued
- I can prevent a lawsuit
- Lawsuits will ruin me
- I can't talk to anyone



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# Disclaimer



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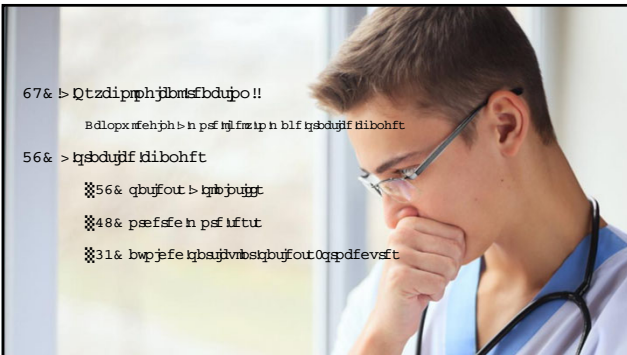
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95% = "emotional distress"

~30% = Major Depressive Disorder

~15% = Physical Illness




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Myth # 1: Lawsuits are a Necessary Evil

- Compensate patients
- Identify bad medical care
- Emphasize clinical excellence




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Myth #2: Maybe I won't get sued.




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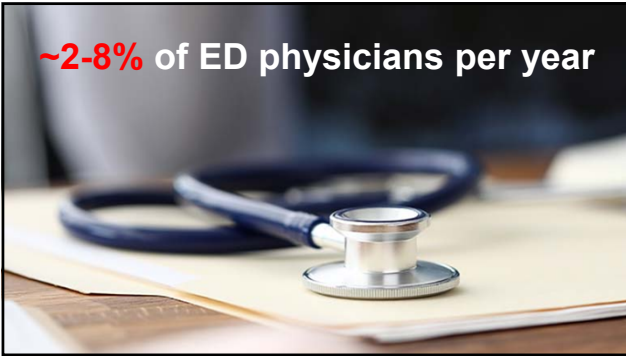
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~2-8% of ED physicians per year



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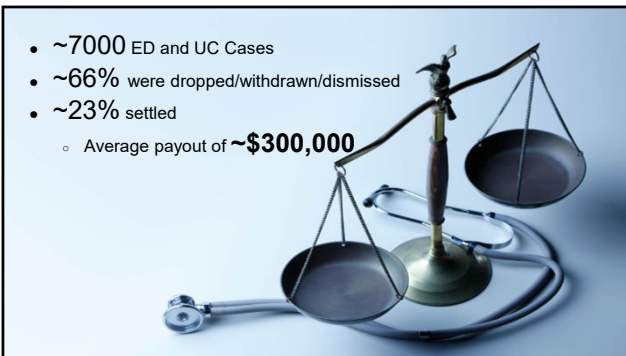
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- ~7000 ED and UC Cases
- ~66% were dropped/withdrawn/dismissed
- ~23% settled
  - Average payout of ~\$300,000



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- 7.6% went to trial
- Defense: 93%
- Plaintiff: 7%
  - Average payout of ~\$800,000



