Scottish Parliament Region: South of Scotland

Case 200503522: A GP, Ayrshire and Arran NHS Board

Summary of Investigation

Category
Health: GP

Overview
The complainant Mrs C raised a number of concerns about the treatment her daughter (Miss C) received from a GP (the GP) at her medical practice during 2005 and that the GP failed to diagnose that she was suffering from pneumonia.

Specific complaint and conclusion
The complaint which has been investigated is that during consultations in 2005 the GP failed to diagnose that Miss C was suffering from pneumonia (*not upheld*).

Redress and recommendation
The Ombudsman has no recommendations to make but asks that the GP reflect on the comments relating to the recording of relevant information at consultations.

Main Investigation Report

Introduction

1. On 20 March 2006 the Ombudsman received a complaint from Mrs C about the treatment her daughter (Miss C) received from a GP (the GP) during 2005 and that he had failed to diagnose that she was suffering from pneumonia. Mrs C had complained to the medical practice (the Practice) but remained dissatisfied with their response and subsequently complained to the Ombudsman.

2. The complaint from Mrs C which I have investigated is that during consultations in 2005 the GP failed to diagnose that Miss C was suffering from pneumonia.

Investigation

3. In writing this report I have had access to Miss C's GP records and the complaints correspondence. I obtained advice from one of the Ombudsman's professional medical advisers (the Adviser), who is a GP, regarding the clinical aspects of the complaint. I also interviewed Mrs C and the GP. The Adviser was present at the interview with the GP.

4. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. An explanation of the abbreviations used in this report is contained in Annex 1. Mrs C and GP were given an opportunity to comment on a draft of this report.

Medical background

5. Miss C was 47 years of age with a history of chronic chest infections for many years. She received treatment for the chest infections from the Practice in the form of antibiotics and steroids. On 29 November 2005 her condition necessitated a hospital admission for breathing difficulties and a failure to maintain a sufficiently high level of oxygen in her blood. Miss C was admitted to the High Dependency Unit (HDU) where a tentative diagnosis of pneumonia was made with the possibility of an underlying chest malignancy. Further treatment was required and Miss C was transferred to the Intensive Care Unit (ICU) on 2 December 2005 where she was intubated (tube inserted into the windpipe to aid breathing) and ventilated. Her lungs were investigated by way of a bronchoscopy (inspection of the lining of the airways) and it was noted that there were secretions and inflammation but no signs of any cancerous growths.

6. Miss C's condition continued to deteriorate and she developed cardio-respiratory and renal failure and died on 3 December 2005. A post mortem examination was planned but did not take place as the previous pathology tests had identified some malignant cells. It was then decided by medical staff that the cause of Miss C's death was a chest infection with an underlying malignant condition within the lower right lung.

Complaint: During consultations in 2005 the GP failed to diagnose that Miss C was suffering from pneumonia

7. Mrs C complained to the Practice that in the five months previous to the hospital admission the GP treated Miss C for a lung infection. She said the GP's treatment consisted of repeated courses of antibiotics; prescribing inhalers and steroids; but no referral for a hospital opinion. Mrs C said that at times the GP gave telephone advice only and by the time Miss C was admitted to hospital the pneumonia had taken such a hold that it was irreversible. Mrs C told me that for many months Miss C had been gasping for breath and it was obvious that she had lost a considerable amount of weight because she had not been eating or drinking. Mrs C was aware that doctors at the hospital had said Miss C had cancer in her right lung but she did not know if an earlier hospital admission would have resulted in a cure or whether Miss C's life would have been prolonged.

8. The GP responded that during the three months prior to Miss C's death he was treating her for frequent chest infections and chronic asthma. There was no indication, other than a persistent cough, which would have led to a diagnosis of cancer. The GP explained that he visited Miss C on 24 November 2005 following a telephone call for advice and she showed some features of a chest infection and asthma. However, she was not distressed and was able to communicate clearly. The GP said he told Miss C that, as the infection had failed to resolve, a hospital admission was appropriate but Miss C refused saying that she wished to be treated at home. (Note: There is no note of a reference to a hospital admission in the GP records.) On 29 November 2005, another GP visited Miss C at home and by then her condition had dramatically deteriorated and there was no alternative other than a hospital admission at that time. The GP continued that he regretted not being able to the reach the bottom of Miss C's illness at an earlier date although it was noted there was a rapid progression of the disease and lack of symptoms relating to cancer of the lung. The GP said that Miss C had had normal

investigations and x-rays taken in 1996, 2000 and August 2004 proved negative and this demonstrated that she had been listened to, examined and treated with care and consideration, although a diagnosis of cancer was not made.

