

**Case 200600808: A GP, Greater Glasgow and Clyde NHS Board**

**Summary of Investigation**

**Category**

Health: GP

**Overview**

The complainant, Mrs C, visited the medical practice (the Practice) with her three year old grandson (Child A), who was unwell, and was seen by the doctor (the GP). After examining Child A, the GP diagnosed that he had tonsillitis. The GP then asked Mrs C to have Child A's parents contact him as he wished to address the issue of 'targeted kicks' from the child towards the GP during the consultation. Mrs C was unhappy with the GP's attitude and complained to the Practice Manager. She remained unhappy with the response to her complaint, which was sent by the GP, and asked the Ombudsman to investigate.

**Specific complaints and conclusions**

The complaints which have been investigated are that:

- (a) it was unreasonable for the GP to complain about being kicked by Child A (*upheld*); and
- (b) the handling of, and response to, Mrs C's complaint by the Practice was unreasonable (*upheld*).

**Redress and recommendations**

The Ombudsman recommends that:

- (i) the GP should make a full formal written apology to Mrs C for the distress caused to her following the consultation;
- (ii) the GP should consult with the Director of General Practice Postgraduate Education (or his Deputy) to discuss, identify and participate in training and developmental initiatives designed to improve his consultation and communication skills;
- (iii) the Practice should revise their 'Practice Complaints Procedure' to ensure that patients are made aware that they may request that their complaint is investigated and responded to by someone other than the person complained about. This review should also include the development of a

process to investigate and address each part of a complaint made before a response is issued; and

- (iv) the Practice should communicate the updated Complaints Procedure in a revised 'Practice Information' leaflet.

## **Main Investigation Report**

### **Introduction**

1. In May 2006 Mrs C attended the medical practice (the Practice) with her grandson, Child A, who had been unwell for several days and had a high temperature. Child A was lifted from bed and taken by car to the Practice, while still in his pyjamas. Mrs C said that the GP examined Child A in silence. When the GP attempted to place a spatula in Child A's mouth, the child resisted. The GP tried again to examine the child's mouth whereupon the child became very distressed, 'with his arms and legs flaying'. Mrs C said 'unfortunately his foot hit the Doctor's leg. He was wearing soft shoes and as it was an accident I thought little of it'. On his third attempt the GP examined Child A's mouth and, when finished with the examination, advised Mrs C that the child had tonsillitis. The GP then advised Mrs C to tell the child's mother and father that he wanted to see them, stating that 'I am not having a child coming in here to kick me'. Mrs C was 'greatly upset' by the GP's comments and, therefore, complained to the Practice Manager. She remained unhappy at the response to her complaint and asked the Ombudsman to investigate.

2. The complaints from Mrs C which I have investigated are that:
- (a) it was unreasonable for the GP to complain about being kicked by Child A; and
  - (b) the handling of, and response to, Mrs C's complaint by the Practice was unreasonable.

### **Investigation**

3. In considering this complaint I examined the medical records for Child A and I considered the General Medical Council's guidance in relation to 'Good Medical Practice'. I also examined the Practice's Complaints Procedure and took account of Mrs C's letter of complaint to the Practice Manager and the subsequent response to that complaint, sent by the GP. Finally, I discussed the case with, and obtained advice from, the Ombudsman's medical adviser (the Adviser).

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

**(a) It was unreasonable for the GP to complain about being kicked by Child A**

5. Mrs C said that Child A had been poorly for five days before she took him to see the GP. The GP took the child's temperature and said 'he's certainly got a fever'. During the examination, the GP attempted to place a spatula to the back of Child A's tongue to examine his throat. Child A became distressed, shouting 'no no' and moving his head from side to side, while at the same time holding his mouth closed tightly.

6. The GP advised Mrs C to hold Child A to allow him to continue with the examination. She told me that 'as soon as [the GP] approached with the spatula, [Child A] became very upset again and attempted to break free of me by thrashing about and trying to slide down on my knee. [Child A] was protesting so strongly I had to hold on to him like grim death to prevent him falling on the floor. This was when [the GP] received the so called target kick'.

7. At the third attempt, the GP did manage to examine Child A using the spatula, whereupon he diagnosed that Child A had tonsillitis and provided a prescription to Mrs C.

8. Mrs C said that the GP then advised her to 'tell his mother and father I want to see them', adding 'I am not having a child come in here to kick me'. Mrs C responded that this was ridiculous; stating Child A was a three year old sick child. She said that the GP's response was that he was not prepared to put up with being kicked.

9. In her complaint to the Practice Manager, Mrs C said 'This was a frightening experience for my little grandson, who was utterly miserable and it wasn't made any easier by the doctor's cold manner. I am aware that every doctor is not gifted with a good bedside manner but surely the least you can expect is that every patient, especially a child, should be afforded consideration, patience and caring. Little [Child A] did not receive this'.

10. In the response to Mrs C's complaint, the GP said 'Following the initial examination where [Child A] was resistant (as is normal for children of his age) and while you were being asked to hold him appropriately, I was subjected to deliberate targeted kicking, which you made no attempt to curtail'.

11. The GP went on to say 'I regret that you seem to think that anyone should be subjected to physical assault, even from a child, where the accompanying adult colludes with the child rather than controlling them. It was for this reason that you were asked to have [Child A's] parents come and see me'.