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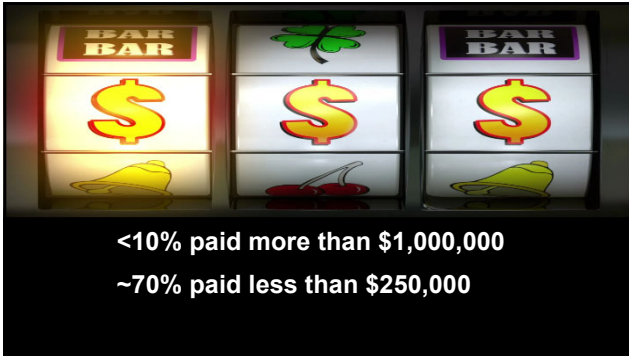
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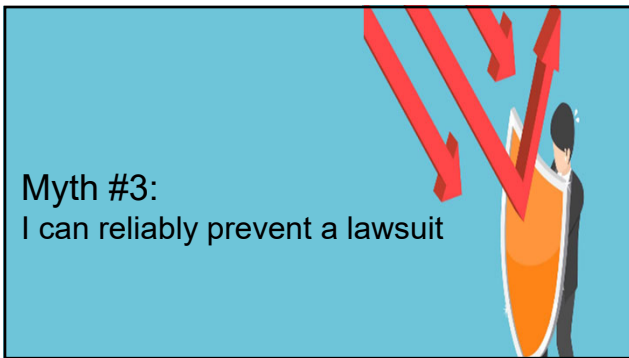
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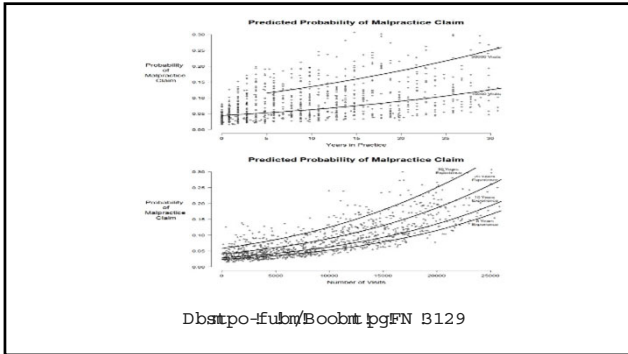
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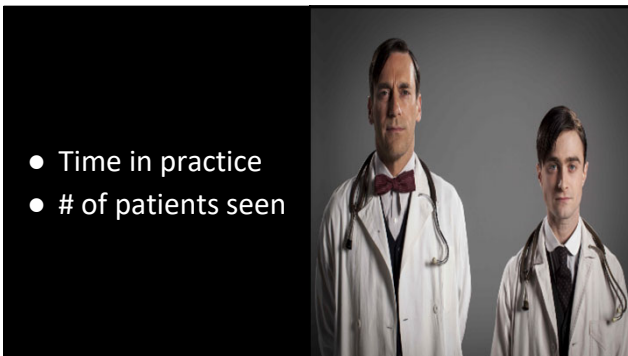
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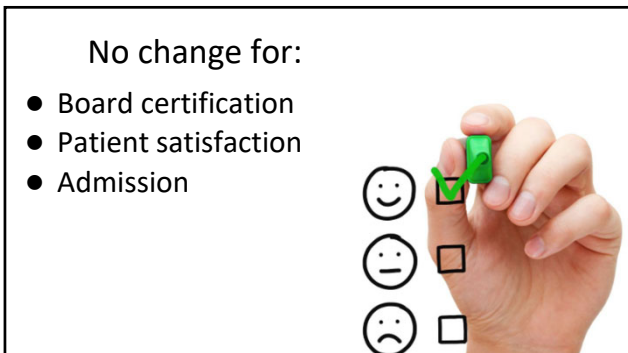
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**~50%**

*“Strong evidence”*



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Myth #4: Lawsuits will ruin me.



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- Cardiac arrest: ~10%
- Myocardial Infarction: ~6%
- Aortic Aneurysm: ~3%
- Pulmonary Embolism: ~3%
- Appendicitis: ~2%

Wong et al. 2021

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- Diagnostic Errors:
  - ~36% closed / ~48% paid
- Medical Misadventure:
  - ~20% closed / ~2% paid
- Improper performance: ~18%
- Failure to supervise: ~5%
- Medication Errors: ~3%

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- Death: ~40%
- Grave Injury: ~3%
- Major Permanent Injury: ~6%
- Minor Permanent Injury: ~9%
- Major Temporary Injury: ~14%
- Minor Temporary Injury: ~15%
- Insignificant Injury: ~3%

