

## CASE #7

### DISCLOSURE OF FAILURE TO DIAGNOSE

#### CASE PRESENTATION

##### Complaint

The Hospital Ethics Committee is consulted by a medical intern to determine whether or not to disclose to a patient a two year delay in the diagnosis of his lung cancer.

##### Medical History

A 30 year old man was diagnosed with adenocarcinoma of the lung occurring in a 5 cm pulmonary mass with accompanying hilar adenopathy and pleural effusion. The attending physician informed the patient that he is expected to live about 6 months without therapy, and that chemotherapy may extend his life a few more months. The patient understood the risks, benefits and alternative of treatment and decided to proceed with recommendations for chemotherapy.

On admission, case review by the intern revealed an 8 mm solitary pulmonary module on a radiology report two years prior, with recommendation for follow up. However, no follow up occurred and the patient remained undiagnosed until this presentation.

The intern believes the original nodule is the source of the similarly located present tumor causing the terminal diagnosis. He points out that earlier surgery could have possibly prevented the terminal diagnosis.

The former attending physician is no longer on staff and was apparently not aware of the radiology report because there are no related comments or orders in the medical record.

The intern requests help to determine whether or not the patient should be informed of the two year delay in diagnosis.

##### Social History

The patient is married and has four school-age children. He works as a cabinet-maker making enough money to buy a small suburban home and care for his family. They have no appreciable other assets.