Scottish Parliament Region: Highlands and Islands

Case 200903057: A Medical Practice, Highland NHS Board

Summary of Investigation

Category

Health: GP Practice; clinical treatment; diagnosis

Overview

The complainant (Ms C), on behalf of her sister (Ms A), raised a number of concerns about the treatment which Ms A's late partner (Mr B) received from his general medical practice (the Practice) from 22 January 2009 to 26 January 2009. Mr B was admitted to hospital on 26 January 2009 with respiratory problems and multi-organ failure and died on 11 February 2009.

Specific complaint and conclusion

The complaint which has been investigated is that the Practice did not do enough to investigate the symptoms displayed by Mr B and failed to diagnose severe sepsis which had developed as a result of community acquired pneumonia (*not upheld*).

Redress and recommendations

The Ombudsman has no recommendations to make.

Main Investigation Report

Introduction

1. On 28 October 2009 the Ombudsman received a complaint from the complainant (Ms C), on behalf of her sister (Ms A), about the treatment which Ms A's late partner (Mr B) received from his general medical practice (the Practice) from 22 January 2009 to 26 January 2009. Mr B was admitted to hospital on 26 January 2009 with respiratory problems and multi-organ failure and died on 11 February 2009. Ms C complained to the Practice but remained dissatisfied with their responses and subsequently complained to the Ombudsman.

2. The complaint from Ms C which I have investigated is that the Practice did not do enough to investigate the symptoms displayed by Mr B and failed to diagnose severe sepsis which had developed as a result of community acquired pneumonia.

Investigation

3. In writing this report I have had access to Mr B's clinical records and the complaints correspondence from the Practice. My complaints reviewer obtained advice from a professional medical adviser (the Adviser), who is a general practitioner with many years experience in the National Health Service, regarding the clinical aspects of the complaint. My complaints reviewer and the Adviser met with Ms C, Ms A and doctors from the Practice.

4. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. An explanation of the abbreviations used in this report is contained in Annex 1. A glossary of terms used in this report can be found at Annex 2. Ms C and the Practice were given an opportunity to comment on a draft of this report.

Complaint: The Practice did not do enough to investigate the symptoms displayed by Mr B and failed to diagnose severe sepsis which had developed as a result of community acquired pneumonia

Clinical background

5. Mr B attended the Practice on 22 January 2009 where he was seen by a general practitioner (GP 1) and reported symptoms of flu-like illness including muscle pains, cough, fatigue and sore throat. Examination revealed no abnormal findings and general advice was given. Mr B was visited at home the

following day by another general practitioner (GP 2) who recorded similar symptoms of a viral infection with the addition of chest pain following coughing. Mr B's pulse rate was 100 Beats Per Minute (BPM) with a normal blood pressure, he was mildly dehydrated and his chest was clear. GP 2 also provided general advice. On 26 January 2009 Mr B attended the Practice with Ms A and saw another general practitioner, (GP 3). GP 3 recorded that Mr B remained unwell, was feverish, becoming dehydrated, with a sore chest, cough and myalgia. On examination, Mr B was found to have a pulse rate of 120 BPM, with regular rhythm, with chest sounds and GP 3 noted that he looked miserable. GP 3 gave Mr B advice regarding fluid intake and prescribed co-codomol and clarithromycin. Mr B subsequently attended his local hospital at 20:44 that evening with a presenting complaint of being unwell and unable to swallow. He was admitted to the intensive care unit and treated for pulmonary embolism and sepsis. He also developed problems with the amount of oxygen in his blood and was transferred to another hospital on 30 January 2009 for specialist treatment. Mr B was transferred back to his local hospital on 9 February 2009 and initially showed some improvement. However, he deteriorated shortly afterwards and further investigations revealed that he had suffered brain injury from a lack of oxygen. The decision was taken to withdraw Mr B's life support system and he died at 14:35 on 11 February 2009. The cause of death as listed on the death certificate were 1a Hypoxic Brain injury 1b Severe sepsis 1c Haemophilus Influenza.

Complaint

6. In the complaint to the Practice Ms C and Ms A said that Mr B, who was 30 years of age, had informed the doctors that his symptoms had been present for at least seven days and that he was becoming more unwell. Ms C believed that the doctors at the Practice felt that Mr B was only suffering from influenza and was dehydrated. Ms A was shocked to learn that Mr B's pulse had been recorded as firstly 100 BPM and then 120 BPM as he normally had a very slow pulse rate of around 50 BPM because he was so fit. Ms A also felt that the doctors should have realised that influenza should improve after three to five days but that Mr B's symptoms had been present for ten days by the time he had seen GP 3 and his rapid pulse rate should also have alerted the doctors to the fact that Mr B was gravely ill.

