

HalfDay December 18, 2002
Medico-legal Issues in Drug Prescribing
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Scenario 1

68 year old male with a history of type II diabetes (12 years), orthostatic hypotension secondary to diabetic autonomic neuropathy (2 years), coronary artery disease (15 years) with AC Bypass (7 years ago) and OA (2 years).

Medication:

Fludrocortisone 0.2 mg od
Ibuprofen 600 mg tid-qid prn
glyburide 10 mg bid
metformin 500 mg tid
nitroglycerin spray prn

He had progressively lost his vision in both eyes during the past 4 months. His family physician referred him to a general internist who had previously seen the patient on a number of occasions. Concerned about diabetic retinopathy the internist subsequently referred the patient to an ophthalmologist, who concluded that the patient did not have diabetic retinopathy, but did have bilateral optic neuritis. The patient was assessed by a neurologist, but no clear etiology for the optic neuritis could be identified and the patient was told to stop the fludrocortisone as this might be causing an increased in ICP. The fludrocortisone medication was stopped, but the patient had greater problems with orthostatic hypotension and his vision problems progressed until he was legally blind 6 months later.

Scenario #2

75 year old female was prescribed Paxil 20 mg od. In error, due to difficulty in interpreting the hand writing, the patient was dispensed ramipril 20 mg od. After ingesting the drug the patient had a hypotensive event, fell and fractured her hip. The patient's family is suing the physician and pharmacist for the consequences of this medical misadventure.

Scenario #3

33-year-old female began having symptoms of dyspnea with mild exertion 8 months ago. This has progressed to dyspnea with routine activities of daily living. A cardiac catheterization has since demonstrated a normal left ventricle, normal mitral and aortic valves and normal coronary arteries, but her pulmonary artery pressures are abnormally elevated. Pulmonary function tests are normal. She has been told that she has primary pulmonary hypertension.

Past history reveals that she has had intermittent episode of depression, GERD and a long-standing problem with morbid obesity. Her BMI is 41. She currently uses the following medications: paroxetine 20 mg daily and omeprazole 20 mg bid. Eight years ago the patient used 'fen-phen' (d-fenfluramine and phenteramine) to assist in weight loss. She took the medication for one month and then stopped. She has not been on any other appetite suppressant since then.

She has filed a lawsuit against the manufacturer of d-fenfluramine claiming that the drug caused her primary pulmonary hypertension.