

SPSO decision report

Case: 201201348, A Medical Practice in the Fife NHS Board area
Sector: health
Subject: clinical treatment / diagnosis
Outcome: not upheld, no recommendations

Summary

Mrs C visited her GP after having had a cough for three months, and was prescribed antibiotics. Mrs C returned a few weeks later. She said she told the GP that she was unable to climb 20 stairs and that the GP noted Mrs C's breathlessness when talking to her. Soon after that, Mrs C visited the medical practice again, saying her cough was no longer a problem but that she was still breathless even when exerting herself very little. At a further consultation about a month later, Mrs C said she told the GP she could no longer climb the stairs, was using the lift at work and her inhaler was not working. The GP then prescribed steroids, referred Mrs C for a blood test and discussed referring her to a chest physician.

About a week after that, Mrs C said she attended the practice for blood tests but asked to see a GP. Mrs C said that the steroids were not helping and she was unable to walk the few metres into the consulting room without stopping. The GP agreed to refer Mrs C to a private consultant to speed up diagnosis. Later that month, however, Mrs C was taken to a hospital accident and emergency department with an acute attack of breathlessness, where she was quickly diagnosed with a pulmonary embolism (a clot in the blood vessel that transports blood from the heart to the lungs) that needed immediate treatment. Mrs C complained that her GP did not recognise the worsening symptoms or treat them with any sense of urgency, and did not adequately record the problem with breathlessness. She believed the delay in diagnosis caused a chronic (long-term) condition and that a potentially life-threatening situation could have been avoided.

As part of our investigation we took independent advice from a medical adviser, who studied Mrs C's medical records. The adviser said this was a complicated matter as, in his view, it involved two diagnoses, one related to the ongoing symptoms and the other to the acute symptoms. The adviser said that he considered that the early symptoms that Mrs C described were the result of pulmonary hypertension (raised blood pressure in the blood vessels that supply the lungs) and that later symptoms could have been caused by either this or the pulmonary embolism. He concluded that Mrs C had developed a progressive disease (pulmonary hypertension), but that the actions of the GPs had not changed the long term outlook. We did not uphold the complaint, noting that pulmonary embolism is difficult to diagnose and that the practice had throughout actively managed Mrs C's worsening symptoms and provided her with a reasonable standard of care and treatment.