

SPSO decision report

Case: 201302968, Lanarkshire NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Outcome: some upheld, recommendations

Summary

Mrs C complained to us about the care and treatment provided to her late father (Mr A) before his death. Mr A had been admitted to Wishaw General Hospital with mobility problems. He was known to have a number of medical conditions, including cancer and cirrhosis (scarring of the liver due to liver disease). He was diabetic and had right pleural effusion (a collection of fluid between the lung and chest wall). He was initially given diuretics (substances that increase urine excretion) for the pleural effusion, but it was then agreed with the family that these would be stopped. Mr A was then transferred to a hospice. His condition improved and he was discharged home. However, several weeks later, he was readmitted to the hospital. He stayed there for two weeks before being transferred to an NHS long-term care facility in a care home. Mr A died in the care home a month later. Mrs C complained about Mr A's clinical treatment in the hospital and the care home. Although we cannot normally look at complaints about care homes, we were able to investigate in this case, as Mr A was in an NHS long-term care facility.

We took independent advice from one of our medical advisers. We found that Mr C had received reasonable treatment for MRSA (meticillin-resistant staphylococcus aureus, a bacterial infection that is resistant to a number of widely used antibiotics) in the hospital and that communication with him and his family there was reasonable. We also found that there had been regular consideration of Mr A's symptoms in the care home and there were appropriate responses, in terms of treatment and communication with the family. It had also been reasonable for staff in the care home to withdraw Mr A's insulin. However, we found that a decision was made in the hospital that the fluid in Mr A's chest was related to his cirrhosis. This was done without more consideration of contrary evidence that this could have been a pleural effusion related to his cancer. There was no evidence that the doctor who prescribed the diuretics for this had considered the pleural effusion in sufficient detail. (There was, however, no suggestion that Mr A's health was unduly affected by this treatment.) This was a balanced decision, but in view of this specific failing and taking into account that the pleural effusion was the main abnormality on admission, we upheld this aspect of Mrs C's complaint.

Mrs C also complained that staff had failed to respect the wishes of Mr A and his family that diuretic medication and morphine were not to be administered. Mrs C had sent the board an email requesting this whilst he was in the hospital. Her request was shared with medical staff and after this Mr A was not given these again in hospital. However, when he was admitted to the care home staff started to give him morphine again. Although we found that it had been reasonable to provide Mr A with small doses of morphine to manage his pain, in view of the request in the email, this should have been discussed and agreed with the family. This did not happen, because hospital staff did not communicate that request to the care home. In view of this communication failure, which occurred at a difficult time for the family and was about an issue they had already raised, we upheld this complaint.

Mrs C also complained about the nursing care provided to Mr A in the hospital and the care home. However, we found that this had been reasonable.

Recommendations

We recommended that the board:

- issue a written apology to Mrs C for the failings identified in relation to the diagnosis of the cause of Mr A's pleural effusion and for the failure to communicate to the care home the family's request that Mr A was not to be given diuretics or morphine; and
- make the staff involved in Mr A's care and treatment aware of our decision.