

Scottish Parliament Region: Highlands and Islands

Case 200501724: Shetland NHS Board

Summary of Investigation

Category

Health: Hospital; General Medical

Overview

The complainant raised concerns about the behaviour and attitude of a consultant.

Specific complaint and conclusion

The complaint which has been investigated is that: the Consultant conducted the clinic appointment in an inappropriate manner (*no finding*).

Redress and recommendation

The Ombudsman has no recommendations to make.

Main Investigation Report

Introduction

1. On 17 October 2005 the Ombudsman received a complaint from Mrs C about the attitude and behaviour of a consultant (the Consultant) at a clinic appointment at the Gilbert Bain Hospital, Shetland on 4 August 2005.
2. The complaint from Mrs C which I have investigated is that the Consultant conducted the clinic appointment in an inappropriate manner.

Investigation

3. In writing this report I have had access to documents provided by Mrs C; Mrs C's clinical records; and Shetland NHS Board (the Board) have provided me with copies of the complaints correspondence. I have obtained and accepted advice from the Ombudsman's Director of Clinical Advice (the adviser). I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. An explanation of the abbreviations used in this report can be found at Annex 1. Mrs C and the Board were given an opportunity to comment on a draft of this report.

Complaint: The Consultant conducted the clinic appointment in an inappropriate manner

4. Mrs C complained to the Board that when she attended the clinic appointment the Consultant was sitting on the same side of the desk as her with one leg crossed over the top of the other with his hand on his face and elbow on his leg. The Consultant introduced her to a medical student and then asked her what the purpose of the appointment was. Mrs C explained it was a three monthly review appointment arranged by another consultant. Mrs C asked the Consultant if he could explain why her spleen was twice the normal size and the Consultant then looked through her records. The Consultant said that they would have to check the pressure between her liver and spleen. Mrs C said that these tests, including a scan, had taken place in June and she was still waiting for the results but the Consultant would not listen to her. Mrs C asked if she could be referred to Aberdeen for treatment because a doctor she was due to see in Glasgow had left and she thought this would result in further delays in her treatment. Mrs C said that the Consultant said in a raised voice 'No way' and that he was not going to

refer her anywhere and that he might not be able to help her. Mrs C was upset and humiliated by the Consultant's remarks and left the room.

5. The Board's Director of Public Health (DOPH) investigated the complaint. She met the Consultant and Mrs C. The Consultant had reported that Mrs C was angry from the beginning of the consultation and she would not listen to him when he was trying to talk about her case. The Consultant said that Mrs C continually interrupted him and did not give him a chance to explain things to her. During the meeting with Mrs C, the DOPH offered some alternative interpretations for the Consultant's behaviour such as he might have been conducting the consultation informally and in a friendly manner but Mrs C felt that it was rude and discourteous. At one stage, Mrs C had threatened to walk out of the meeting and the DOPH apologised if she had caused any upset. The DOPH suggested that there had been a breakdown of the relationship between the Consultant and Mrs C and that it was in neither of their interests to continue the relationship. It was agreed that Mrs C's GP would make the decision whether to refer Mrs C to Aberdeen for treatment.

6. The Board's Chief Executive (the Chief Executive) responded to Mrs C's complaint. She said that the investigation had revealed that both Mrs C and the Consultant had been upset by the encounter and that both parties felt it would not be helpful for the relationship to continue.

7. Mrs C and her husband met with the Chief Executive on 22 September 2005 to discuss the handling of the complaint. The Chief Executive said that the Board had not contacted the medical student who was present at the consultation, as the medical student had since returned to Germany. Mrs C accepted that the medical student may not have been aware of what was being said between Mrs C and the Consultant and Mrs C felt there would be no value on seeking the medical student's view. Mrs C had told the Chief Executive that the complaint could be resolved if the Consultant would admit that he was wrong. The Chief Executive met the Consultant later that day. The Consultant told the Chief Executive that he had a different recollection of the consultation and, therefore, he could make no such admission. The Consultant said he did not intend to cause any offence to Mrs C and was sorry if she felt upset. The Consultant could not recall using the words 'No way' but said he could have done. He had been trying to explain to

Mrs C that it was inappropriate for her to be referred to Aberdeen because she was already being seen by the service in Glasgow.

8. The adviser said that in situations where both parties have a different interpretation of events then it is almost impossible to be sure which version is correct. The clinical notes did document that a situation had occurred and the Board's investigation appropriately included interviews with the Consultant and Mrs C in an effort to arrive at a resolution.

Conclusion

9. In complaints relating to attitude of staff, it is difficult to reach meaningful conclusions without the benefit of truly independent corroboration. The Consultant and Mrs C both accept that there had been a breakdown in the doctor/patient relationship but their recollections of what was said at the consultation are different. Accordingly, I make no finding on this complaint. I am, however, concerned that the Consultant has accepted that he could have said 'No way' because such language and tone could be viewed as professionally inappropriate. Nevertheless, I am satisfied that the Board have taken the complaint seriously and that they undertook a thorough investigation by interviewing Mrs C and the Consultant. The Board also considered contacting the medical student, however, it was felt that the medical student might not have overheard what exactly was said and, therefore, matters would not be progressed.

31 October 2006

Explanation of abbreviations used

Mrs C	The complainant
The Consultant	The consultant who saw Mrs C on 4 August 2005
The Board	Shetland NHS Board
The adviser	Director of Clinical Advice to the Ombudsman
DOPH	The Board's Director of Public Health
Chief Executive	The Board's Chief Executive