A woman complained that a GP did not provide services of an appropriate standard to her 25-year-old son or supply him with sufficient information in that the GP:

1. told her son that his testicular lump was probably a cyst and nothing to worry about, despite her son asking whether it was cancer;
2. did not explain clearly the importance, urgency, or need for the recommended ultrasound; and
3. did not have a “bring-up” system to monitor the arrival of test results and to notify the patient of the results or, if the patient had not had the test, to follow up with the patient to reinforce the need to have the test done.

The Commissioner reasoned as follows:

1. Although the GP did suggest that the lump was more likely to be benign than malignant, this was statistically correct and reasonable advice, especially as the patient did not display any particular risk factors.
2. The GP gave appropriate advice in stating that cancer could not be excluded without a scan, and referring the patient to have a scan performed.
3. The GP should have followed up his referral to see whether the patient actually attended for an ultrasound, either through repeat clinical examination or use of a system to check whether referrals have actually been performed or attended within a designated time frame. Any tests or investigations ordered where the doctor has reason to suspect a diagnosis of malignancy require prompt follow-up by the requesting doctor. In assessing the doctor’s follow-up, it is no excuse that the reason for any delays in the results (such as the patient’s decision not to have the test performed) may be outside the practitioner’s control. At the least, the doctor needs to make reasonable enquiries as to why the test results have not become available.

It was held that the GP did not breach Right 4(1) in respect of his assessment of the patient’s condition or the advice he gave to the patient, but breached Right 4(4) in not having an appropriate bring-up system in place and in failing to follow up the referral for an ultrasound in a timely manner.

The Commissioner commented that it is preferable for GPs to make a direct referral to the agency the patient has chosen for the investigation rather than simply give the patient the request form. Such direct referral ensures transfer of care and facilitates the audit of test results.