

SPSO decision report

Case: 201204941, Greater Glasgow and Clyde NHS Board

Sector: health

Subject: clinical treatment / diagnosis

Outcome: not upheld, no recommendations

Summary

Mrs C complained that the care and treatment provided to her husband (Mr C) were inappropriate. She also complained that it was unreasonable for staff to communicate directly with her husband, who is profoundly deaf and cannot speak, when he had asked staff to communicate through Mrs C.

Mr C had heart problems for which he was taking warfarin (a blood-thinning medication). When he developed blood in his urine, he was initially treated as an out-patient but was then scheduled for surgery as an in-patient at Gartnavel Royal Hospital. Following surgery Mr C was catheterised (a tube was inserted into the bladder to drain urine). It took some time for the blood in Mr C's urine to resolve and he had to receive blood transfusions and antibiotics (drugs to fight bacterial infections) when he developed an infection. Mrs C complained that something must have gone wrong with the operation and said that she suspected that there had been a problem with the instruments used. She also complained that, unusually, Mr C suffered pain from the catheter used after his operation.

Our investigation, which included taking independent medical and nursing advice from two of our advisers, found no evidence that anything had gone wrong with either the instruments or the actual operation. Our medical adviser said that the records of the operation were very clear and documented a straightforward and uneventful procedure. There was no evidence of a problem with the instruments. The medical adviser said that when Mr C went into hospital his warfarin medication was changed to heparin (an anti-coagulant) which was reasonable. Patients taking long-term warfarin or heparin are prone to increased bleeding and that this was the reason for Mr C's extended blood-loss, which was treated appropriately. Both advisers were of the view that the type of catheter used, although larger than the type that Mr C was used to, was appropriate for his condition at the time. This was a 'three-way' catheter that allowed nursing staff to irrigate Mr C's bladder with sterile water which the advisers considered was appropriate.

On communication with Mr C, both advisers were of the view that it was reasonable for staff to use hand-written notes to communicate directly with him, and noted that he engaged in this without objection. Healthcare staff have to tread a fine line between respecting the wishes of the patient and their family and doing what is necessary to provide care safely and with the informed consent of the patient. Mrs C could not be with her husband at all times and it was important that staff were able to communicate with him to provide care. The nursing adviser also commented that, even when Mrs C was present, there would be times when staff would have to ensure they had Mr C's consent before providing care.