



## ACUITY MEDICAL LAW INC.

15 Condor Rd. Halifax, NS  
Canada, B4A 3K9  
[aris.lavranos@acuitymedicallaw.com](mailto:aris.lavranos@acuitymedicallaw.com)  
1-902-404-2673

# Heart Attack Claims

Heart attack litigation arises when negligence by healthcare providers during the diagnosis, treatment, or management of a myocardial infarction (MI) causes harm to the patient. These cases are complex, emotionally charged, and often involve life-altering or fatal outcomes, making them among the most critical medical negligence claims, heavily reliant on expert testimony.

## Unique Challenges in Heart Attack Management

Heart attack care demands rapid, precise decision-making, with three key areas prone to errors:

- **Atypical Presentations:** Symptoms, especially in women, the elderly, or diabetic patients, may mimic gastrointestinal or musculoskeletal issues, leading to misdiagnosis. Failing to consider these variants can delay critical care (*Wilton v Genik*, 1995 ONCA).
- **Diagnostic Accuracy:** Timely and accurate electrocardiography (ECG) and cardiac biomarkers (e.g., troponin) are essential. Errors in missing serial ECGs or misinterpreting results can be catastrophic.
- **Treatment Decisions:** For ST-elevation MI (STEMI), percutaneous coronary intervention (PCI) or thrombolytics must be swift, while non-STEMI requires tailored medications (e.g., antiplatelets). Inappropriate use, like beta-blockers in heart failure, can worsen outcomes.

## Types of Harms and Damages

Heart attack-related errors can lead to severe consequences, including:

- Permanent cardiac damage (e.g., heart failure)
- Arrhythmias or sudden cardiac death
- Complications from improper medication (e.g., bleeding from anticoagulants)
- Reduced functional capacity or quality of life

Errors may occur during diagnosis (e.g., misreading ECGs), treatment (e.g., delayed PCI), or medication management (e.g., contraindicated drugs). These harms impose significant physical, emotional, and financial burdens, including costs for ongoing care, rehabilitation, and lost income. Litigation seeks compensation to address these impacts.

### **Standard of Care and Causation: Role of Experts**

Plaintiffs must prove a breach of the standard of care and a causal link between negligence and harm, both requiring expert testimony. Providers are held to the standard of a reasonable practitioner (*Donoghue v Stevenson*, 1932).

Cardiologists and emergency specialists review ECGs, biomarkers, and treatment records to assess deviations, such as failure to perform timely PCI (*Bourgeois v Nova Scotia Health Authority*, 2021 NSSC).

Expert testimony must meet admissibility criteria (*Suway v Librach*, 2015 ONSC):

- Relevance
- Necessity in assisting the court
- Absence of exclusionary rules
- Properly qualified expert

Atypical presentations or delayed biomarker rises complicate causation, requiring experts to align with the provider's context, as seen in disputes over diagnostic delays (*Miller et al v Dow et al*, 2017 NBQB).

### **Legal Complexities**

Heart attack cases require robust evidence, demanding attorneys master medical terminology, secure ECGs and records, and engage specialists. Detailed documentation of history, diagnostics, and treatment decisions is critical to prove adherence to standards. Inadequate records can weaken defenses (*Ter Neuzen v Korn*, 1995 SCC).

Case law highlights challenges. **Insufficient pre-filing can lead to dismissal** (*Khan v Lee*, 2014 ONSC). Causation disputes, such as whether timely intervention would have altered outcomes, require precise jury instructions (*Uribe v Tsandelis*, 2019 ONSC).

**Discrepancies in team documentation add complexity** (*Cheung v Samra*, 2018 ONSC).

Heart attack litigation demands meticulous medical and medical expertise to address devastating outcomes. From proving negligence to navigating intricate evidence, these cases require skilled representation to secure fair compensation.