EXPERT MEDICAL REPORT FOR THE COURT

ON LIABILITY AND CAUSATION

Prepared by:

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Date: 13 September 2016

Claimant: L

(**Date of Birth:**)

PREPARED AT THE REQUEST OF:

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1. BRIEF CURRICULUM VITAE

Dr Robert Shaw MB ChB
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Qualified University of Leicester 1991
20 years experience as GP
SpecialistInfo medicolegal training
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2. SUMMARY OF INSTRUCTIONS AND ISSUES TO CONSIDER

2.1 It is alleged that the Defendant, Dr R, was in breach of duty of care, by failing to take an adequate history, and carry out a home visit on the Defendant, on 3rd Feb 2015.

2.2 Had she done so, it is alleged that she would then have admitted the Claimant to hospital, and he would have received treatment that same evening.

3. DOCUMENTATION, MATERIALS AND INFORMATION PROVIDED

3.1 Letter of claim 2 August 2016
3.2 Complaint letter 5 May 2015
3.3 Complaint response 11 June 2015
3.4 Dr R's statement 17 August 2016
3.5 Primary Care records
3.6 Hospital records

4. HISTORY AS GIVEN BY THE CLAIMANT TAKEN FROM THE LETTER OF COMPLAINT TO GP SURGERY, AND FROM THE LETTER OF CLAIM

4.1 The Claimant was under the care of the urologists at General Hospital, where he underwent an elective cystoscopy (camera investigation of the bladder) on 29 Jan 2015.The Claimant refers to this as an endoscopy, however this is the term for an investigation of the intestinal tract.

4.2 The Claimant then reports that he became unwell shortly afterwards, when he was at home, on 30 Jan 2015. He described having stomach cramps, pain on passing urine and opening his bowels. The following day his symptoms worsened, and he started to vomit.

4.3 By 3 Feb 2015, the Claimant states he was unable to leave his bed, had developed a temperature, and sickness and diarrhoea. His mother also reports he had become confused, “and was speaking gobbledegook”.

4.4 The Claimant’s mother requested a home visit on 3 Feb 2015. The Claimant’s mother spoke to the Defendant by phone, and states she informed her that the Claimant was suffering from “diarrhoea, sickness, he had a temperature and he was speaking gobbledegook”.The Claimant’s mother further states that the Defendant “did not see any point in coming out to see Mr Mason, and would just prescribe him medication (anti sickness and diarrhoea)”.The Defendant’s mother claims she raised concerns that he would be unable to take any medication as the Defendant was vomiting.

4.5 It is documented that he became worse over the following days, and ‘lacked any co-ordination’

4.6 The Claimant’s mother then again requested a visit on 5 Feb 2015, which resulted in two nurses attending him at home. They realised he was unwell, suspected sepsis, and arranged an urgent admission to General Hospital Accident and Emergency department.

4.7 The Defendant was admitted to ICU (intensive care unit) with AKI (Acute Kidney Injury-appendix 1) and urinary sepsis (appendix 2).

5. SUMMARY OF PRIMARY CARE RECORD

5.1 The records show that the Defendant had essential hypertension in 2012, for which he was prescribed amlodipine.

5.3 In October 2012 he was noted to have ongoing high blood pressure and was therefore started on the drug Ramipril.

5.4 Due to developing mild kidney impairment, he was referred for an USS (ultrasound scan) of his kidneys. This showed bilateral hydronephrosis and bilateral urethroceles (obstruction of both drainage tubes from the kidneys to the bladder).

5.5 The Claimant underwent a transurethral deroofing of ureteroceles (surgery to relieve the obstruction to the kidneys) on 4 June 2014.

5.6 Following an episode of haematuria (blood in the urine) in Dec 2014, the Claimant had a flexible cystoscopy on 29 Jan 2015. This was reported as being normal, with no obvious cause for the haematuria being found.

5.7 On 3 Feb 2015 the Defendant spoke to the Claimant's mother on the phone. The Defendant wrote 'spoke to mum, pt has D/V. adv try Dioralyte sachet, cyclizine (anti sickness medication). to seek urgent adv if any worsening of symptoms.'

5.8 On 5 Feb 2015, a Dr O writes 'spoke to mum, says diarrhoea has settled, however he is off his feet, and keeps talking to himself. thinks he is a bit hot too. no vomiting. not sweaty/clammy. mum thinks he might have a slight fever too.'

5.9 The urgent care practitioner was sent to visit shortly after this conversation. She recognised how unwell the Claimant was and suspecting sepsis, organised an urgent (999) ambulance to admit him to Scunthorpe General Hospital Accident and Emergency department.

5.10 The Claimant was admitted to the Intensive Care department with a diagnosis of urinary sepsis and AKI(Acute Kidney Injury-appendix 1). He required intravenous fluids and antibiotics, and haemofiltration (similar treatment to kidney dialysis, to remove waste products from the blood).

5.11 The Claimant was discharged home on the 16 Feb 2015.

5.12 The Claimant was seen in the department of Renal Medicine, at The Royal Infirmary, where he was noted to have ongoing mild but stable kidney impairment.

6. SUMMARY OF DEFENDANT'S STATEMENT

6.1 The Defendant states that the Claimant's mother requested a home visit on 3 Feb 2015, as the claimant had a history of 'bad diarrhoea and sickness' and was unable to attend the surgery. She did not speak to the Claimant as he was 'not wanting to come to the telephone' She writes he was drinking fluids, and 'I can fully recall Mrs M did not state in this phone call that the patient had shakes or shivers or sweating or temperature, talking gobbledegook or urinary symptoms'

6.2 The Defendant advised oral re-hydration and anti sickness medication.

6.3 Although the Defendant states that she advised observation for a few hours and to seek urgent advice if the symptoms deteriorated, she also writes 'I had initially suggested that the patient be taken to hospital via ambulance, but mother was not very keen'

6.4 The Defendant recalls seeing the Claimant's mother when she came to collect the prescription later that day, and again advised calling an ambulance if the symptoms got worse.

