

SPSO decision report

Case: 201305082, Dumfries and Galloway NHS Board

Sector: health

Subject: clinical treatment / diagnosis

Outcome: some upheld, recommendations

Summary

Mr C was referred to Dumfries and Galloway Royal Infirmary. After tests and surgery, it was confirmed that he had prostate cancer, and he was started on hormone therapy. Mr C later had a scan of his abdomen and pelvis, and it was thought that the cancer was spreading and that he might also have Crohn's disease (a long-term condition that causes inflammation of the lining of the digestive system). In the meantime, Mr C was required to have a bone scan.

Mr C complained that in carrying out his surgery, the board did not follow his wishes about the use of anaesthetic, and did not tell him about the use of hormone therapy, that he might have Crohn's disease or that he needed a bone scan. He also complained about the delay in arranging a colonoscopy (examination of the bowel with a camera on a flexible tube) and in receiving radiotherapy.

We obtained independent advice on the complaint from one of our medical advisers, who is a consultant urological surgeon (a specialist in problems of the urinary and male reproductive systems). We took all relevant information into account, including the complaints correspondence and Mr C's medical records.

Our investigation found that, in accordance with his wishes, Mr C had a spinal anaesthetic when he had surgery. However, in association with this, he had been given some sedation to relieve anxiety. Although Mr C said that he had been explicit about the use of sedation, there was nothing in his notes to confirm this and we did not uphold this complaint. Mr C also said that there was a delay in providing him with a colonoscopy and the evidence showed that after a scan (made as a result of an urgent referral and which suggested possible Crohn's disease) it was ten weeks before a request for a colonoscopy was made. It took a further month for this to be carried out and it was only then, when a diagnosis was confirmed, that radiotherapy could be considered. Mr C's complaint about delay was, therefore, upheld. Furthermore, we found nothing to show that hormone therapy had been discussed with him, or that he had been told that he could have Crohn's disease. We upheld his complaints about this as well as about general communication during his treatment. We also found that the board did not deal with his complaints within a reasonable timescale.

Recommendations

We recommended that the Board:

- apologise to Mr C for their failure to discuss his medication with him properly;
- ensure that relevant staff are made aware of the findings of this complaint and if necessary undertake relevant training;
- emphasise to relevant staff the importance of completing timely and appropriately detailed medical records;
- specifically apologise for their failure to discuss the possibility of Crohn's disease;
- ensure that relevant staff are reminded of their responsibility to keep patients appropriately informed of their medical condition;

- apologise for the delay in sending a response to the complaint.
- share my comments with the clinicians involved, including those involved in multi-disciplinary team meetings, to ensure that CT scan results are considered and acted upon promptly; and
- provide a written explanation about the two different decisions taken in relation to radiotherapy treatment.