Breaking bad news after surgical procedure (01HDC00599, 13 March 2003)

Surgeon ~ Public hospital ~ Hospice ~ Gastroscopy ~ Standard of care ~ Discharge planning ~ Pain management ~ Breaking bad news ~ Adverse drug reactions ~ Right 4(1)

A man complained about the services provided to his 65-year-old father by a surgeon and a public hospital. The complaint was that the hospital did not have appropriate policies or procedures with regard to appointments, contact and availability of staff, and discharges from hospital, and that the surgeon did not provide an appropriate standard of care. Independent expert advice was obtained from a general surgeon.

With regard to the complaint about the hospital, the Commissioner reasoned that:

1 there was no evidence that the patient's referral for gastroscopy was lost, and the delay in receiving the procedure was not excessive; nor was the patient compromised by the delay;
2 there was a breakdown in communication between the receptionist and the patient, and there was no recorded appointment;
3 the pain nurse did not see the patient until six days after admission; pain and nausea in terminally ill patients are generally best dealt with by a palliative care team based in a hospice environment, but the family did not wish to use these services;
4 the meeting arranged between the patient's family and hospice staff was appropriate, even though it was soon after the shock of diagnosis; given the lack of involvement of the hospice team, the hospital staff did their best to manage the patient's pain;
5 on readmission there was a delay in consultant review of the patient, as the surgeon was not promptly informed of the patient's admission; and
6 the discharge planning was appropriate even though it was not optimal, as a relationship with the hospice team had not yet been established.

With regard to the complaint about the surgeon, the Commissioner reasoned that:

1 the task of informing a patient of his or her condition after a gastroscopy can be difficult;
2 the failure to advise the patient to bring a support person to the appointment was not ideal;
3 the treatment options offered were appropriate;
4 it was appropriate to discuss the management of the surgical problem at the same time as informing the patient of his diagnosis;
5 the surgeon acted wisely in referring the patient to his GP for consideration of pain medication, as the patient had a history of allergies;
6 the surgeon took three days to respond to the patient's urgent telephone request, but generally, for non-urgent postoperative problems, the patient's GP should be contacted; and
7 it would have been entirely inappropriate for the surgeon to refer the patient to an oncologist because the patient could only be offered palliative treatment.

Accordingly, neither the hospital nor the surgeon breached Right 4(1) in relation to any aspect of the complaint.