

## SPSO decision report

**Case:** 201706028, Forth Valley NHS Board  
**Sector:** health  
**Subject:** clinical treatment / diagnosis  
**Decision:** not upheld, recommendations

### Summary

Having been referred to Forth Valley Royal Hospital by her GP with a worsening tremor, Mrs C was diagnosed with possible Parkinson's disease (a progressive neurological condition in which part of the brain becomes more damaged over many years) and was started on medication to ease her symptoms. She received regular hospital reviews over the following years and her diagnosis was re-evaluated around seven years later. Further to a scan, it was retracted and replaced with a diagnosis of essential tremor (a benign tremor disorder). Mr and Mrs C complained about this misdiagnosis. They considered that there should be more timely follow-up to check patients with Parkinson's disease. The board noted that Parkinson's disease is difficult to diagnose and that there is no definitive test for it. They advised that it is with time, when people are not following the expected course, that the diagnosis will be reviewed.

We took independent medical advice from a consultant geriatrician (a doctor who specialises in medicine of the elderly), who considered the initial diagnosis of Parkinson's disease was reasonable based on Mrs C's symptoms at that time. They highlighted the difficulties in differentiating between Parkinson's disease and other conditions such as essential tremor. Whilst we found that it took a long time for the Parkinson's diagnosis to be reviewed and retracted, we did not identify any failings in the adequacy or appropriateness of the follow-up that took place. We did not uphold the complaint.

However, we noted that the initial Parkinson's diagnosis had been recorded as a possible diagnosis, but this uncertainty did not appear to have been explained to Mrs C. We considered that the difficulties in diagnosing Parkinson's disease in the early stages should have been conveyed to her, in line with the Scottish Intercollegiate Guidelines Network (SIGN) guidance on Parkinson's disease which state that this uncertainty should be considered when giving information to the patient. We, therefore, made some recommendations for action by the board.

### Recommendations

What we asked the organisation to do in this case:

- Apologise to Mr and Mrs C for the failure to make the uncertain nature of the Parkinson's disease diagnosis clear to Mrs C when it was made. 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:

- The consultant who made the diagnosis should ensure any diagnostic uncertainty is clearly communicated to patients in future, in line with SIGN guidance. This should be included as a learning point in the consultant's annual appraisal.

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.