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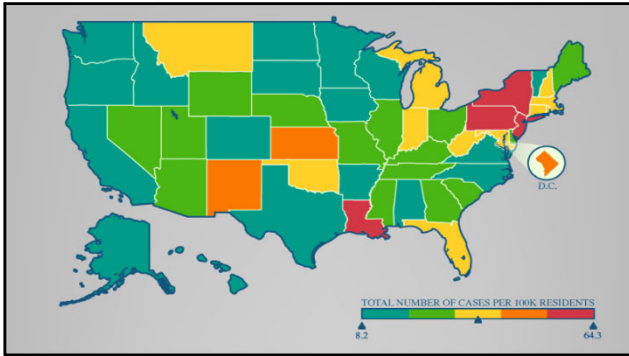
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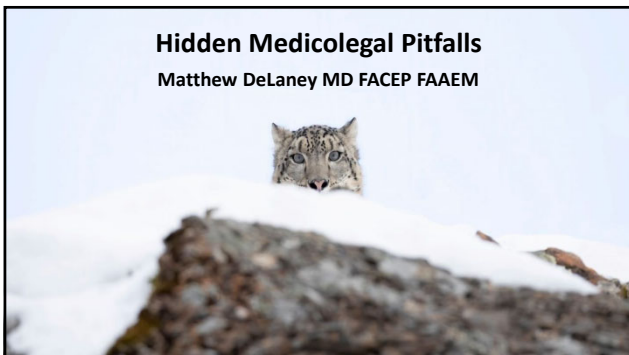
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### Hidden Medicolegal Pitfalls

Matthew DeLaney MD FACEP FAAEM

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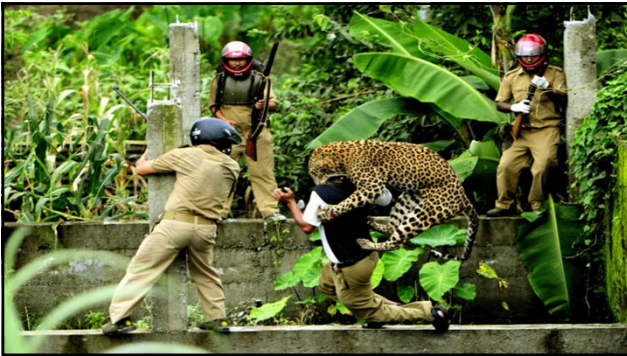
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- Fluoroquinolones
- Metadata
- Recording Providers

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**300,000 prescriptions/year**

- Aerobic gram-negative coverage
- Some pseudomonas
- Some staph
- Atypical pneumonias
- Genital pathogens
- Anaerobes



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Outpatients with comorbidities\* or antibiotic use in past three months†

A respiratory fluoroquinolone (levofloxacin [Levaquin], gemifloxacin [Factive], or moxifloxacin [Avelox]).

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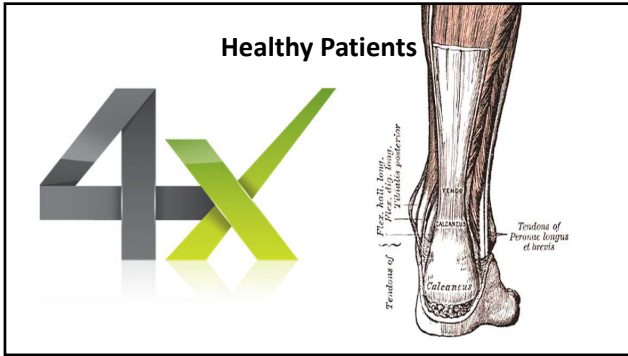
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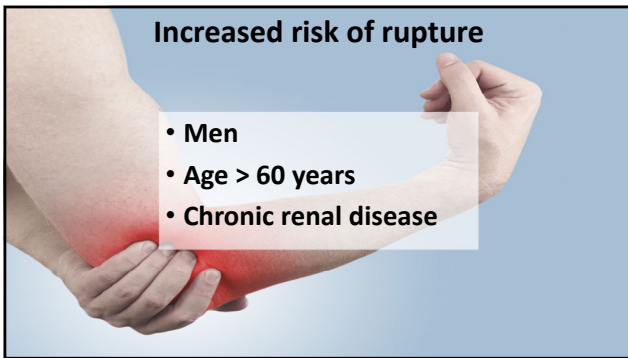
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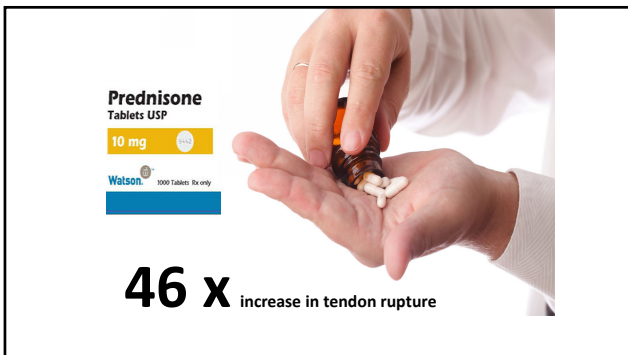
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### Risk of Neuropathy