6.5 The Defendant reports there was no further contact with the Claimant until the 5 Feb 2015, when he was admitted.

6.6 The Defendant suggests that had mention been made of "temperature, shakes, rigors, urinary symptoms or was talking gobbledegook at the time of first request for home visit, I would have sent an emergency ambulance…. the negative findings were not recorded in the notes as this was a busy afternoon surgery, with the time constraints"

7. OPINION ON LIABILITY

7.1 In this case, there is a discrepancy between the histories given by the Defendant and the Claimant.

7.2 The history from the Claimant is strongly suggestive of sepsis. He had undergone an invasive urological procedure 5 days prior to contacting the surgery. He claims he not only had diarrhoea and vomiting, but also rigors, fever, confusion and urinary symptoms.

7.3 The Defendant's account is one of sickness and diarrhoea for 1 ½ days. She reports she doesn't recall the symptoms suggestive of sepsis being mentioned, and she states that had they been present, she would have arranged urgent admission to hospital.

7.4 It will be for the court to decide which history it prefers.

7.5 It is my expert opinion that the Defendant was in breach of duty of care, by failing to visit and adequately assess the Claimant.

7.6 The recent invasive urological procedure, and the Claimant's known long term renal impairment should have prompted the Defendant to visit and examine the Claimant.

7.7 Sepsis can be nonspecific in presentation. Even if the more obvious symptoms of urinary sepsis (fever, rigors, confusion, urinary symptoms) were not present, the recent cystoscopy should have immediately alerted the Defendant to the possibility of urosepsis (ref. 1) and the need for an urgent visit and examination.

7.8 Long term renal impairment and the use of ramipril should also have prompted a visit to assess the Claimant. These are both risk factors for the development of AKI in the presence of diarrhoea and vomiting (ref. 2) NICE CKS (Clinical Knowledge Summary) suggests close monitoring of patients with impaired renal function with concurrent illness. This requires physical examination and possible blood tests (to assess renal function). CKS also

recommends consideration of stopping medication such as ramipril, as these can worsen kidney function in such situations.

7.9 It is normal practice when triaging patients by telephone, to make every effort to speak to the patient directly. The Claimant reports he was too unwell to talk on the phone. This should also have alerted the Defendant to the possibility of more serious illness, and prompted physical assessment.

8. SUMMARY OF CONCLUSIONS

I am unable to comment on whether the claimant would have been admitted on the 3 Feb 2015, or not, as this would depend on whether the symptoms of urinary sepsis were present or not. This will be for the court to decide, depending on which version of the history is preferred.
It is however, my opinion that the symptoms of diarrhoea and vomiting in someone with impaired renal function, and recent urological procedure should have prompted a reasonably competent GP to visit and assess the patient. By failing to visit, the Defendant did not put herself in a position to make the diagnosis of sepsis or AKI. Therefore it is my expert opinion that the Defendant was in breach of duty of care.

9. REFERENCES

ref 1. Clinical Knowledge Summaries - NICE - Sepsis:recognition diagnosis and early management see algorithm for managing suspected sepsis in adults outside an acute hospital setting

ref 2. Clinical Knowledge Summaries - NICE - Acute kidney injury

EXPERT'S DECLARATION

1. I understand that my overriding duty is to the court, both in preparing reports and in giving oral evidence. I have complied and will continue to comply with that duty.

2. I have set out in my report what I understand from those instructing me to be the questions in respect of which my opinion as an expert is required.

3. I have done my best, in preparing this report, to be accurate and complete. I have mentioned all matters which I regard as relevant to the opinions I have expressed. All of the matters on which I have expressed an opinion lie within my field of expertise.

4. I have drawn to the attention of the court all matters, of which I am aware, which might adversely affect my opinion.

5. Wherever I have no personal knowledge, I have indicated the source of factual information.

6. I have no included anything in this report which has been suggested to me by anyone, including the lawyers instructing me, without forming my own independent view of the matter.

7. Where, in my view, there is a range of reasonable opinion, I have indicated the extent of that range in the report.

8. At the time of signing the report I consider it to be complete and accurate. I will notify those instructing me if, for any reason, I subsequently consider that the report requires any correction or qualification.

9. I understand that this report will be the evidence that I will give under oath, subject to any correction or qualification I may make before swearing to its veracity.

10. I have attached to this report a statement setting out the substance of all facts and instructions given to me which are material to the opinions expressed in this report or upon which those opinions are based.

11. That I know of no conflict or interest of any kind, other than any which I have disclosed in my report.

12. That I do not consider that any interest which I have disclosed affects my suitability as an expert witness on any issues on which I have given evidence.

13. That I will advise the party by whom I am instructed if, between the date of my report and the trial, there is a change in circumstances which affect my answers to either of the above two points.

STATEMENT OF TRUTH

I confirm that I have made clear which facts and matters referred to in the report are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer.

Signature:

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Date:

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APPENDICES

1. AKI - acute kidney injury - a sudden episode of kidney failure or damage, occurring within a few hours or days, causing a buildup of waste products, and which can affect other organs (heart, lungs, brain).

2. Urinary sepsis- a life threatening condition arising from an infection in the urinary tract.