



HEALTH & DISABILITY COMMISSIONER
TE TOIHAU HAUORA, HAUĀTANGA

Appropriate standard of care not provided by rheumatology clinic and consultant physician

20HDC00674

The Deputy Health and Disability Commissioner has found a DHB (now Health New Zealand | Te Whatu Ora) breached the Code of Health and Disability Services Consumers' Rights (the Code) for failing to provide a reasonable standard of care to a woman at a rheumatology clinic.

Deborah James also found the consultant physician breached the Code for not providing an appropriate standard of care in his overall management of the woman's symptoms with prednisone, and his lack of consideration of non-inflammatory pathologies as a potential cause of her pain.

The woman had rheumatoid arthritis (RA) and was prescribed prednisone as part of her treatment. The clinic and the woman's GP shared responsibility for prescribing prednisone. The woman developed unresolved ankle pain, and a second opinion was sought from a different physician at the clinic. The second physician diagnosed the woman with a non-union fracture¹ in the right ankle.

Ms James found that the physician could have sought a second opinion from another rheumatologist and an x-ray of the woman's right ankle at an earlier date. Ms James was also critical of the physician's lack of documentation of monitoring tests in light of the risks of prednisone use.

Ms James found the rheumatology clinic breached the Code for failing to provide an appropriate standard of care | taukitanga. She expressed concern about the level of service provision and noted that, due to workload pressures, the woman was often seen by the clinical nurse specialist (CNS) rather than the consultant physician or a specialist doctor.

"I consider the pressures created by insufficient resourcing of the rheumatology service directly contributed to an environment in which the CNS was able to provide advice on prednisone dosages when not authorised to do so, and that this was not seen as an issue by the consultant physician."

Ms James made several adverse comments in her report including for coordination of care between the medical centre and rheumatology clinic in monitoring the diabetes risk and the prescribing of prednisone.

She also made an adverse comment about the CNS for providing advice on dosages when she was not authorised to do so, however, Ms James noted this was mitigated by the pressures created by insufficient resourcing of the rheumatology service.

¹ Non-healing broken bone

Since the events, Health New Zealand and the consultant physician have made changes, outlined in the report. Ms James acknowledged that after these events, the DHB received additional funding which has been utilised for locum cover and additional nurse specialist hours increased.

8 July 2024

Editor's notes

Please only use the photo provided with this media release. For any questions about the photo, please contact the communications team.

The full report of this case can be viewed on HDC's website - see HDC's '[Latest Decisions](#)'.

Names have been removed from the report to protect privacy of the individuals involved in this case.

The Commissioner will usually name providers and public hospitals found in breach of the Code unless it would not be in the public interest or would unfairly compromise the privacy interests of an individual provider or a consumer. More information for the media, including HDC's naming policy and why we don't comment on complaints, can be found on our website [here](#).

HDC promotes and protects the rights of people using health and disability services as set out in the [Code of Health and Disability Services Consumers' Rights](#) (the Code).

In 2022/23 HDC made 592 quality improvement recommendations to individual complaints and we have a high compliance rate of around 96%.

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Health and disability service users can now access an [animated video](#) to help them understand their health and disability service rights under the Code.

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