

# ***CHRISTINE'S STORY***

A real case demonstrating  
the unfairness of damage caps.

## Christine's Story

*Christine was forced to give up her new career and her house, both of which she loved very much, because a doctor's mistake caused her to lose a leg. Once highly active, Christine now lives a life of extreme pain, disfigurement, and embarrassment.*

Christine's life had come full circle. After working for years, she had left the workforce to raise her family, making sure that each of her children had the skills necessary to go to college. Once the kids were on their way, Christine, who was now in her 50s, decided to return to school herself, where she obtained a certification as a laboratory technician. After finishing school, she found a full-time job in her field. Christine loved being back in the workforce, and she planned to work until she reached retirement age. With work, her husband Joe, her children and grandchildren, Christine's life was full and fulfilled.

On February 5, Christine called her doctor's office, complaining of severe left leg pain, cramping and a charley-horse feeling. She had seen her doctor a few days before for an unrelated rash, and she was not having these symptoms at that time. The office nurse told her that she was probably low on potassium, should eat some bananas and call back in a week if she was still having problems. Three days later, Christine called her doctor's office again. By this time, her left foot was getting cold, and she demanded to be seen by the doctor.

Christine's doctor saw her that same day. During the examination, the doctor was not able to feel certain pulses in her left lower leg. He arranged for an arterial doppler examination to be performed the next day. A doppler is an ultrasound test that measures blood flow through arteries and veins. Christine underwent this ultrasound testing on her left leg on February 9. The test, which was interpreted by an expert in vascular diagnostic testing, concluded that Christine had a total blockage in an artery in her left lower leg that needed immediate attention. Although the report of this test was faxed to her doctor within an hour of the completion of the test, and although a nurse from the hospital called her doctor to personally provide the results, the only immediate attention that Christine received was the scheduling of an appointment with a vascular surgeon four days later.

By the time that Christine saw the vascular surgeon, she was in severe pain, experiencing severe cramping and had a constantly cold left foot. The vascular surgeon ordered another test, an arteriogram, to be performed the next day. An arteriogram involves injecting dye into the blood stream and then taking x-rays to see a clear picture of blood vessels and blood flow. This test confirmed what the doppler had already shown – that Christine had an abrupt cut-off of blood flow to her lower left leg requiring immediate attention. The vascular surgeon received this report within hours of its completion. The only immediate attention that Christine received was an appointment to see the surgeon two days after the test. Christine could not wait two days. She called the surgeon the day after the test, again demanding to be seen because of severe pain, cramping and a cold left foot. The surgeon ordered an MRI, which again confirmed the findings of the previous two tests—a cut-off of her blood flow to her lower left leg requiring immediate attention. The immediate attention that Christine received this time was the transfer of her care to a surgeon at a large university hospital in Philadelphia the next day.

The Philadelphia vascular surgeon immediately admitted Christine to the hospital. Her physical exam showed that she had a pre-gangrenous condition of the left lower leg. Because of the lack of blood flow for at least twelve days, the tissues in Christine's lower leg were already dying. The surgeon immediately went to work trying to save Christine's leg. He first tried a clot-busting drug. Unfortunately, because the clot had remained in place for so long, the clot-busting drug did not work. The surgeon next tried a series of surgeries to remove the clot and re-establish blood flow to the lower leg and foot. Again, these surgeries did not work due to the delays in initiating

treatment. After these more conservative attempts at treatment failed, Christine was forced to undergo a below-the-knee amputation of her left leg.

Following the amputation, Christine developed a serious infection in the surgical wound. She required multiple additional surgeries to remove the dead tissue from the area of the amputation stump. The wound on her stump was unable to be closed because of the infection, which meant that Christine could not be fitted for a prosthesis. Three months later, she required plastic surgery to repair the defect in the stump caused by the infection. This surgery again delayed her ability to be fitted for a prosthesis. Finally, over six months after her amputation, she was admitted to a rehabilitation center for fitting of her prosthetic leg and instruction on how to use it. Christine had been trapped in a wheelchair for over six months.

Unfortunately, the fit of the prosthetic leg has never been entirely successful. Because of the infection that required so many surgical debridements of dead and dying tissue, her stump is somewhat unusual in shape, which makes fitting it for a prosthetic leg problematic. Even with the best prosthetist working with her, her artificial leg has never quite worked right. Her leg has fallen off in social settings and in church, causing her extreme embarrassment and the need to ask for assistance in getting to her car or putting the artificial leg back on. She cannot rely on her left leg to be stable to support her while standing or to carry her while walking. She keeps a wheelchair in her car in case the prosthesis falls off or in the event that she has to walk farther than anticipated. To make matters worse, the problems with the fit caused the development of a bone spur, which meant more surgery, a more unusual stump, and more problems with fitting.

Christine's life has been turned upside down by the amputation of her lower left leg. Due to her lengthy hospitalizations, inability to stand for long periods, and inability to walk distances, she has been forced to give up her new career that she had worked so hard to begin. She was also forced to move from the house that she and Joe worked so hard to maintain through the years. The house was built into a steep hill, requiring her to climb steep stairs to get to her front door. The back yard was also a steep slope, into which Christine had laid out and planted terraced gardens. With her unreliable prosthetic leg, she could not walk to her front door or tend to her gardens. Getting to the master bedroom every night was an exhausting fight with the narrow, steep interior stairs. In a wheelchair, she could not access her home at all. Her husband, Joe, tried to retrofit the home to make it accessible, by putting in chairlifts on as many of the stairs that he could and by installing handrails and grab bars in as many places as he could, but Christine still had substantial difficulties getting around her own house. The couple was forced to sell their cherished home.

Christine loved spending time with her three young grandchildren. She would run around her daughter's yard with them, splash in the pool with them, pick them up and toss them in the air, chase them down the street on bicycles, and walk for miles, pushing their strollers. She cannot do any of that now. It hurts her when the whole family is playing, and she has to sit nearby and watch. It breaks her heart when the oldest says "C'mon, Gram. Aren't you going to play?" How can she explain to a four-year-old that her leg might fall off if she runs after a ball, or that her leg isn't waterproof so she can't take it into the pool? She tries to do everything as normally as possible around her grandchildren so that they won't look at her with pity in their eyes the way that so many of her friends and family members now do.

Christine has lost her left leg below the knee due to the negligence of two physicians who did not provide the immediate medical attention that she needed. She will never be physically whole again. Her life will never be as she envisioned it to be or how it once was. How are caps on non-economic damages fair to Christine?



***Christine's husband made many modifications to the home they loved. Christine's condition made it impossible for her to get around the house, even with all the changes. She was forced to sell their beloved home.***









***Christine struggles with telling her grandchildren that she can't play with them as she once did. If she runs after a ball, her leg might fall off. Christine cannot go in the pool and splash around with the children because her leg is not water-proof.***