

## SPSO decision report

**Case:** 201607044, A Medical Practice in the Grampian NHS Board area  
**Sector:** health  
**Subject:** clinical treatment / diagnosis  
**Decision:** upheld, recommendations

### Summary

Mrs C complained about the cardiology care and treatment given to her late husband (Mr A) when he was a patient at Aberdeen Royal Infirmary. Mr A was admitted to hospital and reported having chest pains and shortage of breath. During his admission, Mr A was also seen by the diabetic team and urology advice was taken.

The next month, he attended the cardiology clinic and he was noted to have continuing and increasing breathing difficulties. It was recommended that he be admitted for tests. However, in order to first rule out an infection, he was referred to the Acute Medical Initial Assessment Unit (AMIA). A few months later, Mr A was admitted to the AMIA for the second time as he was reporting chest pains and breathlessness. The cardiology team were contacted and it was decided only to manage his medical conditions, and not for him to have a clinical review at that time. He was later discharged.

Mr A died the following month and Mrs C believed that this was as a result of the pills he had been taking and she said that she felt he had not been treated properly. She also said that communication had been poor and that Mr A's unexpected death came as an enormous shock. She complained to the board and they considered that Mr A had been treated appropriately. Mrs C then brought her complaints to us.

We took independent advice from a consultant cardiologist and we found that Mr A's cardiology care had not been of a reasonable standard. We found that Mr A and Mrs C had not been given the opportunity of cardiac rehabilitation education. We found that a diuretic (a drug that enables the body to get rid of excess fluids) was recommended to Mr A during his treatment, but that he declined this. The adviser was concerned that this was not discussed further with Mr A during subsequent admissions to hospital. We found that after his second admission to the AMIA, it may have been preferable for Mr A to have been reviewed by the cardiology team. We also found that during Mr A's final admission to hospital, his follow-up should have been more timely. For these reasons, we upheld Mrs C's complaints.

### Recommendations

What we asked the organisation to do in this case:

- Apologise to Mrs C for the failings in Mr A's care and treatment, and for the failings in communication. The apology should meet the standards set out in the SPSO guidelines on apology available at [www.spsso.org.uk/leaflets-and-guidance](http://www.spsso.org.uk/leaflets-and-guidance).

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

- Patients should receive appropriate medical management including where appropriate, diuretic treatment. Contact between the acute medical and cardiology units should be improved.
- Information and education should be available to long-term cardiac patients.
- To avoid breakdowns in communication, staff should listen to patients and/or their carers and consider any

concerns they express.

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.