

**CASE INFORMATION SHEET**  
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**COUNTY AND COURT:**

Alachua County, Circuit Civil

**NAME OF CASE:**

TAMMY WHITEHEAD, as Personal Representative of the Estate of  
GERALD WHITEHEAD,

Plaintiffs,

v.

GILLIAN MARIE ELIZABETH VANSLUYTMAN, M.D., TIMOTHY HARRISON  
ELDER, M.D. and SOUTHEASTERN INTEGRATED MEDICAL, P.L.,

Defendants

**CASE DOCKET NO.:** 01-2015-CA-003689      **JUDGE:** Hon. Donna M.  
Keim

**PLAINTIFF(S) ATTORNEY(S)/TRIAL COUNSEL:**

Andrew Vloedman  
Perry & Vloedman  
The Meridian Center  
2790 N.W. 43rd Street  
Suite 200  
Gainesville, FL 32606

**DEFENDANT(S) ATTORNEY(S)/TRIAL COUNSEL:**

Richard S. Womble  
Christine V. Zharova  
Jennifer E. Hoge  
Rissman, Barrett, Hurt,  
Donahue, McLain & Mangan, P.A.

201 E. Pine Street,  
15th Floor  
Orlando, FL 32801  
Attorneys for Dr. Elder and  
Southeastern Integrated Medical,  
P.L. ("SIMED")

John Jopling  
Jamie White  
Dell Salter, P.A.  
203 NE 1st Street  
Gainesville, FL 32601  
Attorneys for Dr. VanSluytman

**AGE/SEX/OCCUPATION OF PLAINTIFF OR DECEDENT:**

Mr. Whitehead was 60 years old at the time of his December 18, 2013 death and was the Sheriff of Union County.

**FOR WRONGFUL DEATH CASES, PLEASE GIVE AGE AND RELATIONSHIP OF SURVIVORS:**

Tammy Whitehead - Wife (DOB: 9/9/71, age 42 at time of husband's death)  
Chelsea Whitehead - Daughter (DOB: 6/10/91, age 22 at time of father's death)  
Jake Whitehead - Son (DOB: 10/9/98, age 15 at time of father's death)  
Jack Henry Whitehead - Son (DOB: 12/11/05, age 8 at time of father's death)  
Presley Whitehead - Daughter (DOB: 9/26/09, age 4 at time of father's death)

**DATE, TIME AND PLACE OF ACCIDENT OR OCCURRENCE:**

This is a wrongful death medical malpractice action brought as a result of the care provided at North Florida Regional Medical Center ("NFRMC") on December 17 and 18, 2013.

On December 17, 2013, Gerald Whitehead presented to the ER at NFRMC complaining of shortness of breath, chest pain, nausea, vomiting, constipation and a history of limited food and liquid intake that had been ongoing for between four days and two weeks prior to his presentation to the ED. Mr. Whitehead was admitted by Dr. VanSluytman, a hospitalist, with a differential diagnosis of pulmonary embolism.

Dr. VanSluytman ordered heparin protocol and additional studies to confirm the cause of Mr. Whitehead's symptoms before she had to go off shift for the evening. There was a delay overnight in carrying out Dr. VanSluytman's orders.

On the morning of December 18, 2013, Dr. Elder, a family medicine practitioner and hospitalist, saw Mr. Whitehead. There had been a favorable trend in the bloodwork overnight and Mr. Whitehead had remained hemodynamically stable. Dr. Elder was awaiting the results of additional testing and planned to return in a few hours. He left the hospital to see patients at his office but planned to come back during his lunch break.

When Dr. Elder returned to the hospital, Mr. Whitehead had experienced a dramatic decline in status. Dr. Elder immediately called an intensivist upon seeing the change in Mr. Whitehead's condition. While Dr. Elder was on the phone with the intensivist, Mr. Whitehead coded. Mr. Whitehead could not be resuscitated. He was in the hospital for less than 17 hours.

Plaintiff alleged that Dr. VanSluytman and Dr. Elder should have ordered STAT consults with an intensivist and/or cardiologist, STAT diagnostic studies and more aggressive heparin therapy. Additionally, Plaintiff theorized that if an intensivist had been on the case, the intensivist may have considered tPA.

