

SPSO decision report

Case: 201303973, Grampian NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Outcome: some upheld, recommendations

Summary

Mrs C complained about the care and treatment she received at Aberdeen Royal Infirmary for autoimmune haemolytic anaemia (AHA - a blood disorder). Mrs C's medical history included high blood pressure for which she had been prescribed simvastatin (used to treat high cholesterol, which can cause high blood pressure). When Mrs C was diagnosed with AHA, she was treated by the haematology team (specialists in blood disorders). She was prescribed steroids (a group of drugs used to treat various conditions) to stabilise her haemoglobin levels (a measure of the red blood cells in the blood). This is the accepted first-line treatment for AHA. The accepted second-line treatment is removal of the spleen (an organ which helps to fight infection) and this was recommended to Mrs C. She agreed to this reluctantly, as she thought that the simvastatin tablets were causing the AHA symptoms.

Our investigation included taking independent advice from one of our medical advisers, who is a consultant haematologist (blood specialist). The adviser found no evidence that the simvastatin tablets were linked to the AHA, although some of their common side effects are similar to AHA symptoms. The adviser said it was reasonable that doctors did not tell Mrs C to stop taking the simvastatin before her spleen was removed. Although Mrs C felt that her condition was unchanged after the operation, our adviser noted that doctors were then able to reduce her steroid dosage to zero.

We did, however, find problems in communication between the medical team and Mrs C, and in the taking of her consent for the operation. She had reluctantly agreed to the operation and signed a consent form. However, as she was sure the simvastatin was the cause of her symptoms, she then tried to discuss this with hospital doctors. She felt that she was being ignored, and spoke to her GP who contacted the hospital to say that Mrs C had changed her mind about the operation. However, when she next went to the clinic, the hospital doctor that Mrs C's GP had spoken to told her that she had to have the operation which then went ahead. Our adviser was concerned that although the consent form would still have been legally valid, doctors did not revisit the issue of consent in the light of Mrs C's concerns. We were also unable to find a record in Mrs C's notes of the discussions about the pros and cons of the operation.

Recommendations

We recommended that the board:

- ensure that all the staff involved in this complaint are reminded of the importance of patients giving a fully informed consent to any procedure or treatment, and that appropriate records are kept of any discussions;
- bring this decision to the notice of the staff involved so that they may reflect on the failings identified in relation to Mrs C's treatment; and
- issue a written apology for the failings identified during this investigation.