

SPSO decision report

Case: 201407334, Greater Glasgow and Clyde NHS Board - Acute Services Division
Sector: health
Subject: clinical treatment / diagnosis
Outcome: not upheld, recommendations

Summary

Mr C raised a number of complaints about the care and treatment provided to his father (Mr A) before and during his admission to the Royal Alexandra Hospital. Mr A was diagnosed with an unusual form of tuberculosis causing a skin condition. Mr C said that while his father was in the hospital he suffered from peripheral neuropathy (damage to or disease affecting nerves causing weakness in the limbs) and had become immobile.

Mr C was concerned that the medication prescribed to treat his father's tuberculosis, isoniazid, was not properly monitored and had caused Mr A's peripheral neuropathy. Mr C said there had been a failure to discuss with Mr A and his family the potential side effects of this treatment and to tell them that Mr A had also been diagnosed with diabetes. Mr C also considered that Mr A had not been provided with appropriate physiotherapy treatment to address his immobility.

We took independent advice from a consultant in respiratory medicine and a consultant in medicine for the elderly.

The respiratory medicine adviser said the incidence of peripheral neuropathy causing weakness in the limbs is a very rare side effect of isoniazid and that Mr A was not in the category of patient who would be considered to be at greater risk of developing this condition. Also, Mr A had been prescribed pyridoxine, a standard treatment to protect the nerves. The adviser said the doses of medication Mr A received were appropriate and properly monitored and they would not normally mention peripheral neuropathy as a possible side effect of taking isoniazid to a patient such as Mr A. Overall, the adviser did not identify any failings in Mr A's care and treatment.

The evidence showed that medical staff had spoken with Mr A's family to discuss his condition on several occasions and that Mr A's daughter had been advised on at least one occasion that Mr A had diabetes.

The adviser in medicine for the elderly also said that Mr A was seen regularly by physiotherapy staff, and that there had been a very good multi-disciplinary approach to the management of his rehabilitation, and considerable effort had been made to improve the level of his mobility. Unfortunately, the severity of Mr A's state of health meant that physiotherapy could not achieve a better recovery for him.

While we did not uphold Mr C's complaints, we identified issues concerning communication and record-keeping, and we made a recommendation to address this.

Recommendations

We recommended that the board:

- remind relevant staff of the importance of ensuring that when there is discussion about a patient's condition and treatment, the patient and their family clearly understand what is being said and the discussion is clearly recorded in the patient's medical records.