Scottish Parliament Region: Central Scotland

Case 200501217: General Medical Practice in Forth Valley

Summary of Investigation

Category
Health: Family health services, clinical treatment

Overview
The complainant raised concerns that the failures in the treatment and care his late wife had received from the general medical practice led to her death prematurely of cancer.

Specific complaint and conclusion
Failure by the Practice to diagnose the complainant wife's cancer *(not upheld)*

Redress and recommendation
The Ombudsman has no recommendation to make.

Introduction

1. On 8 August 2005 the Ombudsman received a complaint from a man, referred to in this report as Mr C, that the failures in the treatment and care his late wife (Mrs C) received from the general medical practice (the Practice) led to her death prematurely of cancer.

2. Mr C complained that Mrs C had attended the Practice on a number of occasions in 2003 and 2004 about a growth on her head but had been told that it was a harmless cyst. She had also complained of backache and urine infections during this period, which may have indicated a more serious illness. On 26 October 2004, Mrs C attended the Practice for minor surgery to remove the growth but the procedure was stopped when it became clear the growth was not a cyst. Mrs C was referred to the Falkirk and District Royal Infirmary for further tests. She was diagnosed with cancer and died on 9 January 2005.

3. The complaint from Mr C which I have investigated is failure by the Practice to diagnose Mrs C's cancer.

Investigation

4. The investigation of this complaint involved obtaining and reading all the relevant documentation, medical records and complaint files. I have obtained advice from a general practitioner adviser to the Ombudsman (the adviser). I have set out my findings of fact and conclusion.

5. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Mr C and the Practice have been given an opportunity to comment on a draft of this report.

Failure by the Practice to diagnose the complainant wife's cancer

6. Mr C's complaint was first brought to the Practice's attention by the Complaints Manager of NHS Forth Valley on 14 March 2005. Mr C complained that Mrs C's back condition and growth in her head had been investigated and treated inadequately by the first GP (GP 1). Furthermore, he was concerned about whether Mrs C's repeated urine infections had been indicative of her cancer and that insufficient attention had been given to Mrs C's mother's medical history (she also died of cancer).

7. On 23 March 2005, GP 1 responded. She said her examination of the growth had been indicative entirely of a sebaceous cyst and that it was not until she had begun the procedure to remove it that there were signs that it was something other than a sebaceous cyst. Mrs C's urinary tract infections were not unusual in the circumstances and each episode had been investigated and treated with appropriate antibiotics. Mrs C's upper back pain had also been investigated but x-rays had shown no abnormalities. GP 1 also said that, in light of Mrs C's concerns about her mother's medical history, she had examined the growth carefully but there had been nothing to indicate that it was anything other than a sebaceous cyst until October 2004 when the clinical situation had changed and further investigation had been carried out.

8. Mr C remained dissatisfied with this response and said, in a letter dated 13 April 2004 to the Practice, that Mrs C had been actively discouraged from

having the cyst excised because she had been informed that it would leave her head in a mess and that it was unnecessary because the cyst was harmless. Mr C believed that if her symptoms had been investigated more thoroughly, she may have survived longer than she did. On 10 May 2005, the Practice responded that GP 1 had fully taken into account Mrs C's concerns about the growth and backache and had investigated the symptoms presented appropriately. Also, a second GP (GP 2) had confirmed that the clinical presentation of the growth had been entirely in keeping with a sebaceous cyst. The Practice apologised if Mrs C had been under the impression that surgery to remove the growth would have left her head in a mess when this was not the case. GP 1 had not attempted to discourage Mrs C from having the procedure but had explained the procedure, leaving the decision to Mrs C. When examination of the growth and abnormal blood tests indicated a more serious illness on 26 October 2004, GP 1 referred Mrs C immediately to a consultant surgeon at Falkirk and District Royal Infirmary.

9. Having outlined the submissions made by both the complainant and the Practice, I consider below these submissions in light of the advice I have received from the adviser.

Sebaceous cyst

10. Mrs C first raised her concerns about this to GP 1 on 16 September 2003. The clinical notes indicate that the first GP diagnosed a sebaceous cyst which she had offered to excise but that Mrs C agreed to wait to see if there was any further progression of the sebaceous cyst. Mrs C returned to GP 1 about the cyst on 5 August 2004. The clinical notes indicate again that Mrs C agreed not to have it excised at that time. On 23 August 2004, Mrs C saw GP 2 about the cyst, who also diagnosed a sebaceous cyst.

11. GP 1 had wrongly diagnosed the scalp swelling in Mrs C's head as a sebaceous cyst. However, the adviser considered that the diagnosis had not been unreasonable. Firstly, sebaceous cysts are common and usually easy to diagnose. Secondly, the fact that GP 1 removed many sebaceous cysts annually means that she had been familiar with their clinical features. Mrs C's scalp swelling had been consistent with the clinical features of sebaceous cysts. Finally, GP 2 had made the same diagnosis.

12. Mr C complained that Mrs C had been discouraged from having the cyst excised because she had been informed that it would leave her head in a mess and that it was unnecessary because the cyst was harmless. The practice responded that GP 1 had not discouraged Mrs C, but had explained the procedure leaving Mrs C to make the decision on whether or not to proceed. I am unable to reconcile these accounts, although it is clear that Mrs C had felt discouraged from having the cyst excised. However, notwithstanding why Mrs C had felt discouraged, the adviser considered that, given the diagnosis of sebaceous cyst was reasonable in the circumstances, the agreement to wait development of the sebaceous cyst before removing it was appropriate because sebaceous cysts do not always need excising.