**NATURE OF INJURY:**

Death by Pulmonary Embolism.

**PLAINTIFF'S EXPERT WITNESSES:**

John Schweiger, M.D., F.C.C.P.  
Florida Gulf-to-Bay Anesthesiology  
2 Columbia Drive  
Suite A-327  
Tampa, FL 33606

Dr. Schweiger, a critical care physician, gave causation opinions regarding what an intensivist would have done if one had been called earlier in the case. In Dr. Schweiger's opinion, if the therapy had been changed to either a non-heparin anticoagulant or tPA on the morning of December 18, 2013, Mr. Whitehead would not have died.

According to Dr. Schweiger, an intensivist likely would have used the hospital heparin protocol that was used in Mr.

Whitehead's case, but would have ordered PTT levels checked every 4 hours instead of every 6 hours. Thus, if Mr. Whitehead's PTT levels were not within a therapeutic range within 12 hours, the intensivist would have either used a non-heparin anticoagulant or ordered tPA. Thus, Mr. Whitehead's life would have been saved.

Dr. Schweiger agreed that the hospital's heparin protocol was appropriate and heparin protocols are effective in 95% of the cases when therapeutic levels are achieved. Dr. Schweiger could not say that Dr. VanSluytman's heparin order would not have been effective if it had been carried out as ordered instead of the delays taking place. Dr. Schweiger also agreed that the medical literature showed that using tPA for submassive pulmonary embolisms had less than a 1% improvement in 30 day survival rates, but carried a 6% risk of death from hemorrhaging.

Dr. Schweiger testified that Mr. Whitehead had an emergent medical condition that could result in sudden death at any minute. He also agreed that Mr. Whitehead never reached the point that he needed non-emergency care.

Jeffery Roth, M.D., FHM  
3360 Meadow View Lane  
Palm Harbor, FL 34684

Dr. Roth was the hospitalist who gave standard of care opinions regarding both Dr. VanSluytman and Dr. Elder.

In his opinion, Dr. VanSluytman fell below the standard of care by failing to order STAT consults with a cardiologist and intensivist, failing to admit Mr. Whitehead to the ICU instead of the PCU, failing to order a STAT echocardiogram and failing to order further diagnostic testing to confirm her differential diagnosis of pulmonary embolism.

Dr. Roth believed Dr. Elder fell below the standard of care for not ordering a STAT consult with an intensivist, failing to admit Mr. Whitehead to the ICU and failing to call the cardiologist for a STAT read of the echocardiogram. He further believed that the heparin protocol was incorrectly dosed based on Mr. Whitehead's weight.

Dr. Roth was not aware of the difference between the ICU and the PCU to know what services and care were being offered in the ICU that Mr. Whitehead did not have access to in the PCU. Dr. Roth was in conflict with Dr. Schweiger's opinion that the heparin

protocol was correct. While Dr. Roth said he felt that tPA should have been considered, he had never ordered tPA for pulmonary embolism in his patients.

Dr. Roth testified that Mr. Whitehead had an emergent medical condition that never stabilized while he was in the hospital. In fact, Dr. Roth felt that Mr. Whitehead was unstable during the entire hospital admission.

Brenda Mulder  
3903 Northdale Boulevard  
Suite 112 West  
Tampa, FL 33624

Ms. Mulder was Plaintiff's economist. She testified in her depositions that Mr. Whitehead's loss of services amounted to \$181,856 - \$220,359. Plaintiff read portions of Ms. Mulder's deposition at trial. Plaintiff withdrew the loss of support claim.

**DEFENDANT'S EXPERT WITNESSES:**

Joseph Li, M.D.  
153 Tower Avenue  
Needham, MA 02494

Dr. Li was Dr. Elder's hospitalist expert. Dr. Li testified that Dr. Elder met the standard of care in his treatment and care of Mr. Whitehead.

According to Dr. Li, Dr. Elder was correct to not order an intensivists consult on the morning of December 18, 2013 when Mr. Whitehead had been hemodynamically stable and saturating well overnight. Mr. Whitehead was being appropriately monitored in the PCU and did not need to be intubated. Additionally, Dr. Elder had seen a reassuring trend in the PTT levels, and appropriately waited for the next PTT check before ordering a bolus of heparin.

