SPSO decision report



Case: 202002674, Greater Glasgow and Clyde NHS Board - Acute Services Division Clyde NHS Board - Acute Clyde NHS Board - Acute

Sector: Health

Subject: Clinical treatment / diagnosis

Decision: not upheld, no recommendations

Summary

C complained about the care and treatment provided to their parent (A) when they were a patient at Glasgow Royal Infirmary. C raised concerns that they had to alert staff to the fact that A had become unresponsive. C complained that A was stepped down from critical care to a medicine for the elderly ward when A was still unwell and suffering from delirium. C also complained about changes made to A's death certificate, which had been amended by a consultant, following the initial certificate prepared by a junior doctor. The death certificate was updated to fully reflect A's underlying condition, including the possibility of an underlying cancer diagnosis. However, it was subsequently amended again to remove the reference to cancer in light of C's upset over this.

We obtained independent medical advice from a consultant geriatrician (a specialist in medicine of the elderly). We found that A's condition was monitored appropriately and reasonable action was taken in a timely manner when it was noted they had deteriorated. We were satisfied that the board had already acknowledged and apologised for not keeping C updated while they dealt with A's care. Therefore, we did not uphold this complaint.

In relation to the second complaint, we considered action was appropriate as A was no longer in need of critical care, and confirmed delirium would not have been a reason to delay the transfer. We, therefore, did not uphold this complaint.

With regard to the complaint about changes to A's death certificate, we were satisfied that the board had provided an appropriate explanation and apology, and had demonstrated learning. We had no concerns about the accuracy of the death certificate. However, we noted that it would have been good practice to offer a post-mortem examination in light of the clinical uncertainty, and C's concerns, surrounding a possible underlying cancer. While we fed this back to the board, on balance, we did not uphold this complaint.