Have you been diagnosed with  
**Peripheral neuropathy**  
(nerve damage)  
& have taken  
**LEVAQUIN?**

You May be Entitled to Compensation. WE CAN HELP!  
**Call Today: (888) 245-3323**

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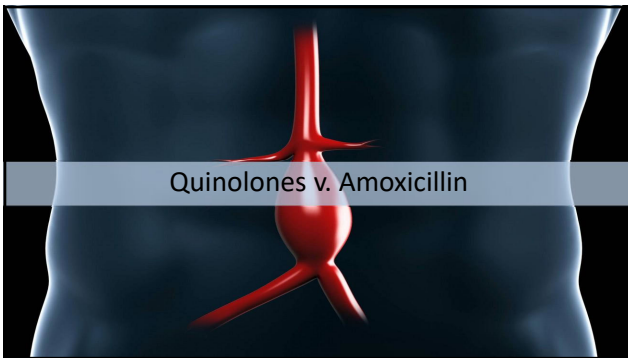
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### Quinolones v. Amoxicillin



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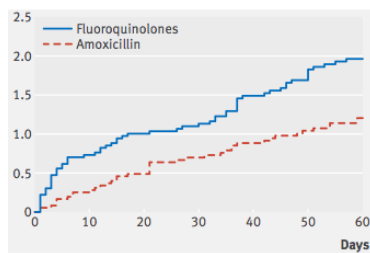
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### Incidence of aortic aneurysm/dissection



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Risk to the Provider



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**Floxie Hope**

A site to give hope for healing to those adversely affected by fluoroquinolone antibiotics – Cipro, Levaquin, Avelox and Floxin

[Home](#) [Recovery Stories](#) [Help Available](#) [About](#) [Contact](#) [Links & Resources](#)



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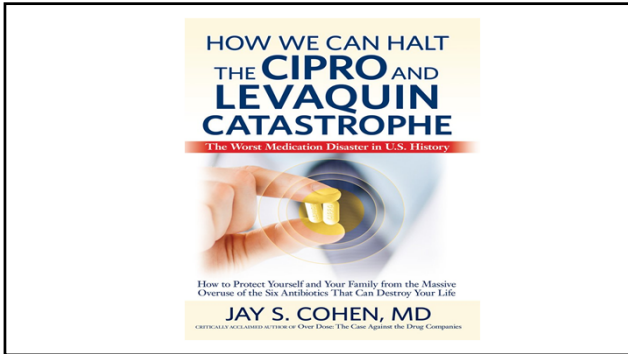
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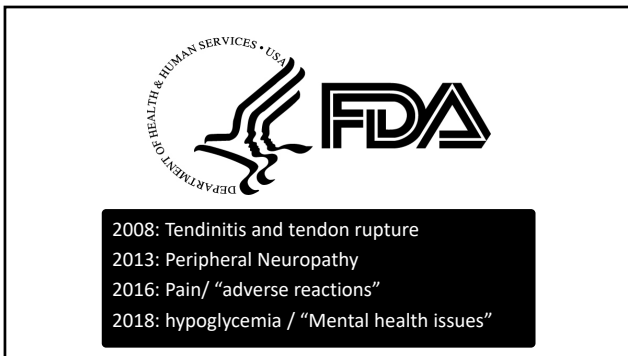
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2010: 82 y/o male



**\$1,800,000**

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As of 2016:

~5000 lawsuits



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**Use your Macros:**

*I am prescribing a fluoroquinolone for the patient to treat \_\_\_\_\_. I have discussed the risks associated with this medication including risk of tendon rupture and neuropathy. I have considered other classes of antibiotics and I think this is the most appropriate choice of medication.*

