

Scottish Parliament Region: Glasgow

Case 200602488: Greater Glasgow and Clyde NHS Board

Summary of Investigation

Category

Health: Hospital; Ophthalmology

Overview

The complainant (Miss C) raised a number of concerns about the care and treatment provided to her by Greater Glasgow and Clyde NHS Board (the Board) following a labyrinthectomy on 22 August 2006. Miss C also complained about the attitude of a doctor during an eye examination.

Specific complaint and conclusion

The complaint which has been investigated is that the Board failed to provide Miss C with appropriate care and treatment in August 2006 (*not upheld*).

Redress and recommendations

The Ombudsman has no recommendations to make.

Main Investigation Report

Introduction

1. On 21 February 2007 the Ombudsman's Office received a complaint from the complainant (Miss C) about the care and treatment she had received from staff at Gartnavel Hospital (the Hospital) following a labyrinthectomy operation on 22 August 2006. Miss C, supported by her mother (Mrs A), complained to Greater Glasgow and Clyde NHS Board (the Board) in November 2006 and received a final written response on 17 January 2007. Miss C remained unhappy and complained to this office.

2. The complaint from Miss C which I have investigated is that the Board failed to provide Miss C with appropriate care and treatment in August 2006.

Investigation

3. Investigation of this complaint involved obtaining and reviewing Miss C's relevant medical records and the Board's complaint file. I have also reviewed correspondence submitted by Miss C and sought the views of an Ophthalmic Adviser (the Adviser) to the Ombudsman's Office. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Miss C and the Board were given an opportunity to comment on a draft of this report.

Complaint: The Board failed to provide Miss C with appropriate care and treatment in August 2006

4. On 22 August 2006 Miss C had a right labyrinthectomy at the Hospital, returning to the ward at approximately 15:30. Following the operation she suffered from severe double vision and became concerned that this might be a permanent condition. On the morning 23 August 2006 nursing staff contacted the Senior House Officer (SHO) to ask him to review Miss C but as he was in day surgery at that point the review did not take place until 17:45. The SHO was of the view that the double vision was secondary to another condition – nystagmus (an involuntary movement of the eyes usually from side to side) and discussed his findings with a specialist registrar (SpR 1) from the Ear, Nose and Throat Department who in turn spoke with another specialist registrar from Ophthalmology (SpR 2). SpR 2 agreed with the views of SHO and SpR 1 and advised that this was not an emergency and suggested a further, ophthalmology, review the following day along with eye movement testing. The

medical records indicate that this was explained to Mrs A and Miss C who were both very distressed and upset by the situation.

5. An ophthalmology appointment was booked for the morning of 24 August 2006 but Miss C was too unwell to attend. At Mrs A's request a review was arranged by an ophthalmology registrar (Doctor 1) in the patient's room after clinic finished that afternoon. Doctor 1 attended Miss C with Mrs A present and confirmed in the medical notes that the double vision was probably secondary to nystagmus.

6. Mrs A was unhappy at the time with the quality of the examination performed by Doctor 1 and challenged his actions. This alleged lack of examination formed the basis of the complaint made by Miss C to the Board.

7. Miss C complained to the Ombudsman's office that she had to wait three days for the examination by Doctor 1 and that he did not perform a proper examination, bringing no equipment with him. Miss C also complained about the attitude of Doctor 1 and in particular that when she had asked about the permanency of her condition he had said 'Yes, it will probably be permanent'. Miss C also said that Doctor 1 left the room after only three minutes, would not answer her questions and did not give her any further help.

8. The contemporaneous medical record made by Doctor 1 indicates that when asked if this symptom would be permanent Doctor 1 advised that this was possible but that it would most likely improve. Doctor 1 also noted the results of his examination in the record. Doctor 1 noted that Mrs A was unhappy and aggressive, insisted on a further examination and blocked his exit from the room. The record finally states that an appointment will be arranged with Orthoptics when available.

9. The Adviser reviewed all the relevant clinical records and told me that Doctor 1 clearly recorded the results of his examination and would have used a direct ophthalmoscope which was entirely appropriate. The Adviser also told me that he considered the time taken for this review (two days) was reasonable and concurred with the view of the medical staff that the double vision was very likely to be secondary to the nystagmus (in turn caused by the recent operation) and not an urgent situation. The Adviser also noted that there are several references in the records to a high level of anxiety and some aggression on the

part of Mrs A before the examination by Doctor 1 and that in his view staff had all acted entirely appropriately.

10. In response to the draft of this report Mrs A and Miss C both told me that Doctor 1 had not used a direct ophthalmoscope and had not performed any examination. Miss C told me her mother was very distressed during the examination and was weeping but denied that she had blocked Doctor 1's exit.

Conclusion

11. Where there are different recollections of events with only the immediate parties' views, it is generally not possible to come to a clear conclusion about matters and to some extent that is the case here. However, I note that Doctor 1's record is contemporaneous and would consider this to be the more reliable recollection. I acknowledge that Miss C was suffering unpleasant and severe side-effects following her operation which would be distressful for her and difficult for her mother to observe. Pain and distress may give rise to emotionally charged situations and clearly medical and nursing staff should (and do) cope with these in an understanding manner. However, staff are also entitled to have their opinions and actions respected and to resist attempts to intimidate them into a change of plan. Based on the medical advice I have received, I do not consider that there was an undue delay, an inadequate examination or that there is any evidence of an inappropriate attitude and I do not uphold this complaint.

19 September 2007

Explanation of abbreviations used

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| Miss C | The complainant |
| The Hospital | Gartnavel Hospital, Glasgow |
| Mrs A | Miss C's mother |
| The Board | Greater Glasgow and Clyde NHS Board |
| The Adviser | An ophthalmic adviser to the Ombudsman |
| SHO | The doctor who examined Miss C on 23 August 2006 |
| SpR 1 | The Ear, Nose and Throat registrar who SHO consulted with on 23 August 2006 |
| SpR 2 | The Ophthalmic registrar who SpR 1 consulted with on 23 August 2006 |
| Doctor 1 | The ophthalmology registrar who initially examined Miss C |

Glossary of terms

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| Labyrinthectomy | Excision of the labyrinth of the ear |
| Nystagmus | Uncontrolled movement of the eyes, usually from side to side |
| Ophthalmoscope | An instrument used to examine the eye |
| Orthoptics | Diagnosis and treatment of eye-movement disorders and visual impairment |