SPSO decision report

Case: **201203668, A Medical Practice in the Fife NHS Board area**
Sector: health
Subject: clinical treatment / diagnosis
Outcome: not upheld, no recommendations

Summary

Mr C complained about the care and treatment of his late mother (Mrs A) in the final year of her life. Mrs A suffered from shortness of breath, which became an increasing concern over the final months of her life. Her medical practice made a provisional diagnosis of chronic obstructive pulmonary disease (COPD) sixteen months before her death. She was seen by GPs at the practice several times after this diagnosis, in relation to this and other health complaints. She was also admitted to hospital twice in the last year of her life. During the first admission she was diagnosed with left ventricular failure (a form of heart failure). She was then referred to a cardiology consultant, who diagnosed her with congestive cardiac failure (when heart failure leads to shortness of breath). Four months later, during Mrs A's second admission to hospital, she was diagnosed with idiopathic pulmonary fibrosis (a rare condition when normal lung tissue is gradually replaced with stiff, immobile tissue). Following this diagnosis, Mrs A was treated with oxygen at home. She had consultations with GPs at the practice in relation to a throat infection in the three weeks before her death, but this was treated with antibiotics, and no major concerns were raised.

Mrs A died at home of a heart attack, and Mr C complained that GPs at the practice did not do enough to diagnose his mother's respiratory problems early, and that one of the GPs indicated on the death certificate that he was the doctor 'in attendance' at Mrs A's death.

We sought independent medical advice on this case. Our adviser found that the practice had taken appropriate action to diagnose a cause for Mrs A's shortness of breath. They had followed up appropriately with a referral to cardiology, and had taken appropriate steps to follow up after her hospital admissions. The adviser noted that there was nothing in Mrs A's final consultations with GPs to suggest that she was at increased risk of a heart attack. The adviser also considered that it was appropriate for the GP concerned to indicate on the death certificate that he was in attendance of her health at the time of her death, given the number of times he had seen her over the previous year, including issues relating to her heart condition. On the basis of this advice we did not uphold either of Mr C's complaints.