## **SPSO** decision report



Sector: Health

Subject: clinical treatment / diagnosis

Decision: some upheld, recommendations

## **Summary**

C, an advocacy worker, complained to us on behalf of their client (B) about the care and treatment the board provided to B's spouse (A). During our investigation, we took independent advice from an adviser in respiratory and internal medicine.

In 2011, A's GP referred them to the board, after an x-ray showed irregularities in their lungs. For around two years, A was followed up at the respiratory medicine clinic with chest x-rays. Medical staff concluded the lung irregularities were unlikely to be cancerous and A was discharged. Around that time, A was diagnosed with rheumatoid arthritis (a long-term condition that causes pain, swelling and stiffness in the joints). In late 2017, A was diagnosed with small cell lung cancer at Ninewells Hospital that had already spread to their liver. A died shortly afterwards.

C complained that between 2011 and 2013, the board failed to diagnose A with lung cancer. We found A was given appropriate follow-up with chest x-rays and it was reasonable the lung irregularities were not considered to be cancerous. We did not uphold this complaint.

C complained that between 2013 and 2017, A was experiencing symptoms of lung cancer that were wrongly attributed to rheumatoid arthritis. We found that it was reasonable A was diagnosed with rheumatoid arthritis. We found A had not reported cancer related symptoms at their rheumatology reviews. We also found that as small cell lung cancer is very aggressive, the symptoms would usually develop over months and not years. We did not uphold this complaint.

C also complained that A's discharge letter from Ninewells Hospital was unreasonable, as it contained incorrect information about A's condition. The board acknowledged there was an error in the discharge letter. We found the discharge letter was unreasonable due to the error and we upheld this complaint.

## Recommendations

What we asked the organisation to do in this case:

• Apologise to B for the failings in the board's complaints handling. The apology should meet the standards set out in the SPSO guidelines on apology available at: www.spso.org.uk/information-leaflets.

What we said should change to put things right in future:

 Patients' discharge letters should contain accurate information about their condition and the outcome of investigations.

In relation to complaints handling, we recommended:



• Complaints should be handled in line with the Model Complaints Handling Procedure (MCHP). The MCHP and guidance can be found here: https://www.spso.org.uk/the-model-complaints-handling-procedures.

We have asked the organisation to provide us with evidence that they have implemented the recommendations we have made on this case by the deadline we set.