13. On 19 October 2004, Mrs C informed GP 1 that the cystic area was painful, she had lost weight and still had the back pain. The adviser has pointed out that this was the first time there was other clinical evidence of illness. GP 1 arranged blood tests and to remove the cyst the next week. On 26 October 2004, Mrs C saw GP 1 to have the cyst removed. The clinical notes indicate that, following incision of the lesion, it was apparent that the lesion was not a sebaceous cyst and, because of this and the abnormal results of blood tests received later that day, GP 1 referred Mrs C to a consultant at the Falkirk and District Royal Infirmary for further exploration. The blood tests had showed a raised ESR of 120. This tested the speed of settlement of red cells, which is a non-specific indicator of disease and normal range is 20-25. The tests had also showed a raised alkaline phosphatase, which tests liver function.

14. The adviser has stated that, in his view, GP 1 had acted reasonably. The scalp swelling had been treated appropriately by both GPs, even if the diagnosis had been incorrect. This is because it is rare for a scalp swelling of cancer to appear and behave in the manner described. When it became apparent that other disease was possibly present (through evidence of weight loss and malaise raised during the consultation held on 19 October 2004), GP 1 arranged appropriate investigation. Mrs C had been referred immediately to a specialist when the blood tests showed abnormalities and an examination of the cyst showed it not to be sebaceous. The adviser has pointed out that the specialist who examined Mrs C also did not realise that the scalp swelling was a cancer. Subsequent tests showed multiple metastases (secondary cancer in the skull, the lungs and the

kidney) but it had never been established where the primary cancer had been situated. Therefore, even if the abnormality of the scalp swelling had been identified correctly at an earlier stage, it is the adviser's view that, unfortunately, the outcome for Mrs C would not have been different. This is because the scalp swelling was a secondary cancer, which means that the primary cancer had already spread and was terminal.

Backache

15. On 18 December 2003, Mrs C saw GP 1 about backache. The clinical notes indicate that the GP advised on sleeping position and prescribed pain relief. Mrs C saw GP 1 about backache for the second time on 18 March 2004. The clinical notes indicate that this had been attributed to lifting a grandchild. Pain relief had again been prescribed and Mrs C referred to physiotherapy. Mrs C complained again to GP 1 of persistent back pain on 2 September 2004. GP 1 then arranged for x-rays of Mrs C's back. On 21 October 2004, Mrs C had been informed that the x-rays showed the cervical spines (neck bones) to be normal and the thoracic spines (upper back bones) showed signs of wear and tear only. The adviser has said that not asking for x-rays immediately, but only with the persistence of pain, is reasonable medical practice. Had Mrs C's back pain resulted from secondary cancer, the x-ray may have shown this. In the absence of abnormality, Mrs C's back pain had been treated appropriately with analgesia, anti-inflammatory medication and physiotherapy.

Urine infection

16. On 2 October 2003, 18 December 2003, 22 July 2004 and 23 August 2004, Mrs C saw both GPs about her urine infection. The adviser has stated that, on all four occasions, the urine infections had been investigated appropriately. Bacterium had been found on each occasion and the treatment prescribed to Mrs C had also been appropriate. The urine sample taken on 22 July 2004 had shown evidence of red blood cells (an indication of disease) but this was not evident in the fourth sample. There was, therefore, no clinical need to refer Mrs C to a specialist for this complaint. Recurrent urine infections do not in themselves indicate cancer and had been explained by the presence of bacteria.

Conclusion

17. It is the adviser's view that GP 1 acted appropriately and applied sound

clinical principles in her treatment of Mrs C. Based on the advice I have received, I am, therefore, satisfied that the Practice's failure to diagnose Mrs C's cancer was not unreasonable and had not led to her death prematurely. GP 1 and GP 2's treatment of Mrs C's individual complaints (sebaceous cyst, backache and urine infections) had been clinically appropriate. I recognise the strength of Mr C's concern about the care and treatment his late wife had received from the Practice. However, I am satisfied that, taking Mrs C's clinical complaints both individually and collectively**,** there had been no clinical evidence to suggest Mrs C had a more serious disease until 19 October 2004 when GP 1 took an immediate and appropriate course of action. I do not, therefore, uphold the complaint.

Summary

Specific complaint and conclusion
Failure to diagnose cancer *(not upheld)*

Redress and recommendation
The Ombudsman has no recommendation to make.

25 July 2006

Annex 1

Explanation of abbreviations used

Mr C	The complainant
Mrs C	The complainant's wife
The Practice	The general medical practice
The adviser	The general practitioner adviser to the Ombudsman
GP 1	GP at the Practice
GP 2	GP at the Practice
The specialist	Consultant at Falkirk and District Royal Infirmary

Annex 2

Glossary of terms

Erythrocyte sedimentation rate	A test which measures the rate at which red blood cells sink in a tube when left to stand, measured in millimetres per hour. The normal figure of 10 to 30 mm/h rises slightly with age and much faster in disease, especially in inflammatory illnesses such as cancer. If raised well above the normal for that age group, further tests should be undertaken to identify a specific illness.
Metastasis	A single secondary growth of cancer which may arise in any area of the body due to the spread of primary cancer. Metastases are more than one of these.
Sebaceous cyst	A cyst arising from the base of the hair follicle, commonly occurring on the scalp.