

SPSO decision report

Case: 201303231, Lothian NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Outcome: some upheld, recommendations

Summary

Mrs C 's late husband (Mr C) had a pancreatic cancer operation, and afterwards agreed to have chemotherapy treatment (a treatment that uses medicine to kill cancerous cells). She complained that the board had failed to tell her husband the true survival rate after chemotherapy. She said that had he been given full information of the survival rates he would never have contemplated having chemotherapy, the side effects of which had made him very ill. Mrs C also said that the board failed to conduct scans at appropriate intervals during Mr C's chemotherapy, and she was concerned that there was a delay in starting treatment for blood clots in his lung.

As part of our investigation, we obtained independent advice from one of our advisers, who is a consultant clinical oncologist (cancer specialist). After taking this advice, we found that it was appropriate for the board to offer chemotherapy, which does improve survival after surgery for pancreatic cancer. Our adviser explained that communicating information about this cancer is an extremely sensitive area, as death rates from it are very high. Most oncologists do not give patients the blunt statistics unless specifically requested and, given General Medical Council guidance on how to communicate with patients, this is appropriate. However, we were satisfied that, in line with good medical practice, Mr C was made aware that there was a high risk of recurrence and of the high risk nature of the disease, and that, on balance, consent for the treatment was appropriately sought. Our adviser also explained that routine scanning has not been shown to improve the outcome in such circumstances. An earlier scan would not have altered the fact that Mr C struggled with the side effects of chemotherapy, nor would it have shown any earlier that the cancer had come back. The adviser confirmed that Mr C was reviewed properly, and according to the appropriate cancer guidelines. We did not uphold these elements of Mrs C's complaint about her late husband's treatment. However, we found no evidence that Mr C was told about the likely side effects of the drug, or that his tumour markers (substances found at higher than normal levels in the blood, urine, or body tissue of some people with cancer) remained slightly elevated, and we made a recommendation about this.

Finally, the board accepted that, when the blood clots were identified, Mr C was not told about this immediately. Our adviser said that the delay in starting treatment for them did not affect his overall condition. We were, however, critical that there was a delay, and upheld this element of Mrs C's complaint.

Recommendations

We recommended that the board:

- review the guidance and revised consent form to satisfy themselves that adequate information about side effects and the risk of disease recurrence is given; and
- take steps to ensure there is no recurrence of such a delay in commencing treatment.