SPSO decision report

Case: **201601352, Lanarkshire NHS Board**
Sector: health
Subject: clinical treatment / diagnosis
Decision: some upheld, recommendations

Summary

Mr C raised a number of concerns about the care and treatment provided to his father (Mr A) whilst he was a patient at Hairmyres Hospital. Mr A had prostate cancer and was admitted to the hospital with symptoms of abdominal pain and diarrhoea. Mr A received treatment from the hospital's palliative care team and input from physiotherapy, occupational therapy and dietetics as staff sought to progress him towards discharge. Mr A's condition deteriorated throughout the admission and he died whilst an in-patient.

Mr C complained that staff did not provide Mr A with appropriate pain relief. We took independent advice from a nursing adviser and a medical adviser. The nursing adviser was satisfied that nursing staff monitored Mr A's pain in accordance with relevant guidance. However, they considered that the response to his pain, including prompting Mr A to use additional medications as required, was lacking on occasions. The medical adviser found that, for certain periods, medical staff had not achieved a good combination of painkillers for Mr A, and considered that there had been a delay in recognising that Mr A was reluctant to request additional medications when he felt he required them. We upheld this complaint and made a number of recommendations.

Mr C also raised concerns that staff inappropriately considered Mr A as being suitable for transfer to a care home. We found that the decision to transfer Mr A from hospital changed after his condition deteriorated. However, the medical adviser considered that it was appropriate for the board to have referred Mr A for transfer based on his condition at the time of the referral. We could not conclude that the board acted inappropriately in relation to plans to transfer Mr A to a care home and we did not uphold this complaint.

Mr C further complained that staff did not discuss the decision to give Mr A hormone therapy for his prostate cancer with Mr A's family. Having reviewed the records, the medical adviser considered that Mr A had the capacity to decide about further treatment for his cancer. The adviser explained that it was therefore reasonable for staff not to have discussed this decision with family members first. We did not uphold this complaint.

Finally, Mr C raised concerns that staff failed to communicate with Mr A's family about a DNACPR decision (do not attempt cardiopulmonary resuscitation – a decision taken that means a healthcare professional is not required to resuscitate the patient if their heart or breathing stops). We found evidence that a doctor discussed DNACPR with Mr C's wife, who is Mr A's daughter-in-law. The medical adviser said that the conversation about DNACPR should have been with Mr C or Mr A's wife, who were Mr A's next of kin. The adviser did consider that it was pragmatic to discuss goals of care and DNACPR with the most appropriate person available at the time, and noted that this was Mr C's wife. However, the adviser did not find evidence that doctors discussed DNACPR with Mr A and noted that there had been a delay in the senior clinician completing the DNACPR form. On balance, we upheld this complaint.

Recommendations

What we asked the organisation to do in this case:

- Apologise to Mr C for failing to appropriately manage Mr A's pain.

What we said should change to put things right in future:

- Nursing staff should be aware of the mental health changes associated with pain, as well as the observational changes with pain, so that patients are prompted to use pain relief when appropriate.
- Medical staff should recognise when a patient is reluctant to request pain relief and provide timely management to ensure that the patient receives appropriate pain relief for the recorded levels of pain.
- Communication and decision making surrounding DNACPR should be in accordance with the latest guidance.

We have asked the organisation to provide us with evidence that they have implemented the recommendations we have made on this case by the deadline we set.