

SPSO decision report

Case: 201300711, A Medical Practice in the Lothian NHS Board area

Sector: health

Subject: clinical treatment / diagnosis

Outcome: not upheld, no recommendations

Summary

Mrs C's late father (Mr A) had moved house just as he had been given a diagnosis of terminal lung cancer. Because of this, he had de-registered from his previous medical practice, and registered as a new patient at the medical practice about which the complaint was made. The GP there noted the cancer diagnosis, and compiled a full summary of Mr A's medical history. The GP also referred him to hospital that day as he was acutely unwell. After his discharge, he was seen twice by GPs at the practice, and in the following month he was again admitted to hospital. He was discharged shortly after to the care of his GP and district nurses. The next month, Mr A was admitted again, by emergency ambulance. This time, when he was discharged his consultant advised the practice that any future admission should be to a hospice. Shortly after this, a GP visited him at home and noted how Mr A and his family were struggling and that the situation was difficult and stressful. The GP arranged a hospice bed for the following day and noted in the records that Mr A's wife (Mrs A) and family were happy with this plan. A specialist nurse also visited and, with the GP, provided specialised pain relief equipment. Mr A was admitted to the hospice the next day, and passed away during the early hours of the following morning.

Mrs C complained about the end of life care provided to Mr A and that GPs showed a lack of care and empathy. She was unhappy that, after hospice care had been arranged, Mr A could not be admitted until the next day. She also told us that Mrs A was very distressed that during the time with the practice she had to explain her husband's medical history to a number of GPs. Mrs A had said that several of them appeared to have failed to read his clinical notes before visiting.

We took independent advice on this case from one of our medical advisers. The adviser said that the practice provided a reasonable standard of care to Mr A in relation to pain relief and support. We noted that events on the day before he was admitted to the hospice appeared to have been extremely distressing for all involved, and in particular for Mr A and his family. However, the adviser said that the GP took all reasonable measures to secure a bed for him, and we were satisfied that there was nothing more that she could have done.

In relation to Mrs C's complaint that Mrs A had to tell visiting GPs about her husband's medical history, the practice said it was standard practice to question patients. Our adviser said that, in this respect, they provided a reasonable standard of care to Mr A. Given this, we did not uphold the complaint. However, clearly Mrs C and her family were extremely distressed by their experience and we drew the adviser's comments about the practice giving consideration to changing the way they provide palliative care to the practice's attention.