

SPSO decision report

Case: 201601580, Lanarkshire NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Decision: not upheld, no recommendations

Summary

Mr C complained about the care and treatment his late wife (Mrs A) received at Monklands Hospital. Mrs A attended the A&E department at the hospital and was diagnosed with a urinary tract infection. She was sent home with antibiotics and instructions to return if she still felt unwell. Mrs A returned the next day and was admitted for further investigations. Scans showed Mrs A had a large mass in her pelvis, hydronephrosis (an obstructed kidney) and pulmonary emboli (blood clots in her lungs). She was treated by urology doctors for the kidney problems, and then by gynaecologists for the mass in her pelvis, which was found to be cancerous. Mrs A was offered surgery roughly two weeks after her admission, but it was not possible to remove the cancer. Mrs A was given palliative care and died in hospital.

Mr C complained that Mrs A was not admitted when she first attended hospital, and that it took too long to diagnose Mrs A's cancer and offer her surgery. Mr C was concerned that gynaecologists did not review Mrs A until a week after her admission, and then waited for the multi-disciplinary team meeting around a week after that before making a decision about treatment.

The board responded to Mr C's complaint in writing and offered to meet with him if he wished. They explained that they considered the treatment provided was appropriate.

After taking independent emergency medicine and gynaecology advice, we did not uphold Mr C's complaints. We found that the treatment provided when Mrs A first attended hospital was appropriate, and that it was reasonable to offer antibiotics first with instructions to return if her symptoms continued. We also found the time-frame for diagnosing and treating her cancer was reasonable. While Mrs A was not reviewed by gynaecologists until a week after admission, gynaecologists discussed her condition with the doctors caring for her, and requested further tests to diagnose the mass, which were carried out before the gynaecology review. We also found that it was appropriate to wait for the multi-disciplinary team meeting before deciding on treatment, given the complexity of Mrs A's case.