

SPSO decision report

Case: 201405178, Highland NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Outcome: upheld, recommendations

Summary

Mrs C's father (Mr A) was diagnosed with cancer, and underwent surgery followed by a course of chemotherapy. About six months later, Mr A began experiencing new symptoms, and a scan was arranged. Mr A was told that the scan showed 'no evidence of recurrence', and he was discharged (with a follow-up planned for four to six weeks). However, Mr A's symptoms continued and he was admitted as an emergency a few days later, and underwent further surgery. While Mr A thought the surgery was to address symptoms resulting from his previous surgery, the surgery found that Mr A's cancer had returned and he was given a purely palliative procedure. Mr A passed away a few months later.

Mrs C was concerned that her father was told he was 'all clear' after the chemotherapy, only to find out his cancer had returned six months after this. Mrs C was also concerned that her father was not given regular scans, and she queried how the scan he was given could show no return of the cancer, when Mr A was found to have cancer just a few days later.

After taking independent medical advice, we upheld Mrs C's complaints. While we found no evidence Mr A was given incorrect information about being 'all clear' from cancer following chemotherapy, there was also no evidence that he was offered information about his prognosis and the high possibility of recurrence at this time. In relation to Mrs C's concerns about scans, we found that the board had undertaken reasonable follow-up of Mr A, consistent with national guidance (which did not require regular scanning). However, we found that, although the scan showed a possibility that the cancer had returned, the consultant surgeon did not share this with Mr A, which was unreasonable.

Recommendations

We recommended that the board:

- apologise to Mrs C for the failings our investigation found;
- feed back our findings on the lack of communication and record-keeping about post-treatment prognosis to the surgical and oncology staff involved in Mr A's care; and
- ensure the consultant surgeon involved reflects on the findings of our investigation as part of their next annual appraisal.