**Scottish Parliament Region: Lothian**

**Case 200700452: Lothian NHS Board**

**Summary of Investigation**

***Category***

Health: Clinical treatment/diagnosis

***Overview***

The complainant (Ms C) visited the Royal Infirmary of Edinburgh (the Hospital)'s Accident and Emergency department suffering from chest and arm pain. She was examined and sent home, being told that an existing stomach complaint was the most likely cause of her symptoms. Two days later she suffered a myocardial infarction. Ms C feels that the tests carried out by Lothian NHS Board (the Board) were insufficiently thorough and that her concerns regarding her family medical history of heart problems were not taken seriously.

***Specific complaints and conclusions***

The complaints which have been investigated are that:

(a) the Board failed to diagnose Ms C's condition (*not upheld*); and

(b) staff in the Gastrointestinal Department of the Hospital were dismissive of Ms C's concerns during the diagnostic process (*not upheld*).

***Redress and recommendations***

The Ombudsman has no recommendations to make.

## Main Investigation Report

### Introduction

1. The complainant (Ms C) suffered intermittent chest and throat pain and heaviness in her lower arms on 21 August 2006. She was taken by ambulance to Accident and Emergency (A&E) at the Royal Infirmary of Edinburgh (the Hospital). Ms C told me that, during her examination at the Hospital, she explained to the consultant that her mother had a history of heart disease and had suffered a heart attack six years previously. She also informed the consultant that she had been receiving treatment for high blood pressure for the past five years. Tests were carried out on her and she was told that she was fine and that she could go home. The consultant concluded that an existing stomach problem was the most likely source of her symptoms.

2. Ms C continued to feel unwell and her symptoms worsened on 23 August 2006 to the extent that she had difficulty breathing. She was again taken to the Hospital's A&E by ambulance. En-route she was told that she was having a heart attack. Ms C complained to Lothian NHS Board (the Board) that this should have been diagnosed on her first visit to the Hospital's A&E and that her concerns about her mother's history of heart disease were not taken seriously. She was unhappy with the Board's response to her concerns and complained to the Ombudsman on 8 April 2007.

3. The complaints from Ms C which I have investigated are that:

(a) the Board failed to diagnose Ms C's condition; and

(b) staff in the Gastrointestinal Department of the Hospital were dismissive of Ms C's concerns during the diagnostic process.

### Investigation

4. In order to investigate this complaint, I have reviewed all of the complaint correspondence between Ms C and the Board. I have also sought professional medical advice from an independent professional adviser (the Adviser) and reviewed the Board's clinical records for Ms C.

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

**(a) The Board failed to diagnose Ms C's condition**

6. On 21 August 2006, Ms C experienced intermittent chest pains, pain in her throat and heaviness in her lower arms. Having suffered from a stomach condition since the removal of her gallbladder in October 2005, she initially suspected that this was the cause of the problem. She told me, however, that the symptoms that she experienced on 21 August 2006 were different to those that she had encountered previously and her partner was concerned enough to call an ambulance. Ms C was examined by the ambulance crew who recorded that, at that time, she was suffering from back pain and a heavy feeling in her arms, which was made worse upon exertion. It was recorded that her observations (blood pressure, respiratory rate, pulse and temperature) were normal. She was taken to the Hospital's A&E for further examination.

7. Ms C was assessed by a nurse upon arrival at the Hospital's A&E. It was recorded that she was now experiencing chest tightness radiating to her back, as well as heaviness in her lower arms. Again her observations were normal and it was noted that she was not sweaty or short of breath. The nurse also recorded that Ms C had vomited six times over the course of the day, that she had a past history reflux and gastritis and that she was awaiting oesophageal pressure monitoring in light of these. In her complaint to the Ombudsman's office, Ms C recounted that she told the nurse that she had been receiving treatment for high blood pressure for the past five years. She also explained that her mother had suffered a heart attack six years previously and had a history of heart disease. This was documented in the clinical records.

