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Necessary physical care not always provided

Chris Gallagher, a Vancouver man in his forties suffering from a concurrent disorder – in his case, severe bipolar disorder and a crystal meth addiction – struggled to keep going.

It wasn't easy. He had been deeply paranoid, had delusions and visions, threatened suicide, and would stay up for days and then sleep forever. Not untypical for someone so psychotic, he denied there was anything wrong with him, even though it was clear to his family he was headed for disaster.

The family tried to protect him from being arrested for his bizarre behaviour. However, after one "particularly awful night," as his sister described it, they did call 911. He was taken to emergency, where he was assigned to a psychiatrist and diagnosed.

And so began a cycle of involuntary and occasionally voluntary stays in psychiatric wards and treatment centres. Severe bipolar disorder isn't a pretty illness, and the meth addiction was tenacious.

Yet somehow, through it all, he endured, although his chronic use of crystal meth continued to plague his life.

The family suffered its own profound trauma

The family's struggle was just as great, in its own way.

They watched in despair as Chris went downhill – a young man who had previously earned an MBA and then, inexplicably it seemed, descended into odd and unpredictable behaviour.

The family eventually figured out he was addicted to crystal meth. They did everything to get him to seek medical help – tears, threats, interventions – without success. Things got progressively worse until the 911 call. Even after his initial hospitalization, however, little was resolved.

These were terrible, dark years for the family when it seemed every moment was devoted to the drama of Chris's life, while their own lives ceased to belong to them.

Like most families in this kind of situation, they went through stages of anger and guilt, with, at the bottom of it all, an insurmountable sadness at the lost promise.

They, however, began to cope and to understand. They, too, endured. Chris himself began to do a bit better; had some good days.

Then he died of heart failure.

Severity of episode not given sufficient weight

It was a cruel irony – that he had survived the worst of severe mental illness, only to be prematurely felled not by suicide but by a physical failure.

Even more of an irony was that his vulnerability to heart failure could have been mitigated by treatment, but wasn't, although his mental illness and addiction were known in detail.

It raises the question once more whether the physical side of those who are mentally ill or have a concurrent disorder is given the level of attention and concern called for.

It turns out that a week before his death, Chris went to St. Paul's Emergency because of severe chest pain. The pain was so severe that when his mother went to pick him up to take him to hospital, she could hear, from the parking lot, his screaming six floors up in the apartment building.

The doctor in Emergency, however, gave little weight to the severity of the pain, a severity suggesting pectoral angina. It seems he didn't even know about it, at least according to the record. Chris was reported to have been agitated and having a difficult time focusing, and the questioning by, first, a resident and then the emergency physician didn't elicit that information. The mother, who could have related more fully what had happened, wasn't interviewed. By the time Chris was seen, the pain had moderated, and this was what presented.

After an electrocardiogram and X-ray proved negative – chest palpitations were also done – the doctor sent Chris home rather than sending him on to the cardiac unit. He noted, in his discharge comments, there was no sign his heart was in danger, particularly no sign of ischemia, an inadequacy of blood supply to the heart.

If only that had been so.

A subsequent autopsy, done for a coroner's report, found "severe atherosclerotic narrowing…of the coronary arteries supplying the heart muscle," which would indeed have produced ischemia

The pathologist who did the autopsy, added that "In light of the history of the deceased having attended hospital complaining of chest pain (a recognized symptom of coronary atherosclerosis) only a week prior to death, it may be prudent to seek review of the care and treatment offered to the deceased."

According to Joe Gallagher, Chris's father, such treatment and care should have included a test called a MIBI, which reveals the presence of ischemia when other stress tests do not, and is a primary diagnostic resource for situations like his son's.

The father himself had a MIBI test for chest pains, a decade earlier, which showed ischemia when an electro-cardiogram did not. The contributing factor in his case was long-time diabetes and a drug dependence on insulin rather than a chronic use of methamphetamines.

The test led to a coronary bypass and survival.

Lack of MIBI scan raises larger question

Why wasn't the MIBI test made available to the son in the same way?

Chris' father, Joe Gallagher, in a video he produced later on the case, attributes the omission of the test to Chris's condition not being socially

acceptable – that because of his long history of mental illness and especially his drug addiction, his complaints were discounted and deemed not worth the extra time and expense of a MIBI test.

NSSS has long been concerned with gaps in urgent physical care for the seriously mentally ill. Usually, the cases have involved the failure to hospitalize the ill person involuntarily, needed because of their mental illness and lack of insight, in order to be able to address the physical deterioration.