7. Ms A said she took Mr B to hospital on the evening of 26 January 2009, following the consultation with GP 3, as he was on the verge of lapsing into unconsciousness. She said staff told her that on admission Mr B was suffering

from pneumonia and severe sepsis and was going into multi-organ failure. Ms A said Mr B suffered a cardiac arrest in the accident and emergency department and was resuscitated. She went on to say that as his kidneys had failed, Mr B was put on dialysis and transferred to the intensive care unit. After the spell at the other hospital (see paragraph 5) Mr B's condition began to deteriorate and Ms A was told that Mr B had suffered brain damage through a lack of oxygen and that he was unlikely to survive. The decision was taken to withdraw Mr B's life support system and he died on 11 February 2009.

8. Ms C and Ms A told my complaints reviewer that during the period Mr B had attended the Practice or had been seen at home it was reported to the doctors that he was showing signs of a fever, rapid breathing, sweating and shivering, rapid weight loss, constipation, lack of energy and latterly hallucinations. Mr B had also hardly eaten and was unable to tolerate fluids during that period. The symptoms had been present for more than seven days and were not resolving. They felt that his physical appearance alone should have alerted the doctors to the fact that something serious was wrong. They also believed that flu-like symptoms should improve after ten days and not continue to worsen and that the doctors should have checked Mr B's blood pressure. They thought that Mr B's death may have been avoidable had the doctors either administered antibiotics earlier or arranged his admission to hospital.

Practice Response

9. In response to the complaint, the Practice said that the symptoms which Mr B presented with on the first two consultations did not warrant antibiotic treatment or admission to hospital. It was also noted that Mr B had contacted NHS 24 on 25 January 2009 and advice was given that he should contact the Practice the following day. Mr B was given the opportunity to speak to a doctor at NHS 24 but declined the offer. When Mr B was seen at the Practice on 26 January 2009 his symptoms remained as stated but his chest was showing some scattered sounds which indicated infection. However, there were no crackles which would indicate the presence of pneumonia or other sounds which would indicate any other lung problem. The impression at that time was that Mr B had developed a secondary bacterial infection and that co-codomol was prescribed for the chest pain and clarithromycin, an antibiotic, for the infection. GP 3 had also told Mr B that if he did not improve he was to contact the Practice for an early review in order that consideration could be given to additional treatment or investigations.

10. The Practice went on to explain that influenza and similar flu-like illness are common in the United Kingdom and the vast majority of people who develop the condition will respond to simple measures such as rest, paracetamol, fluids and supportive care. Complications such as secondary bacterial infection are much less common, especially in fit young adults and deaths due to such complications in fit young adults are extremely rare. The Practice maintained that in Mr B's case each doctor took a full history and undertook a full clinical assessment. On the first two consultations there were no signs of bacterial infection and appropriate advice was given. On the third consultation the bacterial infection had developed and it was expected that an improvement would be seen over the subsequent days due to the prescribing of the antibiotics. In addition, clear instruction was given to Mr B that further medical attention should be sought if there was no improvement.

11. At interview, GP 2 told my complaints reviewer that she was aware that Mr B had seen GP 1 the previous day and that she was in agreement with the diagnosis that Mr B was suffering from a flu-like illness. She examined Mr B and could find no evidence that he was suffering from a pulmonary embolus or a chest infection and advised him to take plenty of fluids and analgesia for his right sided chest pain. GP 3 told my complaints reviewer that he was aware that Mr B had recently seen GP 1 and GP 2 as well as making contact with NHS 24. He recalled that Mr B was quite lucid during the consultation, however, he did look miserable which would be expected in a patient with a flu-like illness. Mr B was sweaty and mildly dehydrated as he had not been drinking adequately. GP 3 had listened to Mr B's chest and had heard scattered added chest sounds and reached a diagnosis that on top of the flu-like illness, Mr B had developed a secondary bacterial infection. GP 3 then prescribed clarithromycin for the infection and co-codomol for the muscular pain. At that time GP 3 did not feel there were grounds to refer Mr B to hospital and time should be allowed for the antibiotics to take affect.

12. GP 2 and GP 3 said that in accordance with the Practice policy, a Significant Event Analysis was held after the unexpected death of a patient. The outcome was that the Practice agreed to purchase pulse oximeters for all doctors at the Practice which would measure the blood oxygen levels of patients. This was seen as a useful additional tool with which to reach a diagnosis although it would not be part of standard general practice assessment and is usually only used in the hospital setting. The Practice also agreed that it

was a reminder that fit healthy young patients can mask signs of severe illness and that staff may have to interpret the physical signs accordingly.

Advice

13. The Adviser explained that in this case the terms sepsis and septicaemia are synonymous. This will happen during an infection and is often dealt with effectively in the community using antibiotics. More intensive treatment can be provided in a hospital environment.

