Communication of abnormal test results
18HDC01602, 31 May 2019

General practitioner ~ Abdominal pain ~ Gallstone pancreatitis ~ Test results ~ Communication ~ Assessment ~Rights 4(1), 6(1)

A woman in her sixties had intermittent abdominal pain after eating, with weight loss and loss of appetite. Accompanied by her son, she consulted a general practitioner (GP). The woman described her loss of appetite, feelings of discomfort in her stomach, and indigestion, but at the time of the consultation she had none of these symptoms.

On examination, the woman's abdomen was soft and bowel sounds were present. No masses were palpable, and she had no localised tenderness. Her diagnosis was recorded as "Dyspepsia", and the GP provided a prescription for one month's supply of omeprazole 10mg twice daily. The GP gave her a form for blood tests, which included liver function tests (LFTs) amylase, and a full blood count. The GP stated that he considered gallstones as a possible cause of the woman's symptoms. He said: "I expected to review [the woman] again toward the end of the course of [omeprazole], or sooner if it had not helped." However, there is no record of any anticipated follow-up.

The GP told the woman that if the pain persisted, she should come back. However, as the pain improved over the following two weeks, the woman did not return. The woman's son said that he was under the impression that the GP would call him if his mother's test results were abnormal, because his mother does not speak English.

The woman's test results showed a normal full blood count, ferritin, and amylase, but raised LFTs. The GP did not contact the woman to advise her of the abnormal result, but did ask the laboratory to perform Hepatitis A, B, and C serology, which was normal.

The woman visited her daughter in another region, and, while she was there, her pain worsened. Accompanied by her daughter, the woman saw a GP. The GP conducted an abdominal examination, which was unremarkable, and ordered blood tests.

The GP advised the woman's daughter that her mother had an abnormal LFT result and a likely obstruction in her biliary system. The woman had had severe abdominal pain that day, so the GP advised the daughter to take her mother to the Emergency Department for further assessment. The woman was diagnosed with gallstone pancreatitis, and underwent a laparoscopic cholecystectomy.

Findings
It was held that the first GP's services were suboptimal, as he did not communicate the abnormal test result to his patient and failed to act on the result appropriately. As the clinician who ordered the blood tests, he had a responsibility to communicate the results and the implications to the woman. By failing to inform her of the results, the GP failed to provide information that a reasonable consumer would expect to receive and, accordingly, breached Right 6(1).

In light of the abnormal test result, which was well outside the normal range, the GP had a responsibility to arrange further assessment of the woman's condition. Referral for an urgent ultrasound scan was indicated, and in not making the referral, the GP did not provide services with reasonable care and skill, and breached Right 4(1).

Recommendations

It was recommended that the GP provide a written apology to the woman, and arrange an independent audit of his clinical records to ensure that all abnormal patient test results ordered in the previous three months were communicated to patients and followed up appropriately.