12. Examination of Child A's medical records shows that the GP recorded 'URTI (upper respiratory tract infection) chest clear, ears nil, throat not seen:- Tonsillitis'. No reference was made to Child A kicking the GP or to the request to the Mrs C to have Child A's parents contact the GP.

*(a) Conclusion*

13. The GP acknowledged that children can be resistant to examinations. For a distressed child it may, therefore, be necessary to humour them or distract their attention when attempting examination. It may also be helpful to allow them to play with the examining instrument, before it is used. Mrs C said that the GP examined Child A in silence and I have seen no evidence to suggest otherwise.

14. The key issue which led to this complaint is the suggestion by the GP that Child A 'deliberately target kicked' him during the consultation and that Mrs C did little to stop the child kicking. Mrs C, however, contended that Child A was 'very distressed, resisted once more with arms and legs flaying, and unfortunately his foot hit the GP's leg'. There is, however, no independent corroboration of what did or did not happen during the consultation.

15. The question I have asked myself, therefore, is whether or not it was reasonable for the GP to request to meet with Child A's parents in relation to the 'kicks'. I am conscious that Child A had been unwell for some days, had a temperature and was ultimately diagnosed as having tonsillitis. It is quite understandable, therefore, that he would have become anxious when the GP attempted to examine his throat. I am also minded that Child A was a three year old toddler, who would not have fully understood the consequences of his actions.

16. This is not unusual behaviour for children of this age. I have noted Mrs C's description of 'turning his head from side to side, kicking and thrashing about and sliding down her knee'. The Adviser told me that most GPs will recognise such behaviour in children of this age.

17. The Adviser also told me that, visually, the back of a child's throat is often difficult to examine, especially with a child that objects like this one did. He said it is well known that doctors can be kicked by thrashing feet.

18. I have also carefully considered the basis for the GP requesting that the child's parents contact him to discuss the matter but can see no purpose or value in this request. I consider that such an appointment would only have further exacerbated an already fraught doctor/patient relationship.

19. Taking account of all the evidence I have seen, and the Adviser's views in this case, I consider that it was unreasonable for the GP to complain about being kicked by Child A and, therefore, I uphold this complaint.

(a) *Recommendation*

20. The Ombudsman makes the following recommendations:

- (i) the GP should make a full formal written apology to Mrs C for the distress caused to her following the consultation; and
- (ii) the GP should consult with the Director of General Practice Postgraduate Education (or his Deputy) to discuss, identify and participate in training and developmental initiatives designed to improve his consultation and communication skills.

**(b) The handling of, and response to, Mrs C's complaint by the Practice was unreasonable**

21. The Practice's Complaints Procedure explains how to complain, how the complaint will be dealt with and what options are available if the complainant is not happy with the response.

22. Complaints about Practice staff are dealt with by the Practice Manager, while complaints against a doctor are dealt with by the GP. However, the complaints procedure does not stipulate an alternative approach to dealing with complaints where the complaint is about the Practice Manager or the GP, or inform the complainant that their complaint can be handled by someone other than the person complained about, if they so desire.

23. Mrs C sent a letter of complaint to the Practice Manager on 31 May 2006. A response was sent to her by the GP on 5 June 2006. On examining the evidence, I was not convinced that Mrs C's complaint had actually been investigated. Rather, it appeared that Mrs C's letter had simply been passed to

the GP to respond to. I, therefore, asked the Practice Manager to investigate Mrs C's complaint and to notify me of the outcome.

24. In her response, the Practice Manager told me that Mrs C's letter of complaint had been passed to the GP 'as is normal practice procedure'. However, following my request, the Practice Manager confirmed that she had contacted Mrs C with a view to investigating the complaint, however, Mrs C had declined to enter into any discussion about the matter. The complaint was, therefore, never actually investigated by the Practice.

*(b) Conclusion*

25. The 'Practice Complaints Procedure' identifies the GP as being responsible for investigating complaints about doctors, however, it does not make it clear that where a patient would prefer not to receive a response directly from the doctor complained about, as may be the case, then the complaint can be investigated and responded to by someone else within the practice.

26. I consider the 'Practice Complaints Procedure', should be amended to advise patients that their complaint can be investigated by someone other than the person complained about.

27. While I note the Practice's position as detailed at paragraph 24, despite my request that the complaint be investigated by them, following Mrs C's complaint to the Ombudsman, I have not seen evidence that the complaint from Mrs C has been properly investigated. I have had no assurance that the issues raised by her complaint have been examined by the Practice, to consider if improvements may be identified in terms of future service provision and I consider this to be a lost opportunity for the Practice.

28. In considering specifically whether the GP's handling and response to the complaint from Mr C was unreasonable, the absence of an investigation, leads me to consider that it was poorly handled and that the response to the complaint was unreasonable. On that basis, I uphold this complaint.

*(b) Recommendation*

29. The Ombudsman recommends that:

- (i) the Practice should revise their 'Practice Complaints Procedure' to ensure that patients are made aware that they may request that their complaint is

investigated and responded to by someone other than the person complained about. This review should also include the development of a process to investigate and address each part of a complaint made before a response is issued; and

- (ii) the Practice should communicate the updated Complaints Procedure in a revised 'Practice Information' leaflet.

30. The Ombudsman asks that the GP notify her when the recommendations have been implemented.



**Explanation of abbreviations used**

Mrs C	The complainant
The Practice	
Child A	The complainant's grandson
The GP	The doctor who examined Child A
The Adviser	The Ombudsman's medical adviser