## Continuity of care for woman with delayed diagnosis of cervical stenosis and myelopathy (08HDC06359, 30 June 2009)

Accident and medical clinic ~ General practitioner ~ Vocational registration ~ Shoulder pain ~ Neurological symptoms ~  $MRI \sim$  Follow-up of test results ~ Standard of care ~ Continuity of care ~ Patient responsibility ~ Documentation ~ Rights 4(1), 4(5)

A 42-year-old woman complained about the care provided to her at an accident and medical centre. Over a period of seven months, the woman consulted doctors at the centre eight times. Seven of the consultations related to shoulder pain, and involved her seeing five different doctors. After referrals to a rheumatologist and an orthopaedic surgeon, the woman was diagnosed with cervical stenosis and myelopathy. She underwent surgery to prevent further neurological deterioration and, as a result, her gait and co-ordination improved. However, she continues to suffer neurological symptoms, including incontinence, and is no longer able to work.

It was held that the medical centre's systems were inadequate for ensuring that patients who required multiple consultations received well co-ordinated, good quality care. The policies concerning the management and follow-up of incoming reports and test results, delegation of doctors' responsibilities, and patient handover were deficient; documentation of consultations was often of a poor standard, providing little or no assistance to doctors at subsequent consultations; and communication with the woman was infrequent and demonstrated a relaxed attitude towards continuity of care. As a result, the centre breached Rights 4(1) and 4(5).

It was noted that primary responsibility for following up abnormal test results lies with the clinician who ordered the tests. However, if the abnormal results are reported to the patient's general practice, the practice has a residual responsibility to check whether any significant abnormality that clearly needs follow-up has been followed up.

This case illustrates what can happen when a patient consults multiple doctors at a large medical centre where no single doctor takes overall responsibility for the patient's care, and where its systems in relation to management of incoming reports/results and continuity of care are inadequate. It is also a reminder of the benefits for patients in having an ongoing relationship in primary care with a medical practitioner who is familiar with them and their medical history. However, where the nature of the patient–doctor contract is left unclear, a patient cannot be held responsible for delays occasioned by seeing other doctors within and outside a medical centre.