

# Medical Mistake Claims Life of American Hero

Analysis by [Dr. Joseph Mercola](#)

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## STORY AT-A-GLANCE

- › In 2012, Neil Armstrong, aged 82, underwent heart surgery at Mercy Health Hospital in Cincinnati, Ohio. He died two weeks later. His two sons insisted his death was caused by medical error
- › An anonymous source leaked documents to the press showing the hospital paid the Armstrong family a \$6 million malpractice settlement. The sender hoped bringing the information to light might help save lives
- › When nurses removed the wires for Armstrong's temporary pacemaker, he began to bleed. Armstrong was brought into the catheterization lab for evaluation rather than straight to the operating room — a nonstandard decision that cost him his life
- › Armstrong's case is a perfect example of the indiscriminate nature of lethal medical errors; 19% of elderly patients are injured by medical care in the U.S., and those injured have nearly double the death rate compared to those who receive proper treatment
- › July 20, 2019, we celebrated the 50th anniversary of the Apollo 11 moon landing. In a riveting three-part documentary series, PBS explores the space race that led to American astronauts becoming the first men to set foot on the moon

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Like many of you, I clearly remember watching the black and white images of Neil Armstrong first walking on the moon, at home with my family. It was very moving for me

and I was inspired, like many, to become an astronaut. Thankfully, I changed that course and redirected to medicine.

July 20, 2019, we celebrated the 50th anniversary of the Apollo 11 moon landing. In a riveting three-part documentary series, PBS explores the space race that led to American astronauts becoming the first men to set foot on the moon.

The Apollo 11 crew consisted of Neil Armstrong, Edwin "Buzz" Aldrin and Michael Collins.<sup>1</sup> After a four-day journey through space, Armstrong and Aldrin landed the lunar module – Eagle – on the moon surface, while Collins remained in orbit.

Armstrong was the first to step onto lunar soil, uttering the now famous quote: "That's one small step for a man, one giant leap for mankind."<sup>2</sup> The series includes long forgotten archival footage from the 1960s, much of which the younger generation has never seen. As reported by Space.com:<sup>3</sup>

*"Part 1, 'A Place Beyond the Sky,' focuses on the space race the United States and the Soviet Union engaged in during the early years of the space program.*

*Part 2, 'Earth Rise,' covers the human Gemini and Apollo missions that prepared for the moon landing. Finally, Part 3, 'Magnificent Desolation,' examines the moon landing itself and the cultural and scientific legacy of Apollo 11."*

A snippet of Part 1 is embedded above. The full series, totaling six hours, can be found on [PBS.org](https://www.pbs.org).<sup>4</sup> For those of you who are old enough to remember watching the moon landing on TV back in 1969, this documentary will reignite the awe felt that day.

If you have any interest in space history I could not more strongly recommend watching the full six hours. It is one of the best documentaries I have ever seen. If you balk at the time, just consider a Netflix series, which typically runs about 10 hours.

## **American Hero Falls Victim to Lethal Medical Errors**

In 2012, Armstrong, aged 82, underwent heart surgery at Mercy Health Hospital in Cincinnati, Ohio. He died two weeks later. According to The New York Times,<sup>5</sup> his two sons insisted his death was caused by "incompetent post-surgical care."

An investigator retained by the hospital reportedly agreed, finding "serious problems with his treatment." Documents reveal Mercy Health paid the Armstrong family a \$6 million malpractice settlement to avoid what The New York Times describes as "devastating publicity."

Indeed, as noted by attorney Bertha Helmick, who represented Armstrong's grandchildren in the proceedings against the hospital, "No institution wants to be remotely associated with the death of one of America's greatest heroes."<sup>6</sup>

According to Helmick, the malpractice settlement could be subject to repayment should the details of the terms be revealed. The New York Times cites records from probate court showing \$5.2 million of the settlement was split 50/50 by Armstrong's sons, Mark and Rick.

Armstrong's brother and sister each received \$250,000, and each of his six grandchildren received \$24,000. Armstrong's widow, Carol, did not participate in the settlement.

## **Armstrong's Fate Revealed by Anonymous Source**

Both the complaint and the settlement were in fact to remain secret, but the documents were leaked by an anonymous party to The New York Times in the days following the moon landing anniversary. The New York Times writes:<sup>7</sup>

*"Armstrong had undergone bypass surgery in early August 2012, and his wife told The Associated Press afterward that he was 'amazingly resilient' and was walking in the corridor.*

*But when nurses removed the wires for a temporary pacemaker, he began to bleed into the membrane surrounding the heart, leading to a cascade of*

*problems that resulted in his death on Aug. 25 ...*

*The medical dispute and secret settlement, never before reported, comes to light days after the 50th anniversary of Mr. Armstrong's moon walk drew a flood of nostalgic coverage celebrating his feat.*

*The New York Times received by mail from an unknown sender 93 pages of documents related to the astronaut's treatment and the legal case, including dueling reports by medical experts for the two sides.*

*Some of the documents, though marked 'filed under seal,' are publicly available at the probate court's website,<sup>8</sup> confirming that the documents received by The Times are authentic. An unsigned note included in the envelope said the sender hoped the information would save other lives."*

## **What Went Wrong in Armstrong's Care?**

According to The New York Times, the documents they received reveal that after the nurses removed the wires for Armstrong's temporary pacemaker, which resulted in bleeding and a rapid drop in blood pressure, he was brought to the hospital's catheterization laboratory. An echocardiogram was performed, showing "significant and rapid bleeding."

