

**Care and treatment of patient with ongoing  
sore throat with unusual clinical presentation  
(05HDC12308, 9 February 2007)**

*General practitioners ~ Hospitals ~ Ongoing sore throat ~ Black exudate ~ Standard of care  
~ Continuity of care ~ Documentation ~ Rights 4(1), 4(2)*

A woman complained about the care provided to her late husband, aged 28 years. Over a period of a month he presented seven times to six doctors with an ongoing sore throat. Clinical examination revealed the presence of black exudate in his throat, and he was diagnosed and treated for tonsillitis. However, despite taking analgesics and different antibiotics, he continued to feel unwell. Following his seventh visit to a doctor he was admitted to hospital the same evening. On admission, he was critically ill with severe dehydration, acute renal failure and obstructed upper airway from lymphomatous invasion of his tonsils. He was transferred to the hospital's critical care unit as he required intubation and ventilation. Following several investigations, including a lymph node biopsy, he was diagnosed with a rare form of T-cell lymphoma. His prognosis was poor and he was not considered a suitable candidate for chemotherapy treatment. Following consultation with his family a decision was made to withdraw all active treatment, and to provide comfort cares. He died a short time later.

It was held that although the care provided by one of the doctors was satisfactory in some respects, he should have initiated further investigations, and devised a more specific follow-up plan. In light of these omissions, he breached Right 4(1). It was also held that the care and treatment provided by one of the other doctors was inadequate, and his record-keeping was not satisfactory. He was found to have breached Rights 4(1) and 4(2).

This case highlights the importance of further investigation and the need to devise a specific follow-up plan for ongoing symptoms that have an unusual clinical presentation. It also highlights the importance of comprehensive documentation and the need for medical centres to transfer a copy of the casual patient's clinical records to the patient's own doctor to ensure continuity of care. The latter can be compromised when a patient visits several doctors and fails to inform a particular doctor of preceding consultations.