9. The GP told me that Miss C had reported frequent chest infections during the period August 2005 to October 2005 but he did not notice a dramatic change in her condition in that period. She was not cyanosed (blue skin colour caused by lack of oxygen in the blood); her chest was clear; and there was no evidence or information volunteered that she had lost a great deal of weight. The GP said it was not clear what caused Miss C's death as a post mortem had not taken place. The GP commented that he had spoken to the chest physician who treated Miss C and was told that he did not think the carcinoma was the problem. The GP said he had met with another of Mrs C's daughters after Miss C's death and he thought he had told her that probably Miss C should have had a chest x-ray and blood tests. However, the GP said that he did not immediately think of alternative diagnoses for Miss C in view of the number of recurrent chest infections over the years. At interview, the GP clarified that the x-ray and blood tests were not carried out because of the recent x-ray (2004) negative result and the absence of new symptoms (see paragraph 10). The GP had some regrets over Miss C's management but he felt that, over the years, the Practice had done its best and that she had had access to the services if required.

10. The Adviser reviewed the GP records and found that Miss C consulted the GP on average 25 consultations per annum which compared with the average individual patient consultation rate of approximately six per annum. Between 1993 and 2004, Miss C had at least 35 consultations relating to chest infections. During that time she had three chest x-ray examinations and none reported any significant abnormality. The last chest x-ray was taken in August 2004. Miss C consulted with the GP specifically regarding chest complaints on 11 occasions between 18 July 2005 and 24 November 2005. At interview the GP agreed that there was an increase in the frequency of the consultations with chest symptoms and although this had previously resulted in a chest x-ray being performed, on this occasion, the GP decided another x-ray was not warranted owing to the absence of other 'red flag' symptoms such as coughing up blood, weight loss, hoarseness or finger clubbing. The Adviser said that Miss C also had Chronic Obstructive Pulmonary Disease (COPD) and its symptoms overlap those of lung cancer. The Adviser commented that a chest x-ray would only be considered if there were new symptoms, especially weight loss or coughing up

blood. This is in accordance with Scottish Intercollegiate Guideline Network (SIGN) Guideline 80 'Management of patients with Lung cancer'.

11. The Adviser noted Miss C's wish to remain at home as long as possible and that when in hospital she had initially been reluctant to accept interventional treatment. The Adviser said that, in view of Miss C's long history of chest infections, the GPs at the Practice had been vigilant in their search for secondary diseases by arranging chest x-rays on three occasions. As the most recent x-ray took place in August 2004, and in the absence of new symptoms, it was correct management not to request a further x-ray so soon. The Adviser felt that the GP could not have reasonably been expected to take earlier action in terms of further tests, x-rays or hospital admission for Miss C. The Adviser commented that it was unfortunate a post mortem was not carried out as, although malignant cells were found by bronchoscopy, they were not specifically identified but did confirm a diagnosis of lung cancer. As a result, it is not known exactly what caused Miss C's death and we are left to postulate that the lung cancer (extent unknown) predisposed to the extensive lung infection which eventually claimed Miss C's life. The Adviser felt that the GP provided a level of clinical care which would be expected from an ordinary general medical practitioner.

Conclusion

12. Mrs C complained that the GP failed to take action which may have led to an earlier diagnosis that Miss C was suffering from pneumonia. The GP explained that he had been treating Miss C for recurring chest infections and up until the consultation on 24 November 2005 he saw no indication that a hospital opinion was required. He said that when he referred to a hospital admission, Miss C refused, preferring to remain at home. I am aware that there is a debate amongst the medical profession about the recording of negative findings at consultations as to the value of such information set against the time restraints on individual consultations. It is to a certain extent a judgement call by the clinician on which information to include. In my opinion, the fact that the GP considered a hospital admission was clinically required on 24 November 2005, should have been recorded in Miss C's GP records, along with information that she declined the offer and preferred to continue with treatment at home.

13. The Adviser said that the GP correctly referred Miss C for three previous x-rays and these had proved negative and, therefore, in the absence of other 'red flag' symptoms, referral for a further x-ray in 2005 was not appropriate.

I note Mrs C and the GP have differing accounts as to whether Miss C had lost weight. Mrs C said it was obvious; the GP said he did not notice this and Miss C had not advised him of this. I accept that the issue of the weight loss could have been a factor for arranging another x-ray but in view of the conflicting accounts I am unable to reconcile this issue. I am also conscious that a post mortem was not carried out and it is not known to what extent the cancer had affected Miss C's lungs or whether any weight loss would have been a factor. The advice which I have received and accept is that the GP acted in accordance with national guidelines and provided Miss C with an appropriate level of care. Accordingly, I have decided not to uphold this complaint. Nevertheless, I hope that through this report Mrs C will be reassured that her complaint has been investigated independently and thoroughly and that full explanations have been provided as to why Miss C was not referred to hospital at an earlier date.

Recommendation

14. The Ombudsman has no recommendations to make but asks that the GP reflect on the comments relating to the recording of relevant information at consultations.

22 August 2007

Annex 1

Explanation of abbreviations used

Mrs C	The complainant
Miss C	Mrs C's daughter
The GP	The GP who treated Miss C
The Practice	The medical practice where Miss C was a registered patient
The Adviser	The Ombudsman's professional adviser
HDU	High Dependency Unit
ICU	Intensive Care Unit
COPD	Chronic Obstructive Pulmonary Disease (chronic respiratory disease)
SIGN	Scottish Intercollegiate Guideline Network - Organisation responsible for the development of National Guidelines whose aim is to improve the quality of health care for patients in Scotland