8. Observations and an electrocardiograph (ECG) were arranged. Observations commenced at 23:40 and charted appropriate observations at ten minutes and thereafter at 30 minute intervals. These showed that Ms C's condition was stable with no signs of cardiac problems during her stay.

9. Examination of Ms C's chest, heart and abdomen revealed no problems and the ECG was normal. It was concluded that the symptoms most likely stemmed from her existing reflux condition. Medical staff did carry out further tests to explore other potential causes of her symptoms. Continued observation and a six hour Troponin – a blood screening test for cardiac damage – were arranged. The Troponin test was negative and Ms C was allowed to return home.

10. Ms C continued to feel unwell after returning home. On 23 August 2006, two days after her visit to the Hospital, her condition worsened with the pain in her chest arms and throat becoming more severe. She also developed difficulty breathing. Ms C's partner called for a doctor to visit, however, one was not available for nearly two hours. He called an ambulance and Ms C was again taken to the Hospital. En-route, she was told that she was having a heart attack.

11. Ms C felt that the severity of her condition should have been diagnosed during her first visit to the Hospital. She also felt that, given the nature of her symptoms, a treadmill test should have been carried out. This is a test used to identify heart problems by monitoring the patient during light exercise. Ms C's complaints to the Board and to the Ombudsman's office stated her belief that a treadmill test during her initial visit to the Hospital would have identified her heart condition and pre-empted her heart attack.

12. When investigating Ms C's complaint, I sought the opinion of the Adviser. I wanted to establish whether the tests carried out during Ms C's initial visit to the Hospital's A&E were appropriate and whether her heart condition could or should have been identified on 21 August 2006. I also asked, specifically, whether a treadmill test should have been carried out.

13. The Adviser told me that although no chest pain was noted by the ambulance crew that initially examined Ms C, the fact that the recorded back pain intensified in association with exercise was suspicious of a cardiac origin for the pain. Similarly, the chest pain radiating to her jaw that was recorded upon arrival at the Hospital's A&E could have been attributable to angina or an impending heart attack, depending on the severity and duration of the pain. However, Ms C advised staff at the Hospital that she had been vomiting, which is much less indicative of cardiac problems, and signs of a possible heart attack such as sweating and shortness of breath were not present. It was recorded in the clinical records that Ms C had had a treadmill test in 2001 and that this was normal.

14. It was noted in Ms C's records that she was due to receive treatment for a suspected oesophageal reflux problem. Gastro-oesophageal reflux disease can cause similar symptoms to those associated with cardiac problems and the Adviser explained that Ms C's presenting symptoms were consistent with those of gastro-oesophageal reflux disease.

15. I asked the Adviser whether or not a treadmill test should have been carried out on 21 August 2006. She explained that this would not have been appropriate given the negative results generated by the initial cardiac tests and the positive evidence of other possible causes of the pain that Ms C was experiencing. The Adviser went on to say that, had Ms C continued to have symptoms, despite management of her reflux problems, then a treadmill test might have been part of ongoing investigations. However, this was not a test to be carried out by the Hospital's A&E staff as part of Ms C's initial admission.

*(a) Conclusion*

16. Ms C presented with chest pain and other symptoms that were common to both heart problems and gastro-oesophageal reflux disease. Her respiratory rate, pulse, blood pressure and temperature were monitored, chest x-rays taken, and ECG and Troponin tests were carried out to try to identify any heart problems. None of these tests highlighted any problems. A reflux problem was already known to exist and, as the symptoms for this condition were consistent with Ms C's presenting symptoms, it was reasonable to conclude that this was the cause of the pain that she was experiencing.

17. Ms C said in her complaint that she did not feel that sufficient attention had been paid to her mother's past history of heart disease. This was in fact noted in the clinical records and is likely to have reinforced staff's suspicions that her pain may have a cardiac cause. The tests that followed Ms C's admission to the Hospital show that staff wanted to eliminate a cardiac cause rather than just assume that the problems stemmed from her existing reflux problem.

