

**Failure to follow-up on recommendation
to investigate rectal bleeding
(15HDC00660, 22 June 2016)**

General practitioner ~ Medical centre ~ Rectal bleeding ~ Recommendation follow-up ~ Right 4(1)

A woman consulted her general practitioner (GP) due to tiredness. A blood test was arranged, which revealed borderline iron deficiency (low ferritin). The results were discussed with the woman at a later appointment. The GP considered that the woman's low ferritin was secondary to her menstruating and physical exercise. Iron supplements were prescribed, which addressed the deficiency.

Approximately a year later, the woman self-referred to a sports physician with regard to her tiredness and inability to gain weight. The physician noted that the woman was experiencing rectal bleeding and blood in her bowel motions weekly. He wrote a reporting letter to the GP making recommendations for the woman's ongoing care. The physician's suggestions for management included investigation of the source of the woman's lower gastrointestinal bleeding. He also arranged blood tests and asked the GP to follow up the results.

The following week, the woman consulted the GP again. She took a copy of the sports physician's letter to the consultation, and told HDC that the GP referred to the letter during the consultation. The GP dealt with a number of the recommendations made in the physician's letter regarding the woman's management. However, there is no record in the clinical notes of any attempt to clarify the rectal bleeding reported in the letter, or to take any action in relation to it.

The GP reviewed the woman approximately twice a month during the following months in relation to other health matters. Further blood tests were performed throughout that year and the next year, which returned normal results. There is no reference to rectal bleeding in the clinical notes for any of the consultations in those years. The woman does not recall whether she raised the issue of rectal bleeding at subsequent consultations.

Approximately two years later, the woman suffered a bout of diarrhoea and experienced some rectal bleeding. She consulted another GP at the same medical centre, who performed a rectal examination and recommended a colonoscopy. The woman was referred to a gastroenterologist and underwent a colonoscopy, which revealed a tumour. Subsequently she was diagnosed with colorectal cancer.

It was held that by failing to follow up on the recommendation made in the physician's letter regarding the woman's rectal bleeding, the GP failed to provide services to the woman with reasonable care and skill, and breached Right 4(1).

The medical centre was found not to have breached the Code.

It was recommended that the GP apologise to the woman and, should the GP return to practice in New Zealand, that he undertake further education and training regarding managing correspondence and the diagnosis and treatment of colorectal cancer at an

agreed workshop with the Royal New Zealand College of General Practitioners, and provide evidence to HDC of having completed this training.

It was also recommended that the medical centre review its system for managing incoming correspondence and test results, and report the outcome of the review to HDC.