SPSO decision report

Case: **201301475, Fife NHS Board**
Sector: health
Subject: clinical treatment / diagnosis
Outcome: upheld, recommendations

Summary

Ms C complained about the treatment that her late partner (Mr A), received after he was diagnosed with rectal cancer (cancer of the lower part of the large bowel). He had chemotherapy, and radiotherapy to try to shrink the tumour to the point where it could be operated on. Mr A needed three admissions to the Victoria Hospital to manage the pain caused by his condition. During the second admission, his recent CT scan (computerised tomography - a scan that uses a computer to produce an image of the body) was reviewed, and the clinical team thought that the tumour might be operable if Mr A was referred to a surgeon who had the expertise to provide a non-standard form of surgery. Mr A was referred to such a surgeon, but the cancer was advanced and an operation could not be carried out. Mr A died some 20 months after his diagnosis.

Ms C complained that she and Mr A had been led to believe that his tumour was operable and that his prognosis (forecast of the likely outcome of his condition) was good. She said that, because of this, Mr A's decline and death were unexpected and, had he known his true prognosis, he would have lived the final months of his life differently. She considered that there were avoidable delays in treatment and said that she and Mr A were cut off at home without support from the board. She was particularly concerned about the apparent lack of effective management of Mr A's pain outside hospital.

The evidence we saw indicated that Mr A's tumour was advanced by the time his cancer was diagnosed. We took independent advice from one of our medical advisers, who is a consultant clinical oncologist (cancer specialist). Our adviser confirmed that the course of treatment proposed was appropriate and that the timescales involved were reasonable. However, it was clear that clinical staff considered Mr A's prognosis to be poor from an early stage. Our investigation found that the board had not fully explained Mr A's condition and prognosis to him and Ms C. We also found that his pain was inadequately managed during two of his hospital admissions and when he was at home. We considered that there was a breakdown in communication between the hospital, his GP and the family and considered that the board's community palliative care (care provided solely to prevent or relieve suffering) team could have been used to coordinate his pain management.

Recommendations

We recommended that the board:

- apologise to Ms C for the issues highlighted in our decision letter;
- review Mr A's case with a view to identifying ways of improving communication with patients and their families and ensuring that patients' potential and likely prognoses are explained clearly where applicable;
- conduct an audit of staff compliance with their responsibilities for monitoring patients' pain levels and reviewing pain medication; and
- review Mr A's case and give consideration to how best to involve the community palliative care team in such cases.