Blood was drained from his heart at this point, after which he was finally brought into an operating room. At that point, it was too late. According to one of the expert reviews, the failure to bring Armstrong directly to the operating room, diverting him instead to the catheterization lab, was a crucial mistake. The New York Times writes:<sup>9</sup>

*"The decision to go to the cath lab was THE major error,' Dr. Joseph Bavaria, a vice-chair of cardiothoracic surgery at University of Pennsylvania wrote in a review conducted at the request of the Armstrong family.*

*Dr. Richard Salzano, a cardiothoracic surgeon at Yale Medical Center who reviewed the case for the hospital, saw the decision to bring Mr. Armstrong to*

*the catheterization lab as 'defensible' but 'certainly riskier than taking the patient to the O.R.' ...*

*Dr. Ashish Jha, a professor of medicine at Harvard University and a hospitalist who regularly cares for patients post-cardiac surgery ... reviewed the experts' reports for The Times.*

*'If someone has dropped their blood pressure substantially and this is a code blue, that means they are having life-threatening bleeding. I don't totally understand why they went to the cath lab,' he said.*

*Dr. Jha also questioned the hospital's original decision to perform the bypass surgery on Mr. Armstrong on an emergency basis. 'It feels to me like his death was wholly preventable,' he said."*

According to Salzano, Armstrong would likely have had a 50-50 chance of survival had he undergone surgery without delay. As it happened, Armstrong "became unsalvageable on the way to the O.R." In other words, precious time was lost and a crucial window for lifesaving treatment missed.

The New York Times also asked Dr. Craig Smith, a cardiac surgeon at Columbia University Medical Center, for comment on the case. While Smith was unfamiliar with Armstrong's medical records, he noted that patients with Armstrong's complications normally would not be brought to the cath lab for treatment.

*"Generally, if a patient develops signs of bleeding inside the chest after pacing wires are pulled under observation, they would usually go straight to the operating room and usually survive," Smith told The New York Times.<sup>10</sup>*

## **No One Is Immune to Medical Errors**

Armstrong's case is a perfect example of the indiscriminate nature of lethal medical errors. If the conventional medical system can kill America's greatest hero then it can happen to anyone at any time.

Research<sup>11,12</sup> conducted in the early 2000s showed that 19% – nearly 1 in 5 – of elderly patients were injured by medical care in the U.S., and those experiencing medical injury have nearly double the death rate compared to those who receive proper treatment. Common injuries found in this study included:

- Being given the wrong medication
- Having an allergic reaction to a medication
- Receiving treatment that led to more complications of an existing medical problem

Further, the risk of an adverse medical event rose 27% for each chronic medical condition a person had.<sup>13</sup> Lead researcher Mary Carter, director of Towson University's gerontology program, told Medicinenet.com:<sup>14</sup>

*"These injuries are caused by the medical care or management rather than any underlying disease ... The rate of these injuries is probably higher than has been estimated."*

## **Medical Error Is the 'Leading Cause of Accidental Death'**

Indeed, preventable medical errors have repeatedly been identified as being a leading cause of death in the U.S. for at least two decades. In 2000, JAMA published a commentary<sup>15,16</sup> by Dr. Barbara Starfield, the data provided in which revealed doctors to be the third leading cause of death.

Her research showed 225,000 Americans die from iatrogenic causes, meaning their death is caused by a physician's activity, manner or therapy. Sadly, Starfield herself fell victim to medical error. She died suddenly in June 2011; a death her husband attributes to the adverse effects of the blood thinner Plavix taken in combination with aspirin.<sup>17</sup>

Mirroring Starfield's findings, a paper<sup>18,19</sup> by Dr. Martin Makary and research fellow Michael Daniel published in The BMJ in 2016 reports the same statistic right in its headline: "Medical Error – The Third Leading Cause of Death in the U.S." As noted in this paper:

*"Medical error has been defined as an unintended act (either of omission or commission) or one that does not achieve its intended outcome, the failure of a planned action to be completed as intended (an error of execution), the use of a wrong plan to achieve an aim (an error of planning), or a deviation from the process of care that may or may not cause harm to the patient."*

Makary's and Daniel's data suggest medical errors kill 251,454 Americans each year, an increase of more than 25,000 people annually from Starfield's estimates 16 years earlier. These numbers may still be vastly underestimated however, as deaths occurring at home or in nursing homes are not included.

Makary is a surgeon and professor of health policy at one of the most prestigious hospitals in the U.S., Johns Hopkins. In 2019 Makary published a book, "The Price We Pay: What Broke American Health Care – and How to Fix It,"<sup>20</sup> which goes into great detail about medical abuses.

