



How We Frame Diagnostic Error In Comfort-Focused Settings: A Case of Missed *Coccidioides*

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LEARNING OBJECTIVES

- ✓ Appropriately frame missed diagnoses leading to death in the context of a comfort-focused care plan.
- ✓ Recognize *Coccidioides* infections occur beyond the Southwest United States.

CASE INFORMATION

HPI

An 82 year old woman presents to a Colorado hospital with chills, dyspnea, and urinary frequency.

PMH

- End stage renal disease secondary to type 2 diabetes, now status post deceased donor kidney transplant. Graft is 14 years old and showing signs of rejection on imaging.
- Relevant Meds: Prednisone, mycophenolate mofetil, tacrolimus.

Advanced care planning

- The patient had expressed a preference for a **comfort-focused approach to medical care** to her primary care physician.
- Specific goals around hospitalization had not been addressed.

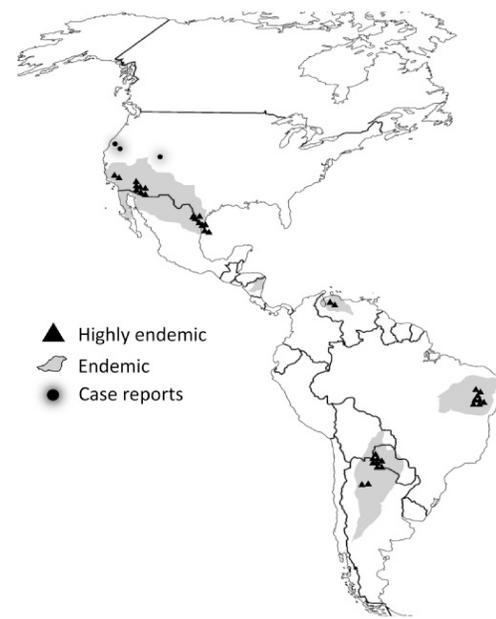
HOSPITAL COURSE

- On presentation, patient was initiated on antibiotics for a urinary tract infection.
- During hospitalization, she developed worsening hypoxia and encephalopathy. Chest imaging revealed new multifocal nodular opacities. Her condition deteriorated despite broad-spectrum antibiotics and stopping immunosuppression.
- The patient transitioned to comfort-focused care and died within hours.
- After death, blood cultures and serology returned positive for *Coccidioides immitis/posadasii*, consistent with disseminated disease and a missed diagnosis.

BACKGROUND

COCCIDIOMYCOSIS

- The area endemic for *Coccidioides* is classically described as the southwest United States, especially Arizona and California.
- The endemic area is evolving and travel and migration make this diagnosis relevant in non-endemic areas.



THE GOOD DEATH

- The idea of a “good death” is well accepted, often incorporating themes of symptom control, dignity, and self-determination.
- Patients who have adopted a comfort-focused care plan have varying views on whether an error that shortens life constitutes harm.



DISCUSSION

- Coccidiomycosis should be considered in **any immunocompromised patient with pulmonary symptoms, nodules, or unexplained decline.**
- This case of missed *Coccidioides* raises important questions about how we frame diagnostic error.
- In a patient whose wishes align with a comfort-focused approach, **death itself should not necessarily be viewed as an adverse outcome.**
- If death is not an adverse outcome, **perhaps a missed diagnosis leading to that death should not be framed as harm.**
- Several variables should be explored in understanding missed diagnoses at the end of life, **primarily the patient’s values and wishes.**

REFERENCES

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