This is a case, however, where the person went to hospital on his own, in pain and worried about his heart.

It was no less tragic for all that.

Crystal meth in blood far from fatal level

Following Chris's death, the family began efforts to get some accountability for what they consider negligence – "criminal negligence" as they have come to describe it.

The mother lodged a complaint with the B.C. College of Physicians and Surgeons against the emergency doctor.

Two basic issues came into play with the filing of the complaint. The first is what actually happened.

This revolved around the role of crystal meth, which in all likelihood precipitated the "sudden cardiac dysrhythmia" found by the coroner to be the cause of death. How large a role did it play, though, given the underlying heart disease?

The more that could be blamed on the crystal meth, and hence on the deceased himself and his addiction, the less important the severe atherosclerosis in the death, and hence the less important the emergency physician's not having detected it.

The doctor insisted that the pain Chris suffered was musculoskeletal, as is typically the case with crystal meth, and not anginal. As for the underlying atherosclerosis being involved – the association made by the pathologist – he allowed it was possible, but dismissed it as "pure speculation."

He went on to argue that it was "very possible [the] atherosclerosis remained silent and that he died a primary arrhythmic death from the crystal meth."

In other words, the crystal meth did it, and did it alone.

However, the toxicological blood-level finding, done as part of the autopsy, was only 0.29 mg/L (milligrams per liter), generally far from a fatal dose unless other factors are involved.

A literature review published in the *Journal of Analytical Toxicology*, for example, put the fatal range at 1.4-13. The *bottom* of the range was almost five times the level in Chris's blood.

Another study found that concentrations greater than 0.5 were involved in most methamphetamine deaths.

A level of 0.29 being the cause of death – cause being understood as the the major contributor – would be even less likely in Chris's case because of the tolerance he would have built up from chronic use.

It seems fair to conclude, then, that a considerable factor in Chris's death was his underlying ischemia (inadequacy of blood supply to the heart, preventing it from receiving enough oxygen).

Adequacy of assessment another issue to consider

The second issue that arose was whether the emergency physician's assessment of Chris that night was adequate in the circumstances.

The doctor pointed out that on one of his previous visits to St. Paul's for chest pains, Chris had been given a full cardiac workup, including not just an electrocardiogram but also a stress test (treadmill), and no sign of a heart condition had been revealed, so there was no reason to think this third time was any different.

One could, however, turn that argument on its head. If no signs of a problem had been discovered the previous times with the first order of tests, but the patient returned again having suffered an episode of even more severe pain, then all the more reason to proceed to the next level with a MIBI scan, to try to get an explanation and to make doubly sure there was no underlying cardiovascular risk.

This would be even more imperative given that the stimulus effect of crystal meth puts pressure on the heart and there would be every expectation that Chris would take crystal meth again.

Did Chris's mental illness and addiction work against him in St Paul's Hospital that night, as the father argues?

You be the judge.

College fails to explore several key matters

The College, for its part, exonerated the doctor across the board. In a detailed report, it concluded that the care provided by the doctor was "standard and appropriate, revealing no basis for regulatory criticism."

The College's response, particularly the phrase "no basis for regulatory criticism," deeply angered the family.

Standard care was all right for many patients, but not for all, some patients being non-standard, as they put it.

They pointed out that, among other things, there was no mention in the College's report, or in the doctor's submissions, of the intensity of the pain at its peak that brought Chris to hospital to begin with, or even if the doctor had found out about it.

The doctor "never mentions the pectoral agony that brought Chris to emergency, never," the father was to write later.

Such recognition, he went on to explain, "was essential to proceeding beyond a history of unrevealing ECG's …to an accurate diagnosis."

There was no mention, either, that heart disease ran in the family, and that Chris's own father, whose heart condition was adequately diagnosed, had suffered the same symptoms.

Nor was there a discussion, in the College's report, of the pros and cons of a MIBI test in the circumstances.

The College also didn't explore the implications of the level of meth-amphetamine found in Chris's blood for the credibility of the doctor's interpretation of events.

They omitted as well to explore the divergence between the opinions of the doctor and the pathologist respectively about the role that the coronary artery atherosclerosis played in Chris' death.

Of the six medical doctors on the ten-member College committee that had looked into the matter, none was a cardiologist or psychiatrist, nor was there a toxicologist on the committee.

Not having gained resolution from the College, the parents have filed a notice of claim against both the doctor and the College in the Supreme Court of B.C.

(Joe Gallagher's video on the case is on YouTube. Search "Joseph Gallagher's video statement.")