And while McGill Office for Science and Society in August 2021 claimed the medical error numbers are "based on a highly problematic bit of data extrapolation" and "exaggeration,"<sup>21</sup> the highly respected medical online digest, StatPlus, announced the same month that:<sup>22</sup>

*"Death by medical error or accident is the nation's leading cause of accidental death, exceeding all other causes of accidental death combined. Medical error and accidents kill approximately as many people each month in the U.S. as Covid-19 did before vaccines became available."*

The medical errors are "so widespread, so frequent, so massive and so continuous that it rarely makes headlines," StatPlus said. "And unlike a plane crash or a building collapse, the vast majority of iatrogenic deaths can be kept under wraps – and they are."

## **Estimated 440,000 Americans Die From Medical Errors Each Year**

Another study<sup>23</sup> published in 2013 estimated that preventable hospital errors – when including diagnostic errors, errors of omission and failure to follow guidelines – kill

440,000 patients per year, or "roughly one-sixth of all deaths that occur in the United States each year." This number likely hints at the true scale of the problem.

Still, whether we're talking about 250,000 or 440,000, iatrogenic deaths would still rank in the top four of the U.S. Centers for Disease Control and Prevention's list of leading causes of death overall, behind heart disease and cancer.<sup>24</sup> As noted by the authors of this 2013 study:<sup>25</sup>

*"Needed changes involve not only doctors and hospitals but increased participation by patients in their health-care decisions. Perhaps it is time for a national patient bill of rights for hospitalized patients that would empower them to be thoroughly integrated into their care so that they can take the lead in reducing their risk of serious harm and death.*

*All evidence points to the need for much more patient involvement in identifying harmful events and participating in rigorous follow-up investigations to identify root causes. Even for those harms identified in the medical records of Medicare patients, only 14% become part of the hospital's incident reporting system.*

*Physician observers of our hospitals have made Congress painfully aware that the hospital peer-review system has widespread failures that permit negligent care by physicians. Hospitals are simply not going to heal without attentive, systematic listening to those harmed patients or their survivors."*

## **How to Safeguard Your Life While Hospitalized**

While a patient's bill of rights<sup>26</sup> was adopted by the U.S. Advisory Commission on Consumer Protection and Quality in the Health Care Industry in 1998, it does not specifically address the prevention of medical errors by empowering patients in their own care, as suggested in the study above.

Staying involved with your care and paying close attention to everything about to be done is a crucial component, though, with or without such a bill of rights. In the video



above, Dr. Andrew Saul, co-author of "Hospitals and Health," shares important tips for staying safe during a hospital stay.

Remember, once you're hospitalized, you're immediately at risk for medical errors, so one of the best safeguards is to have someone there with you. Frequently, you're going to be relatively debilitated, especially post-op when you're under the influence of anesthesia, and you won't have the opportunity to see the types of processes that are going on.

This is particularly important for pediatric patients and the elderly. It's important to ask what procedure is being done and why. Know that you have every right to be fully informed about what's about to be done to you or your loved one in the hospital.

For every medication given, ask "What is this medication? What is it for? What's the dose? What are the side effects?" Take notes. Ask questions. Building a relationship with the nurses can go a long way.

Also, when they realize they're going to be questioned, they're more likely to go through that extra step of due diligence to make sure they're getting it right. That's just human nature.

## **Checklists Can Help Minimize Errors in Care**

Makary, co-author of the 2016 BMJ paper cited earlier, and his research partner Dr. Peter Pronovost have also developed a pre-surgery checklist and an ICU care checklist.

The World Health Organization used some of their principles to develop its own official checklist. The WHO surgical safety checklist and implementation manual<sup>27</sup> — which is part of the "Safe Surgery Saves Lives" campaign<sup>28</sup> that Makary and Pronovost participated in — can be downloaded [here](#).

If a loved one is in the hospital, print it out and bring it with you, as this can help you protect them from preventable errors in care. As for what to do should you find yourself

a victim of a preventable medical mistake, Makary – whom I interviewed about this in 2013 – suggests:

*"Ask to talk to the doctor about that mistake. If you're not satisfied, write a letter or call the patient relations department. Every hospital is mandated to have this service. They are set up to answer your concerns.*

*If you're not satisfied with that, write a letter to the hospital's lawyer, the general counsel. And you will see attention to the issue, because you've gone through the right channels. We don't want to encourage millions of lawsuits out there.*

*But you know, when people voice what happened, what went wrong, and the nature of the preventable mistake, hospitals can learn from their mistakes. Sometimes they're taking a lot of attention now to prevent mistakes from happening again. You should let that mistake be known."*

This appears to be the exact sentiment that drove the anonymous source to leak Armstrong's malpractice case to the media. As long as medical mistakes continue to be swept under the rug, no significant changes will be made. We already have two decades' worth of data showing medical mistakes aren't decreasing.

The fact that medical mistakes are the third leading cause of death in the U.S. is a shameful stain on conventional medicine as a whole, but ignoring it won't make it go away. One can only hope Armstrong's case proves to be the match that finally alights a real campaign for change.

## Sources and References

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- <sup>4</sup> [PBS.org Chasing the Moon, Three Parts](#)
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