David Systrom, M.D.  
17 Glengarry Road  
Winchester, MA 01890

Dr. Systrom was Dr. Elder's intensivist expert. Dr. Systrom testified as to causation and stated that there was nothing that could have been done from the time Mr. Whitehead arrived at the hospital that would have changed the outcome because Mr.

Whitehead did not survive the 24 hours needed to give heparin time to become therapeutic.

Dr. Systrom agreed that Mr. Whitehead was not a candidate for tPA during his hospitalization because he had a submassive pulmonary embolism and was not showing signs of shock. Additionally, Dr. Systrom felt that the heparin protocol in place was appropriate and he would not have changed it unless it had not reached therapeutic levels within 24 hours.

Dr. Systrom agreed that pulmonary embolism was a condition that could result in sudden death. He also agreed that Mr. Whitehead needed emergency medical care, defined as care that could not wait and was needed on a continuous basis, throughout the stay in the hospital.

Douglas McFadden, M.D.  
210 West Bay Vista Avenue  
Tampa, FL 33611

Dr. McFadden was Dr. VanSluytman's hospitalist expert. Dr. McFadden testified that Dr. VanSluytman met the standard of care in her correct diagnosis of Mr. Whitehead's condition, ordering of appropriate treatment and diagnostic testing and in taking a thorough and accurate history of Mr. Whitehead's complicated list of symptoms.

Dr. McFadden explained that Dr. VanSluytman could not have been held responsible for following up on the nurses after 11 pm to ensure that the orders she had entered were followed. Dr. McFadden explained that the heparin protocol in place required 24 hours to determine if it was going to be effective and, if therapeutic levels were reached, it would be effective 95% of the time.

Dr. McFadden testified that Mr. Whitehead had an emergent medical condition that could result in sudden death. He agreed that Mr. Whitehead never reached a point that he could be treated with non-emergent medical treatment.

Rodney Benjamin, M.D.  
South Miami Hospital  
Division of Pulmonary Medicine  
200 SW 73rd Street  
Miami, FL 33143

Dr. Benjamin was Dr. VanSluytman's critical care expert. Dr. Benjamin testified both as to causation and standard of care as it related to Dr. VanSluytman.

Dr. Benjamin said that Dr. VanSluytman entered appropriate orders that he would not have changed if he had been called on Mr. Whitehead's case. Additionally, Dr. Benjamin said that Mr. Whitehead was not a patient that required a consult with an intensivist but could be monitored in the PCU. Dr. Benjamin felt that even if an intensivist had been called on the case, they would have ordered the same protocol and Mr. Whitehead still would have died because the heparin protocol, with greater than 95% efficacy if therapeutic levels are reached, did not have enough time to work.

Dr. Benjamin agreed that Mr. Whitehead had an emergency medical condition throughout his stay in the hospital. Additionally, Dr. Benjamin denied that Mr. Whitehead was capable of receiving non-emergent care.

**CHECK APPROPRIATE SPACE:**      X   Verdict

**VERDICT:**

Defense verdict

**DATE OF VERDICT:**

October 10, 2017

**COMPARATIVE NEGLIGENCE:**

N/A

**JUDGMENT:**

For Dr. Elder, SIMED and Dr. VanSluytman

**DATE OF JUDGMENT:**

October 16, 2017

**DEFENDANT'S OFFER:**

\$1,001 from Dr. Elder and SIMED

**PLAINTIFF'S DEMAND:**

None. In closing, Plaintiff's counsel only discussed the two amounts identified by the economists for loss of services. He did not provide the jury with a proposed verdict amount for the survivors.

**ATTORNEY'S COMMENTS:**

The jury deliberated for 1 hour, 54 minutes before returning a defense verdict.

The Good Samaritan defense was raised and was included on the verdict. However, the jury found that neither Dr. VanSluytman nor Dr. Elder were negligent, so they did not reach the issues of the Good Samaritan defense.

Submitted      Richard S. Womble                      Date: November 6, 2017  
By:              Jennifer E. Hoge

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