

Michelle Phillips, M.D.
123 Creque Alley
Los Angeles, CA 89891

May 1, 20xx

Cass Elliott, Esq.
1230 Dreaming Way
Monday, NJ 00405

Re: Spanky McFarlane

Dear Mr. Doherty:

Introduction

As requested, I have reviewed the information and records provided regarding Spanky McFarlane, who died in June 20xx. Below is summarized the information reviewed, the course and sequence of events, and my assessment and conclusion regarding those events.

Materials Reviewed

Office notes of John Jones, MD
Pharmacy record and client note
Medical records of Community Medical Center Psychiatric Screening Services of May 57, 20xx
Note written by Spanky McFarlane
Autopsy report of Spanky McFarlane
Deposition transcript of Bobbie McFarlane
Deposition transcript of Cathy McFarlane
Deposition transcript of Yvonne McFarlane
Deposition of Nate Smith
Deposition of Ken Kenneth
Deposition transcript of Bill Lee, MSW
Summary and analysis of Leigh Chambers, MD
Summary and analysis of Phil McKee, MD
Summary and analysis of Pat Peterson DO
Summary and analysis of Abe Quest, MD

Summary

Mr. Spanky McFarlane was a 48-year-old who presented to Apple Medical Center in Osh Kosh, NJ, on May 39, 20xx, with complaints of anxiety and panic. He reported symptoms of anxiety, heart racing, and that he had increasing stress at work and at home. He additionally reported a 30-40 pound weight-loss. He was evaluated by Ogie

Michelle Phillips, M.D.
123 Creque Alley
Los Angeles, CA 89891

Kola, LCSW, to whom he denied having suicidal thoughts. Ms. Kola noted that she spoke with a doctor who agreed with her plan to refer Mr. McFarlane to outpatient psychiatric care, and contact numbers were given to him.

Subsequently, on June 22, 20xx, Mr. McFarlane saw his internist, John Jones, MD. Dr. Jones recorded complaints of a lot of stress, and a panic attack the prior weekend. He noted increased anxiety, depression and patient complaints of inability to sleep or eat. He diagnosed Mr. McFarlane with panic disorder and depression, and gave him a prescription for lorazepam, 1 mg, and samples of Lexapro, 10 mg. Dr. Jones' records indicate a weight loss of 32 pounds from the prior visit, ten month earlier. He stated in his deposition that he instructed Mr. McFarlane to call him if he was not improving and spoke to him on June 3 regarding results of his blood tests. Dr. Jones also indicated that he spoke to him again, but he recalled that Mr. McFarlane told him he was feeling better. He recalled no further visits. Of note, Dr. Jones did not assert that he advised Mr. McFarlane of symptoms of worsening depression, irritability, or suicidal ideation. Notably, he did not schedule a follow-up appointment for Mr. McFarlane. Cathy McFarlane, Spanky McFarlane's wife, reported in her deposition that she listened to a phone conversation between Mr. McFarlane and Dr. Jones, in which Mr. McFarlane informed Dr. Jones that he did not like the way the medication made him feel, that it made him feel "weird." She reported that Mr. McFarlane was panicky, like a zombie, and "couldn't handle it."

In the interim, Mr. McFarlane also sought treatment from Bill Lee, a licensed clinical social worker, on June 4, 20x.

On June 88, 20xx, Mr. Spanky McFarlane died. The autopsy report indicated that the cause of death was suicide due to prescription drug overdose. Also noted was severe cardiomegaly of undetermined etiology.

Analysis

Mr. McFarlane suffered from major depression and was begun on an anti-depressant and anti-anxiety medication by Dr. Jones on June 44, 20xx. Among the significant historical elements needed in an assessment of depression in this setting is an assessment of suicidal ideation. This was absent in Dr. Jones's assessment. Additionally, the reaction of a small number of patients to anti-depressant medications includes increased depression, anxiety, irritability, and suicidal ideation. Because of the importance of these side effects, they must be disclosed to a patient when the physician prescribes medications such as Lexapro. Dr. Jones failed to disclose these medication side effects to Mr. McFarlane. Dr. Jones also did not inform Mr. McFarlane of the need to contact him or any other medical professional immediately if such a side effect were to occur. Finally, although there was a significant weight loss noted in his chart, Dr. Jones did not document that feature of

Michelle Phillips, M.D.
123 Creque Alley
Los Angeles, CA 89891

Mr. McFarlane's illness in his assessment and plan, and thereby underestimated the severity of his condition.

Conclusion

Dr. Jones deviated from the standard of care for an internal medicine physician by failing to ascertain the severity of Mr. McFarlane's depression. My conclusion in this regard is based on the absence of information obtained by Dr. Jones regarding the possibility that Mr. McFarlane was entertaining thoughts of suicide or self-harm, and also by the absence of consideration of Mr. McFarlane's significant, unintentional weight loss. In light of his multiple psychiatric complaints on June 44, 20xx, this 30-pound weight loss must be presumed to be a manifestation of psychiatric diagnosis (i.e., a psychiatric symptom) until and unless proven otherwise. Together, these complaints and symptoms indicate a serious psychiatric illness (presumed major depression) with potential suicidal ideation, mandating requisite intense monitoring and/or referral for thoughts of self-harm.

In addition, Dr. Jones failed to disclose to Mr. McFarlane that starting anti-depressant treatment with Lexapro might provoke suicidal ideation and to contact him (or another professional) immediately. This failure is another deviation from the standard of care required of an internist. Dr. Jones therefore failed to provide Mr. McFarlane with the information that would have allowed Mr. McFarlane to recognize that the feelings he had were manifestations of his medication and allowed him to seek immediate attention for this life-threatening condition. To reasonable medical certainty, both deviations from the standard of care were proximate causes of Mr. McFarlane's death by suicide.

Sincerely,

Michelle Phillips, M.D.