SPSO decision report

Case: **201402306, A Medical Practice in the Greater Glasgow and Clyde NHS Board area**
Sector: health
Subject: clinical treatment / diagnosis
Outcome: some upheld, recommendations

Summary

Mrs C's husband (Mr C) had previously suffered from a brain tumour and had a craniotomy (surgery to remove the tumour). However, his symptoms returned about a year later, and he was diagnosed with another brain tumour. Mr C had another craniotomy, followed by six weeks of radiotherapy. Mr C died a few days after his radiotherapy.

Mrs C raised concerns about the delay in diagnosing Mr C's second tumour, as well as the level of support provided during his radiotherapy treatment. Mrs C was dissatisfied that the GP did not arrange admission to hospital during Mr C's radiotherapy (although she asked about this); that the GP did not arrange district nurses or a care plan for Mr C, or carry out more home visits; and that the GP did not manage Mr C's medication appropriately, or provide reasonable care for his diabetes. Mrs C also raised concerns about the practice's communication. She said the GP never told her or Mr C that his condition was terminal, and refused to answer when she asked how much time Mr C had left to live. She was also unhappy that the GP told her it would be fine to go to work the next day when she asked about this, and Mr C died that day.

The practice apologised to Mrs C for several aspects of their care, including not being more proactive about contacting the hospital on Mrs C's behalf, and for advising that it would be fine for Mrs C to go to work on the day Mr C died. In relation to district nurses, the practice said they had offered this, but Mr C had declined. The practice undertook a significant event analysis, and identified steps to improve their communication about palliative care in the future.

After taking independent medical advice, we upheld one of Mrs C's complaints. Although most aspects of the practice's care and treatment were reasonable, we found the GPs failed to take action in response to a letter from the oncologists suggesting medication to help manage Mr C's aggression, and this was unreasonable. We also found the GP used poor judgment in advising Mrs C that she could go to work the day that Mr C died. However, we accepted that the GP had taken appropriate action in response to Mrs C's complaint, including apologising, reflecting on their practice and carrying out a significant event analysis. We did not uphold Mrs C's complaints about communication, as the prognosis would normally be communicated by the oncologists, and there was also evidence that the GP spoke with Mr and Mrs C about the terminal nature of his illness. We also found it was reasonable for the GP to refuse to give an estimate of how long Mr C had left to live, as the GP could not accurately predict this.

Recommendations

We recommended that the practice:

- bring our findings about the failure to consider the oncologist's suggestion about medication to the attention of the relevant GP for reflection and learning.