JANIAK CONSULTING, INC.
30267 Hickory Hill Drive
Perrysburg, OH 43551

April 24, 1990

Jeffrey E. Schobert
Buckingham, Doolittle & Burroughs
3721 Whipple Ave., N.W.
Canton, Ohio 44735-5548

RE: White vs. Davis, Sanwardekar, et al

Dear Mr. Schobert:

I have reviewed the materials in this case with a view towards determining whether or not there was a deviation from the standard of care delivered to Mr. White on March 7, 1987. On that date the patient presented to the emergency department at Timken Mercy Hospital and was evaluated by Dr. Davis. On that date the patient had been brought in by an ambulance service after having "been found in a bathtub at home." There was a note at that time that the patient had "had the gas on" in the room. Evaluation included a history which revealed that the patient was a "slow learner." Further history was not available from the patient. Since the patient had been transferred from the Doctors Hospital the lab work done there was reviewed by Dr. Davis. A physical examination was then carried out which showed no abnormal findings and included, most importantly, a normal neurological examination with the exception of the patient's mental status. There was a history of "hearing voices" and agitation. The patient's vital signs were normal and because of that and the obvious behavioral problems with the patient, it was elected to admit the patient to a psychiatric floor with a diagnosis of Acute Psychosis. The emergency physician also noted that there were "no signs of any acute medical illness requiring immediate attention."

After reviewing the records I find that the emergency physician's evaluation was appropriate and met the standard of care expected. No further testing was indicated in the emergency department as the patient was indeed admitted and further testing and evaluation could be done as an inpatient.

Sincerely,

Bruce Janiak, M.D., FACEP

vc

JANIAK CONSULTING, INC.
30267 Hickory Hill Drive
Perrysburg, Ohio 43551

May 15, 1990

Jeffrey E. Schobert
Buckingham, Doolittle & Burroughs
3721 Whipple Ave., N.W.
P.O. Box 35548
Canton, Ohio 44735-5548

RE: White vs. Sanwardeker, et al

Dear Mr. Schobert:

As I was re-reviewing this case, I had a few additional comments that I would like to make. I want to address my comments to three specific areas. They are, (1) the standard of care in Emergency Medicine, (2) the duty of the emergency physician to separate acute from chronic illnesses, and (3) the utility and necessity of ordering brain cat scans in the emergency department.

In the first instance, the emergency physician has the obligation to evaluate all the patients that come into the emergency department seeking a physician's evaluation. In this particular case that occurred at the Doctors Hospital and such an evaluation was done. The impression at that time was that the patient had a psychiatric illness and the patient was transferred to Timken Mercy. The normal approach at that time would be for the Doctors Hospital emergency physician to contact the psychiatrist for a direct admission to Timken Mercy. Thus, the patient could have been admitted directly to the Psychiatric service at Timken Mercy without the necessity of a second physician's evaluation. In my view, the second evaluation then at Timken Mercy exceeded the standard of care. The second emergency physician's findings were essentially unchanged from the first, i.e., he also felt the patient was suffering from an acute psychotic problem. This was supported by the history of suicidal type ideation (gas on in stove or oven). Suicidal activities are rare is psychosis. I should also say it is relatively rare in organic brain disease, as opposed to psychosis. Additionally, the nurse reported "hallucinations" and these are much more indicative of psychosis than organic brain disease. Finally, history, physical examination and laboratory tests adequately ruled out acute drug toxic reaction. For all these reasons, I believe the standard of care was met.

With regard to the emergency physician's duty to separate acute from chronic, two emergency physicians sequentially evaluated the patient and there were no abnormalities of the vital signs or of the physical

examination that would indicate an acute organic brain problem. Specifically, the neurological examination was grossly normal. No paralysis was detected. Patient was responsive to questioning and easily aroused. Additionally, there was no history of a sudden or precipitous change in the patient's behavior pattern.

Finally, with regards to the necessity for a cat scan it is indeed true that emergency physicians do order cat scans in the emergency department. These tests are to be ordered when there is a suspicion of an acute problem within the brain that can be detectible by use of the cat scan. If resolution of the problem is not critical within a relatively short time period, then it is perfectly appropriate to refer the patient to have the cat scan (or even other tests) done on an outpatient basis or to be ordered later on an inpatient basis.

In summary, looking at the specifics as outlined above, I feel even more strongly that the emergency physicians adhered strictly to the standards of care in Emergency Medicine.

Sincerely,

Bruce D. Janiak, M.D., FACEP

v c