

SPSO decision report

Case: 201301400, Borders NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Outcome: not upheld, no recommendations

Summary

Mrs C complained about the care and treatment provided to her late mother (Mrs A) in Borders General Hospital. She said that her mother was not provided with reasonable care and treatment and that the board's responses to her complaints were unreasonable.

Mrs A was 93 years old and lived alone, with assistance from her family. She had a history of heart and lung problems and was registered blind. She went into hospital because she had a chest infection that was making her existing lung disease worse. Mrs A was treated with antibiotics and oxygen therapy, but her condition continued to deteriorate and three days after going into hospital she asked staff to stop treating her. She died later that day.

Mrs C was concerned that her mother was not considered suitable for cardiopulmonary resuscitation (CPR - where the heart and/or breathing is re-started if it stops) or for transfer to the intensive care unit. Mrs C did not find out that doctors had completed a Do Not Attempt CPR (DNACPR) form for Mrs A until she saw it in her mother's notes. After a discussion with the doctor in charge of Mrs A's care, the decision was reversed to a limited degree (where Mrs A's heart would be shocked into a normal rhythm if it became irregular but full CPR would not take place) but the form was not removed from the notes. Mrs C was also concerned when Mrs A started to refuse food, fluids and medications, and said that Mrs A told her that this was because she did not trust staff after being given a bed bath by a male nurse that morning. Mrs C discussed this with a nurse on the ward and was assured that a female nurse had given the bed bath but that a male nurse would have assisted with changing the bedsheets.

During our investigation we took independent advice from two of our advisers - a doctor specialising in the care of the elderly and a senior nurse. We found that the care and treatment provided to Mrs A was reasonable and appropriate. The advisers considered that there was evidence in both the medical and nursing notes that appropriate and timely assessments, monitoring and evaluation of Mrs A's treatment took place, and that the actions around the DNACPR decision complied with national guidance. We also found evidence that when Mrs A began to refuse treatment, appropriate assessments were done to establish that she had the capacity to decide this for herself. Mrs C had been concerned that Mrs A had wished to die at home and that staff ignored this. However, the medical notes showed that Mrs A's desire to go home was noted and considered, but the doctor in charge of her care at that time thought that she would be unlikely to survive the journey. Our medical adviser agreed with this view.