

## SPSO decision report

**Case:** 201601588, A Medical Practice in the Lothian NHS Board area  
**Sector:** health  
**Subject:** clinical treatment / diagnosis  
**Decision:** not upheld, no recommendations

### Summary

Mrs C complained about the care and treatment provided to her late mother (Mrs A) by the practice. Mrs C complained that the practice failed to appropriately monitor and treat Mrs A's symptoms after she was diagnosed with a heart condition. Mrs A was referred to cardiology by the practice a number of years ago and was diagnosed with a heart condition known as mitral regurgitation (when blood back flows through a valve in the heart called the mitral valve). She was prescribed diuretic medication (also known as water tablets - tablets which can help reduce the fluid build up that can occur when the heart is not working normally). When Mrs A was reviewed by cardiology again two years later, the condition was noted to have resolved and the cardiology clinic advised that the diuretic medication could be reduced and stopped. In line with Mrs A's wishes, she continued to take the medication for a further three years before it was stopped when she was found to have low sodium levels. In the interim, Mrs A had also been given a steroid inhaler for suspected asthma. Mrs A suffered a heart attack and died less than two months after stopping the diuretic medication.

Mrs C complained that stopping the diuretic medication contributed to her mother's death. She raised concerns that closer monitoring of Mrs A's known heart condition did not occur. She also raised concerns that the steroid inhaler prescribed for breathlessness may have masked the underlying problems with Mrs A's heart. In particular, Mrs C did not consider that Mrs A received the appropriate attention required to properly identify the cause of the symptoms she presented with in the final months of her life.

We took independent advice from a GP adviser. We found that the management of Mrs A's symptoms was reasonable. The adviser noted that the cause of the mitral regurgitation was never established and that, when it appeared to have resolved, no ongoing cardiology follow-up was arranged. Had heart valve disease, which is one of the possible causes of mitral regurgitation, been identified, the adviser confirmed that this would have been followed up by the cardiology clinic, and not by the practice. In light of the cardiology clinic's advice that the diuretic medication could be stopped, alongside the low sodium level later found in Mrs A, we were advised that it was reasonable for the practice to have stopped this medication. We were also assured by the advice we received that the prescription of inhalers was reasonable and that there was nothing to indicate that this masked an underlying heart condition. The adviser did not consider that Mrs A's death could reasonably have been foreseen by the GPs at the practice, and they concluded that the care provided to her by the practice was reasonable. We accepted this advice and we did not uphold Mrs C's complaint.