

## **Follow-up of patient test results (00HDC07636, 8 March 2001)**

*General practitioner ~ Information about test results ~ Follow-up ~ Syphilis ~ Right 6(1)(f)*

Waiting to get test results is a common factor in patients' dealings with doctors. Yet surprisingly often patients are left unsure whether they will be notified, or need to contact the medical practice for the results. This situation can lead to unnecessary worry and, at worst, avoidable harm.

A 33-year-old Asian woman presented in the 14th week of her second pregnancy, with a previous history of a normal pregnancy and delivery. Her GP lead maternity carer performed a routine antenatal examination taking blood samples for laboratory analysis.

The blood tests, received two days later, showed an abnormal result for syphilis serology. The GP noted in his records that the patient's syphilis serology was "non significant" on the basis that the patient gave "no clinical indication of syphilis" and there was "nothing in her history to suggest she was at increased risk". The GP did not inform the patient of the positive syphilis result. His explanation for this decision was that "it was my opinion at the time, that her serology result was highly likely to be a 'biological false positive'. I felt that discussion of this sensitive problem by phone, particularly with a patient for whom English is a second language, would be difficult, likely to create anxiety and inappropriate. It was my intention to discuss this result in person at her next antenatal visit, and arrange follow-up testing. Unfortunately she did not attend for this visit and so was not re-tested."

At 27 weeks the patient contacted her GP reporting no fetal movement for three days. She was referred to hospital, where ultrasound confirmed that the baby had died. A stillborn fetus was delivered the following day. The post-mortem report indicated chronic fetal infection, and blood tests on the mother showed active syphilis infection.

It was held that the failure to diagnose syphilis was not negligent, as the assumption that the test result was a false positive was understandable in the context of the low incidence of syphilis encountered in general practice in New Zealand at the time, and the fact that false positives are relatively common. The laboratory recommendation to retest if clinically indicated would have been acted upon at a subsequent visit and did not indicate particular concern or urgency.

However, there was a breach of the patient's right to be fully informed. Right 6(1)(f) states that "every consumer has the right to the information that a reasonable consumer, in that consumer's circumstances, would expect to receive, including ... the results of tests". While it is reasonable for GPs to advise patients that results will be notified only if they indicate the possibility of a problem requiring further investigation, this is subject to a proviso that patients have the right to be notified of results even if there is no cause for concern. Many patients find it worrying to be left in limbo, wondering if silence means the test results were fine, or if the practice has forgotten to follow up.

The GP advised that he routinely told his patients that "we will let you know if there is anything wrong with the results". Had the patient been advised of the abnormal result of her blood tests, she could have decided to have follow-up blood tests. The GP's failure to pass on the information left her with the impression that her results were negative. She did not attend the scheduled antenatal visit at 20 weeks because she had not received any "bad news" from the GP.

General practitioners need to have efficient systems for notifying patients of test results. This should cover all test results, unless it is noted that the patient has been advised that only test results requiring follow-up will be notified. The system needs to incorporate a "bring-up" component so that if the testing facility has not notified the medical practice of the patient's

test results within the requested period (eg, one to two weeks), the facility will be contacted and asked why the results are not available. Leaving patients to assume that silence means their test results are normal is not acceptable.