18. The Adviser concluded as follows:

> 'In retrospect, it is likely that Ms C was suffering angina at the time of her attendance on 21st August and this diagnosis was missed. However, the staff did make every appropriate effort to make the diagnosis and did not dismiss any relevant factors.'

In addition to the Advisor's comments, I have noted that blood screening tests for cardiac damage were carried out on 21 August 2006, when Ms C was likely suffering from angina. The results of these tests were negative. I am satisfied that the Board acted reasonably when investigating the cause of her symptoms and that all appropriate diagnostic avenues were explored to identify a possible heart problem. Accordingly, I do not uphold this complaint.

*(a) Recommendation*

19. The Ombudsman has no recommendations to make.

**(b) Staff in the Gastrointestinal Department of the Hospital were dismissive of Ms C's concerns during the diagnostic process**

20. Ms C had reported abdominal pain and vomiting since the removal of her gallbladder in October 2005. Her condition was investigated by the Hospital's Gastrointestinal Department who, after eliminating a number of potential causes, concluded that a gastro-oesophageal problem was the most likely source of her symptoms.

21. Ms C told me that during the diagnostic process she found the attitude of staff in the Gastrointestinal Department to be poor, and that she felt that they were dismissive of the information that she provided regarding her symptoms. She was left with the impression that the staff were not taking the severity of her symptoms seriously. Ms C raised this as a general concern, however, specifically highlighted the attitude of the consultant surgeon in charge of her case (Consultant 1). She complained that Consultant 1 was dismissive of her symptoms and that he did not take her seriously, despite the severe discomfort that she was experiencing. Ms C said that, as a result of her dealings with the Gastrointestinal Department, she was very upset and left with a lack of confidence about her ongoing treatment. She asked for a second opinion with a consultant at the Western General Hospital and subsequently began treatment there for gastro-oesophageal reflux disease.

22. In their response to Ms C's complaint, the Board maintained that she had been rude and aggressive to their staff during a number of consultations. This is mentioned in the clinical records, however, it is not possible to confirm the details of each event.

23. Ms C specifically named Consultant 1 in her complaint. She met with him on one occasion only, in an out-patient clinic. It is recorded in the Board's investigation into Ms C's complaint that Consultant 1 was asked to attend the clinic to support his colleague as a result of Ms C's aggressive behaviour. Ms C said that Consultant 1 was rude to her during this consultation and dismissive of her symptoms. It is clear that on this occasion, both parties were dissatisfied with the behaviour of the other.

*(b) Conclusion*

24. It is impossible for me to comment as to the attitude of individuals, as this is purely subjective. However, I see the key issue in this complaint as being, did staff members' attitudes impact negatively on the treatment that Ms C received, or would receive in the future?

25. Having reviewed the clinical records it is clear that, in all cases, write-ups by the consultants involved have been completed objectively and professionally, in that entries have concentrated on the facts of Ms C's condition and the proposed action to be taken. It is also evident that her symptoms have been recorded and treated seriously with suitable ongoing treatment and referrals being put forward. I particularly noted that in the case of the difficult consultation mentioned in paragraph 23, where both parties have reported a breakdown in communication, the subsequent entry in the clinical records makes no mention of any dispute or aggression on Ms C's part, and again, the recorded comments are entirely objective.

26. Whilst there is insufficient evidence for me to reach any conclusions as to the behaviour of Consultant 1 or other individuals in the Gastrointestinal Department, I am satisfied that any interpersonal problems that may have existed between staff and Ms C have not impacted negatively on her treatment plan, or the chances of her receiving professional treatment in the future. In light of this, I do not uphold this complaint.

*(b) Recommendation*

27. The Ombudsman has no recommendation to make.

**Annex 1**

**Explanation of abbreviations used**

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| Ms C | The complainant |
| A&E | Accident and Emergency department |
| The Hospital | The Royal Infirmary of Edinburgh |
| The Board | Lothian NHS Board |
| The Adviser | An independent professional adviser to the Ombudsman |
| ECG | Electrocardiograph |
| Consultant 1 | A consultant surgeon at the Hospital |