

SPSO decision report

Case: 201300547, Lothian NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Outcome: not upheld, no recommendations

Summary

Miss C and her mother complained about the care and treatment provided to Miss C's late father (Mr A) after he attended hospital for a day-case urology procedure (urology is a specialty in medicine that deals with problems of the urinary system and the male reproductive system). He had been unwell in the days leading up to the appointment. During the appointment, Mr A was found to have a fast heart rate and shortness of breath. The procedure was cancelled, and he was immediately admitted to the accident and emergency department, then transferred to a ward. Despite treatment, Mr A's condition deteriorated, and he was moved to the intensive care unit (ICU) where he was treated for six days. Although Mr A's condition was stabilised, his prognosis (the forecast of the likely outcome of his condition) was poor and he was transferred back to the ward to be more comfortable during the final days of his life. Mr A died two days later.

Miss C and her mother complained about the board's treatment of Mr A and said that they had failed to manage his pre-existing medical conditions. They also complained that staff in the ICU did not provide an adequate handover to ward staff when Mr A returned to the ward. As such, the ward staff did not know about his poor prognosis and did not ensure that end-of-life arrangements, such as extended visiting times and a single room, were in place.

As part of our investigation, we took independent advice from one of our medical advisers. We found that Mr A had a number of medical problems, including that his heart was failing and his kidney function had deteriorated significantly. Treating one condition led to a deterioration of the other and we acknowledged that managing Mr A's condition was a fine balancing act. Although staff gave Mr A a poor prognosis, we found that they agreed to his family's wishes that his kidney problems be treated in the ICU. This led to his condition being stabilised, although his prognosis remained poor and we were satisfied that this was explained clearly to the family. Our adviser said that the records showed that Mr A's underlying medical conditions were treated appropriately throughout his admission.

With regard to the handover between ICU and the ward, we acknowledged that the ICU had told family members that Mr A's prognosis was poor and that he did not have much time left. However, ward staff were also told that Mr A's condition was stable and were given no indication that a sudden decline in his condition was imminent. Under such circumstances, we found it appropriate that normal ward care was given, with normal visiting times in operation until such time as the patient entered the terminal phase of their illness. After Mr A's condition deteriorated significantly on the morning of his death, his family were given the opportunity to visit him outwith normal visiting times.