



A Slip of the Lip Can Sink a Practice

■ JOHN SHUFELDT, MD, JD, MBA, FACEP

When I was 11, attending Our Lady of the Wayside, I was on the wrong side of this exchange during a Marriage and the Catholic Family class, taught by a “largess nun” named Sister Marie Magdalena, whom the entire seventh grade called “MooMoo.”

MooMoo: “Sexual relations are a very beautiful thing and can only occur between a husband and a wife.”

JS after being called upon: “How would you know how beautiful it is?”

Now, I spent most of my formative years boxing competitively, studying tae kwon do, and full-contact sparring, and I can honestly say I was never hit as hard as MooMoo hit me. I am sure, to date, I have at least a mild cognitive impairment. I am sure, to date, I have at least a mild cognitive impairment.

Anyway, despite my one-time, off-color but honestly sincere question, I am blessed with the ability to not say or, save for this column, write the wrong thing at the wrong time. For reasons I don’t quite understand (maybe because of my impairment) not everyone is blessed with this gift.

What follows are actual statements which were written in charts or comments which were directed at what I suspect were incredulous patients in front of dumbstruck staff.

Written in Charts

- “But for the patient’s profound stupidity, he would be here today.”
- “He shows up yet again today, foul-smelling, demanding narcotics, and being generally obnoxious.”
- “Child is lethargic.” (This necessitates a work-up and further documentation if you are planning to send the child home



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without intervention.)

- “Patient reports that their neck is stiff and that they have a headache and has been running a temp.” (This necessitates a lumbar puncture and possibly a CT of the patient’s brain.)
- “Patient remains confused.” (This was written by the RN on her note just before the patient was discharged to drive himself home).
- “But for the nurse’s incompetence, the patient would have lived.”
- “The patient is responding only to gravity.” (Written in the chart of an unresponsive patient).
- “I repeatedly told the Dr. X not to send the child home.” (Written by a nurse on the chart of a child who ultimately died from an intracerebral bleed).
- “ROS positive for SOB and blood tinged sputum.” (Patient was *not* worked up for a PE and ultimately died).
- “The patient is OK for D/C, they have no plan.” (Written by a crisis worker while seeing a patient whose pistol jammed and misfired while attempting suicide.)

Said to Patients

- “This would not hurt so much if you would just quit whining.”
- “If you get up one more time, I’ll sew your f*****n ears to the bed.” (The physician ultimately did sew the patient’s ear lobes to the mattress and was subsequently kicked out of their residency.)
- “I don’t have a crystal ball, how do I know what’s wrong with you?”
- “Why should I habla?”
- “You again?”
- “Fat, drunk and stupid is no way to go through life, son.” (OK, you caught me. That one was from *Animal House*.)
- “‘What’s wrong’ with you? How much time do you have?”
- “Who’s your daddy now?”
- “Seriously, who could possibly be ‘endowed enough’ to get

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you pregnant?"

- "Darwin obviously did not know you." (Said to a smooshed, drunken patient after he was "compacted" while sleeping one off in one of those large trash containers).
- "Are we on *Candid Camera*?" (Said to a patient who was huffing paint and fell off a bridge into freeway traffic, where he was struck by a truck.)
- "You are going to feel a little prick between your legs." (Said by a sleep-deprived, resident—yours truly—to a patient just before giving a local anesthetic before an episiotomy. To which the patient responded, "I wish someone would have told me that nine months ago.")

As funny as many of these statements are, it is sobering to remember that they were uttered or written in the context of provider-to-patient communications during a visit for medical care.

The take-home point is this: The patient "owns" the medical record inasmuch as it is theirs if they request it. Do not document something that you would not be comfortable seeing enlarged and projected on the wall of a court room.

In addition, if you or a staff member writes something on

a chart that, if true, necessitates some sort of intervention, ensure that the intervention is completed (after informed consent) or, if not completed, that a narrative about why you did not believe it was necessary is included on the chart.

Most cases of malpractice hinge on what was or wasn't documented in the medical record. Moreover, many cases of malpractice are initiated because the patient did not feel like they were treated with respect by the provider or staff. So, comments like, "you again?" do not help your cause when trying to prevent a malpractice suit after a questionable outcome.

Patients and their families sue providers, oftentimes, simply because they are angry.

Case in point: I just took a call from a disgruntled patient who was inquiring about my firm representing him. After I told him that I don't do any plaintiff work, he said, "I just want to teach that son-of-a-b**** a lesson!"

At the end of the day, it boils down to this: If you simply treat people with respect, give and document informed consent, and practice within the standard of care, chances are you will go through your professional life unscathed.

Simply put, don't allow yourself to be one of the "sons-of-a-b****" who requires a lesson. ■

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