

Inappropriate care by general practitioner (13HDC00059, 6 June 2014)

General practitioner ~ Medical centre ~ Eating disorder ~ Alternative rituals ~ Personal comments ~ Prescribing ~ Referrals ~ Rights 4(1), 4(2)

A woman attended a medical centre for approximately 14 years. For the last five of those years the woman usually consulted one general practitioner (GP) and remained under his care until she left the medical centre. The woman presented to the GP on numerous occasions with various concerns including an eating disorder, anxiety, and obsessive-compulsive disorder.

The GP discussed “self pleasure” with the woman, indicating that it would be a useful treatment for her eating disorder. The GP also made comments about the woman’s body, and the woman said that the GP told her that he liked seeing her and thought of her after work hours.

The GP recommended therapeutic use of sexual behaviours, low pressure water enemas, and deep abdominal massage as treatment for the woman. The GP prescribed the woman with glycerol suppositories, despite her known risk factors including a history of laxative abuse, her eating disorder, weight loss, and her apparent fixation on purging. When the woman complained of constipation, the GP did not conduct an abdominal or rectum examination.

The GP prescribed zopiclone for the woman for five years. He continued to do so when, after three years on the medication, the woman took an apparently accidental overdose of the medication. For a period of 12 months, the woman was prescribed zopiclone in significant amounts with no review.

The GP wrote a referral letter to a psychologist, but the letter was never received by the psychologist. The GP did not follow up the referral and the woman self-referred to the same psychologist two years later.

It was held that the GP’s repeated discussion of masturbation and his inappropriate comments to the woman were a breach of sexual boundaries. As a medical professional it was the GP’s responsibility to recognise and maintain professional boundaries between himself and his patient. The GP did not do so, and therefore breached Right 4(2).

The GP’s treatment of the woman was clinically inappropriate in that he recommended the therapeutic use of sexual behaviours, low pressure water enemas and deep abdominal massage, and prescribed glycerol suppositories and large amounts of zopiclone with inadequate review. The GP failed to follow up the referral of the woman to the psychologist. The GP failed to provide services to the woman with reasonable care and skill and therefore breached Right 4(1).

Adverse comment was made about the medical centre for not having in place a reminder system for following up specialist referrals.