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## General Practitioner

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### Report on Opinion - Case 99HDC06743

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**Complaint**

The Commissioner received a complaint from the Accident Rehabilitation and Compensation Insurance Corporation ("ACC") about the treatment the consumer received from the general practitioner. The complaint was that:

- *On 14 November 1998 the general practitioner did not provide the consumer with services of an appropriate standard when administering an IM [intramuscular] injection of kenacort to her left deltoid [muscle] resulting in fat atrophy in the area of the deltoid muscle.*
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**Investigation Process**

The complaint was received on 8 June 1999 and an investigation was undertaken. Information was obtained from the ACC file.

The general practitioner was notified of the Commissioner's investigation and invited to respond. The general practitioner provided no information to the Commissioner. The Commissioner reviewed the consumer's medical records.

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**Information Gathered During Investigation**

In early November 1998 the consumer consulted with the general practitioner because she was suffering with hay-fever. According to the general practitioner's records of the consultation the consumer requested an injection. The general practitioner prescribed *kenacort* 40mg intramuscularly and discussed the "*pros and cons of it*". The general practitioner confirmed to ACC that the *kenacort* intramuscular injection was given into the consumer's left deltoid muscle of her upper arm.

Five days later the consumer returned to the surgery with atrophy of the tissues of her left shoulder at the site of the *kenacort* injection. The examining doctor recognised the cause of the atrophy and referred her to ACC.

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### Report on Opinion – Case 99HDC06743, continued

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**Information  
Gathered  
During  
Investigation,  
continued**

The Pharmaceutical Companies *kenacort* product information supplied with *kenacort A40* injections stated:

*“[U]nless a deep intramuscular injection is given, local atrophy is likely to occur. Due to the significantly higher incidents of local atrophy when the material is injected into the deltoid area, this injection site should be avoided in favour of the gluteal area. Only very unusual circumstances would warrant injection into the deltoid area”.*

On 4 August 1999 the general practitioner was advised of the complaint and the Commissioner's decision to investigate the matter. The general practitioner was invited to respond. On 4 October 1999 the Commissioner again wrote to the general practitioner without response.

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### Report on Opinion – Case 99HDC06743, continued

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**Code of Health  
and Disability  
Services  
Consumers'  
Rights**

*RIGHT 4  
Right to Services of an Appropriate Standard*

- ...
- 2) *Every consumer has the right to have services provided that comply with legal, professional, ethical, and other relevant standards.*
- ...

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**Opinion:  
Breach**

In my opinion the general practitioner breached Right 4(2) of the Code of Health and Disability Services Consumers' Rights. An intramuscular *kenacort* injection was prescribed and injected into the deltoid muscle which resulted in atrophy of the tissues. This is contraindicated in the product literature because of the potential to develop fat atrophy. Failure to inject *kenacort A40* in the appropriate muscle is a breach of professional standards.

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**Actions**

I recommend that the general practitioner takes the following action:

- Apologises in writing to the consumer for breaching the Code of Rights. This letter is to be forwarded to the Commissioner who will send it to the consumer.

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**Other Actions**

A copy of this opinion will be sent to the Medical Council of New Zealand, and the ACC Medical Misadventure Unit.

The Medical Council of New Zealand will be asked to review the general practitioner's competency.

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