*The patient has verbalized an understanding of these risks, has been advised to limit strenuous exercise while taking these medications, and will return immediately for any pain, swelling or if they develop any new or concerning symptoms.*

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System Metadata



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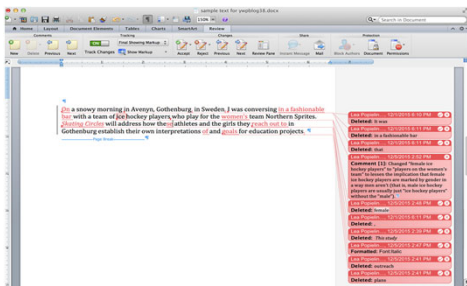
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Application Metadata



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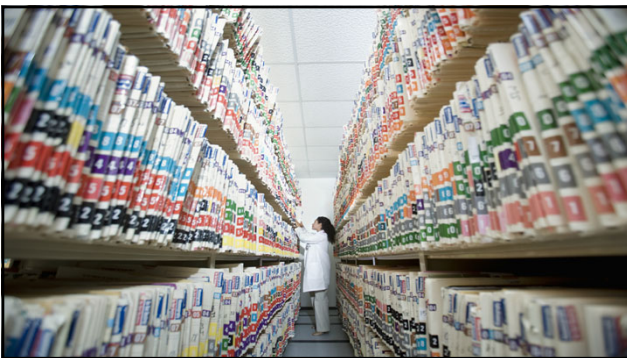
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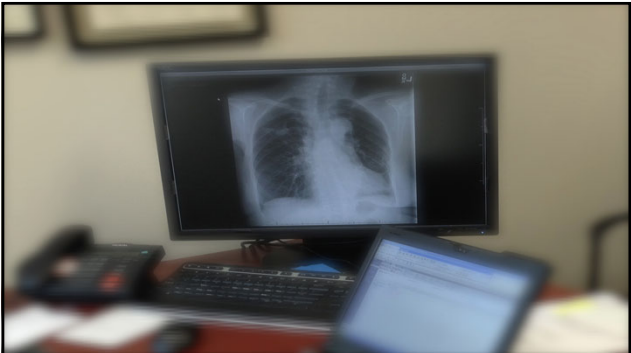
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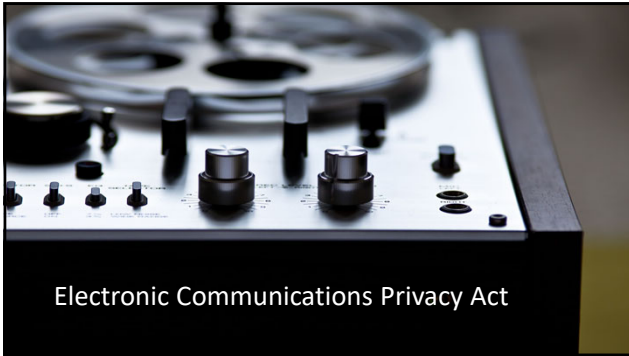
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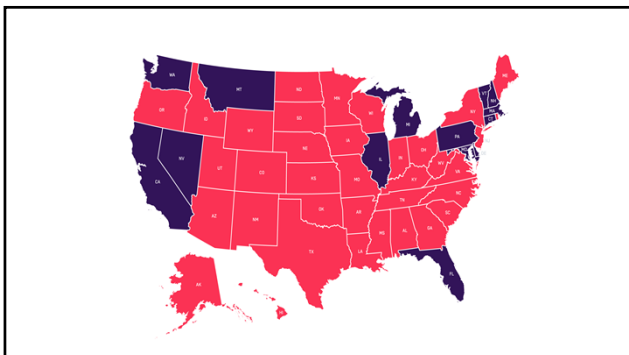
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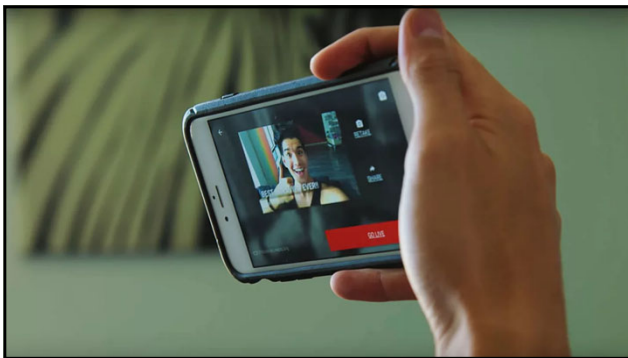
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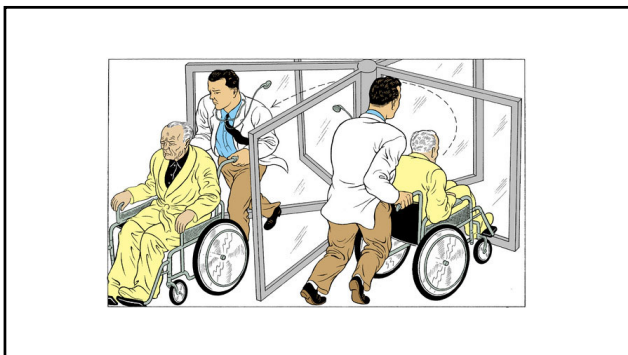
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22% of patients had difficulty understanding their discharge instructions.

