

**Information and care provided to patient undergoing  
liver cancer treatment  
(09HDC00795, 15 September 2009)**

*Gastrointestinal and hepatobiliary surgeon ~ Private hospital ~ Liver cancer ~  
Information ~ Cost of replacement catheter ~ Right 6(1)(b)*

A 56-year-old man was diagnosed with advanced colon cancer with secondary cancer in the liver. After surgery to remove cancerous tumours in his bowel, he was referred to a gastroenterology and hepatobiliary surgeon in his private practice for assessment and ongoing treatment. The surgeon discussed the treatment options and provided an information booklet about liver cancer diagnosis and treatment. He advised that without treatment the patient's life expectancy was three to six months, and recommended an oncological treatment with ongoing chemotherapy. This treatment is costly and was available only through the private sector. The patient did not have medical insurance, so the costs of the treatment were specifically discussed. The patient opted to have the treatment and was admitted to a private hospital where the surgeon inserted a surgically placed vascular access device and administered the treatment. The patient responded well to the first, second, third, and fourth chemotherapy treatments.

At subsequent assessments, the surgeon found the cancer was progressing and recommended a further oncological treatment, at a cost of between \$18,000 and \$20,000. This did not include the costs of replacing of the device if it could no longer be used. A study, performed to ensure that it was safe to proceed with the oncological treatment found that the device was not functioning. Following discussions that morning between the surgeon and the patient and his wife, a femoral artery catheter was inserted, at additional cost of \$7000, to allow further oncological treatment. The man complained that this cost was unexpected. He died a short time later.

It was held that although the standard of care was appropriate, the surgeon breached Right (6)(1)(b) because of the failure to discuss the specific risk of device failure and the additional cost in that event, at the time that repeat oncological treatment was discussed. This was information that a reasonable patient in those circumstances would expect to receive.