SPSO decision report

Case: **201602995, Lothian NHS Board - Acute Division**
Sector: health
Subject: clinical treatment / diagnosis
Outcome: upheld, recommendations

Summary

Mr C complained that his wife (Mrs A) was inappropriately diagnosed as having suffered a miscarriage and that she was not provided with appropriate and timely treatment.

Mrs A was in the early stages of pregnancy when she experienced bleeding. During the night, Mr C and Mrs A attended the gynaecology out-of-hours service at the Royal Infirmary of Edinburgh. After waiting, they were seen by a doctor, who examined Mrs A. A procedure was offered and it was noted that this would not harm the baby should the pregnancy still be viable. Miscarriage was recorded as being very likely and the couple were sent away to return the following morning for a scan.

The scan confirmed that the pregnancy was ongoing and that the bleeding had been caused by a haematoma (a collection of blood outside the blood vessels).

Mr C felt that the lack of scanning facilities at night time meant they had an unnecessary wait to find this out. Mr C also said that the doctor they had seen told them that Mrs A had miscarried and that he was concerned about the procedure that was offered.

After taking independent advice from a consultant gynaecologist, we upheld Mr C's complaints. The board previously acknowledged that there had been an inappropriate diagnosis of miscarriage and had apologised for this. The advice we received was that the doctor had mistaken blood clots that were present during the examination for tissue and that it was inappropriate to make a firm statement about miscarriage without a scan taking place. We noted, however, that the availability of scanning facilities at the hospital was in line with the relevant guidance. We found that there were issues with record-keeping and that the procedure offered by the doctor was not clinically necessary.

Recommendations

We recommended that the board:

- apologise for the offer of a procedure that was not clinically indicated;
- take steps to ensure that all emergency gynaecology referral notes are appropriately completed with timings and an identifiable name and grade of the doctor;
- ensure that the adviser's comments are fed back to the doctor for learning and discussion at their appraisal;
- consider whether further training for doctors working in this area is necessary to improve communication with patients suffering from problems in early pregnancy; and
- consider how electronic records of consultations can be maintained in circumstances such as these in future.