SPSO decision report



Case: 201301063, Lanarkshire NHS Board

Sector: health

Subject: clinical treatment / diagnosis

Outcome: not upheld, no recommendations

Summary

Mrs C complained about the care and treatment the board provided to her late husband (Mr C) before his death. Mr C had been diagnosed with bladder cancer, and also had heart disease, diabetes, high blood pressure and arthritis. His bladder cancer was managed through intravesical BCG treatment (a vaccine for tuberculosis put directly into the bladder, which can help stop or delay bladder cancers), because he was not considered fit to undergo cystectomy (surgery to remove all or part of the bladder). This required weekly urethral catheterisation (insertion of a tube into the bladder).

Mr C developed a reaction to his intravesical BCG therapy, called BCG-osis (where the BCG organism has spread to cause an infection outwith the bladder), and was admitted to hospital. He was treated for this and then discharged. Mr C then developed a dramatic deterioration in his renal (kidney) function and was readmitted to hospital as an emergency with nausea, vomiting and anorexia. He was found to have developed acute kidney injury and pulmonary oedema (build-up of fluid in the lungs) and required kidney dialysis. Mr C died in the hospital from a presumed heart attack around ten days later.

Mrs C complained that the board failed to provide appropriate clinical treatment when her husband developed the reaction to his treatment. We took independent advice on this from one of our medical advisers, a specialist in treating bladder cancer, and found that it had been reasonable to manage Mr C's cancer by intravesical BCG treatment. We also found that the action taken to investigate, diagnose and treat his reaction to it was reasonable and appropriate. Mr C was appropriately discharged from hospital and our adviser did not consider that there were deficiencies in his care and treatment, nor alternatives that would have improved Mr C's prognosis. There was no evidence that the reaction that arose from the BCG therapy, or the treatment Mr C was given for this, contributed to the deterioration in his renal function. Our adviser said that it was likely that the deterioration resulted from the effects of gastroenteritis (inflammation of the stomach and intestines). We did not uphold Mrs C's complaint as we found that the medical care provided to Mr C was of a good standard.