14. The Adviser said that Mr B first presented at the Practice on 22 January 2009 with five day symptoms of a flu–like illness. Examination on that day and the following day showed no abnormal findings and that his chest was clear. The Adviser said that at this time Mr B's symptoms were highly suggestive of a flu-illness, which are caused by viruses, and are not susceptible to antibiotics. Therefore, it would not have been appropriate to prescribe antibiotics at this stage of Mr B's illness. The Adviser continued that on 26 January 2009, the condition had changed in that GP 3 had heard noises from Mr B's chest which suggested that he had developed an infection. The Adviser believed it was appropriate for GP 3 to prescribe the antibiotic, clarithromycin, at that time.

15. The Adviser confirmed that given the symptoms which Mr B presented with it would not be unusual to expect him to lose weight or begin to suffer hallucinations due to his fever. The Adviser mentioned that because Mr B was a fit young man then it is likely that his body would have compensated for the illness and masked the true extent of his symptoms which would not have been evident to the clinicians. That in itself would have made it less likely for the general practitioners to consider that there was a serious problem. It was only at the consultation with GP 3 that an escalation of the symptoms was recorded (chest sounds) and that indicated a need for antibiotics to combat a secondary infection. The Adviser said it would be reasonable to allow some time for the antibiotics to take effect and that appropriate advice was given that should the condition not resolve or if it deteriorated then further medical advice should be sought. The Adviser explained that in this case it appeared that Mr B's condition deteriorated rapidly following the consultation with GP 3 and then it was appropriate to seek further medical assistance.

16. The Adviser believed that the actions of the GPs involved were reasonable in the circumstances. However, in view of Mr B's age, the Adviser anonymised

Mr B's case and discussed it with medical colleagues and all were of the opinion that as at 26 January 2009 there was no indication that a hospital admission was required for Mr B and that it was appropriate to prescribe antibiotics at that time.

Conclusion

17. Ms C and Ms A believe that the doctors at the Practice failed to take Mr B's concerns seriously and that they should have taken action sooner by either prescribing him with antibiotics or arranging a hospital admission. The Practice maintain that they assessed Mr B appropriately; their view was that he was suffering from a viral type illness and that antibiotics were prescribed when it became clear that he had developed a secondary infection.

18. This is clearly a difficult and sad case as a previously fit young man died following a flu type illness and I can understand why Ms A and Ms C have raised their concerns. The test which I have to consider is whether the service which was provided by the Practice was of a reasonable level and not to reach a decision with the benefit of hindsight. I also have to consider whether there were grounds to prescribe Mr B with antibiotics at an earlier stage or to refer him to hospital for a specialist opinion.

19. The advice which I have received, and accept, was that the treatment which Mr B received from GP 1 and GP 2 was appropriate in that it was their clinical judgement that Mr B was suffering from a viral condition and that it was best treated with rest and analgesia. This was reasonable in the circumstances. It would not be normal practice to prescribe antibiotics for a flu-type illness as antibiotics would be ineffective. When Mr B was next seen at the Practice by GP 3 the clinical picture had altered in that chest sounds were heard and that indicated that the condition had progressed in that there was evidence of a chest infection. The appropriate treatment for a chest infection is to prescribe antibiotic medication and to give this some time to take effect. It is also appropriate that the patient is advised that should the symptoms persist then further medical advice should be sought. This is what happened in this case and as a result I have not seen evidence to criticise the treatment which was provided by the Practice. I am also satisfied that the Practice have treated the matter seriously and undertook a Significant Event Analysis in order to consider whether lessons had been learned from the situation. Accordingly, I do not uphold the complaint.

Annex 1

Explanation of abbreviations used

Ms C	The complainant
Ms A	The aggrieved
Mr B	Ms A's partner
The Practice	Mr B's general medical practice
The Adviser	The Ombudsman's professional medical adviser
GP 1	The general medical practitioner who saw Mr B on 22 January 2009
GP 2	The general medical practitioner who saw Mr B on 23 January 2009
GP 3	The general medical practitioner who saw Mr B on 26 January 2009
BPM	Beats per minute

Annex 2

Glossary of terms

Antibiotics	Medication to treat bacterial infections
Co-codomol	Analgesic (pain relief) medication
Clarithromycin	Antibiotic medication
Haemophilus Influenza	Bacteria found in the respiratory tract that causes infections
Hypoxic Brain Injury	Brain injury caused by a lack of oxygen to the brain
Myalgia	Muscle pain
Multi-organ failure	Failure of the main body organs (heart , lungs, kidneys, etc
Paracetamol	Analgesic medication
Pneumonia	Inflammation of the lungs
Pulmonary Embolism	Obstruction of the pulmonary artery or branch of it caused by a blood clot
Respiratory problems	Disease affecting the respiratory system
Sepsis	Bacterial infection of blood and body tissues