

## SPSO decision report

**Case:** 201401597, Lothian NHS Board  
**Sector:** health  
**Subject:** clinical treatment / diagnosis  
**Outcome:** not upheld, no recommendations

### Summary

Ms C, who is an advice worker, complained on behalf of her client (Mrs A), about the care and treatment provided to Mrs A's son (Mr A). He was admitted to the Western General Hospital after feeling unwell for a few weeks. He was extremely tired, with bleeding gums and a sore throat, and had noticed lumps in his armpits, neck and groin. The next day, after bone marrow tests, Mr A was diagnosed with an acute form of leukaemia (cancer of the white blood cells). Treatment was immediately started and at first he appeared to be responding well but his temperature suddenly rose and tests revealed that he had a fungal blood infection. Despite treatment, including being transferred to the intensive care unit, Mr A's condition got worse and he died shortly afterwards.

Mrs A complained about the circumstances of her son's death saying that he had not been cared for or treated properly, and she questioned how his condition could have declined so rapidly. She was of the view that the doctors attending him did not have sufficient expertise or seniority and had not explored all possible options, including a bone marrow transplant, for him.

We took independent advice on this complaint from a consultant haematologist (a specialist concerned with the study of blood and blood-related disorders), after which we did not uphold Mrs A's complaints. Our investigation found that Mr A was treated on a protocol that was appropriate for his disease and which would have been used at any similar treatment centre in the UK. His treatment had to be intensive, and involved substantial doses of a drug that, while being an excellent killer of malignant cells, caused significant immunosuppression (reduced efficiency of the immune system). Our adviser said that, unfortunately, Mr A got the fungal infection at a time when his blood count was extremely low (because of disease and chemotherapy) and when his resistance to fighting infection was at its poorest.

Although Mrs A thought that a bone marrow transplant was not considered, our investigation confirmed that tissue typing, which is the first step in the process, had begun. However, this could not be fully implemented until such time as Mr A was in remission and had been cleared of all signs of the disease. We also confirmed that all the staff involved had been of appropriate seniority and expertise. Mr A's death was sudden and unexpected and although Mrs A complained that her family had not been kept fully informed of his condition or the risks of his treatment, we did not find this to be the case.