Engel et al. 2009

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Only 30% of patients recognized their deficiency in comprehension.

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The above follow-up instructions have been explained to me and I follow the recommended instructions. All of my questions have been answered. I MAY RETURN TO THE EMERGENCY DEPARTMENT AT ANY TIME IF MY CONDITION WORSENS, DOES NOT IMPROVE, OR IF I HAVE A NEW PROBLEM.

B. [redacted] I hate 4

Patient or Representative's Signature

Date / Time

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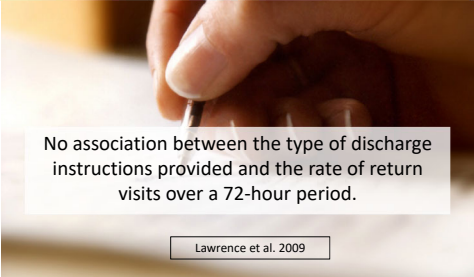
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**Computer vs. Handwritten**



No association between the type of discharge instructions provided and the rate of return visits over a 72-hour period.

Lawrence et al. 2009

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What matters in D/c instructions?



- Time and Action Specific
- Written AND Verbal
- Get your own rebound

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*"Make an appointment with a plastic surgeon **when available** for treatment."*



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*"see your doctor in 1-2 days"*



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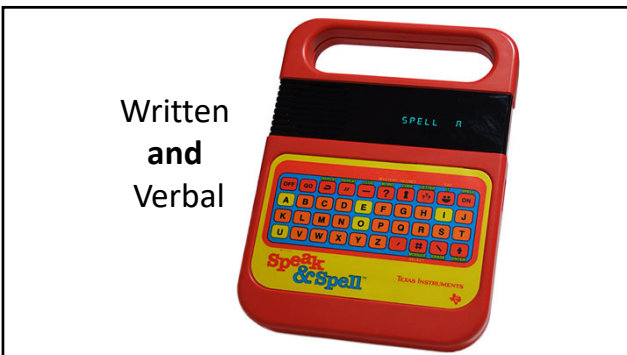
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***Clelland V. Haas.***



"...the discharge instructions **as a whole** did not fall below the applicable standard of care."

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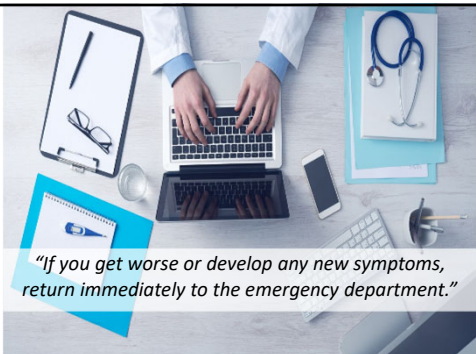
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"If you get worse or develop any new symptoms, return immediately to the emergency department."

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