

## **Management of raised blood sugar level (03HDC15092, 21 April 2005)**

*General practitioner ~ Diabetes ~ Diagnosis ~ Referral ~ Interim management ~  
Timeliness ~ Family history ~ Investigation ~ Standard of care ~ Right 4(1)*

The parents of a 12-year-old boy complained that two general practitioners (GPs) had not properly assessed and managed their son's diabetic condition. The boy, who complained of being excessively thirsty, had uncharacteristically wet his bed at night on several occasions in a fortnight. As there was a history of diabetes in the family, and bedwetting and thirst can be symptoms of diabetes, the boy's mother tested his blood sugar levels two or three times on her own testing device. His levels were in the mid-twenties: normal range is 3.5–7.8.

The boy was taken to his GP, who was told of his symptoms and the family history. The doctor ordered a full blood count and blood tests. All of the results were abnormally high, and the family was told that the boy needed to be seen by a doctor that day. As the boy's usual GP was not working that day, a colleague saw the boy. The doctor discussed the laboratory results with the boy and his father, offered a probable diagnosis of type I diabetes mellitus, and recommended that a glucose tolerance test be conducted. The mother did not get this done, as she felt the results they had were sufficient for diagnosis.

The doctor recommended a referral to a diabetologist in a nearby city. The family discussed the proposed referral and, four days later, confirmed that they would like the boy to see the specialist. Two days later the second GP faxed a referral and telephoned to confirm receipt. The referral was headed "Newly diagnosed Type I Diabetes Mellitus" but was not marked urgent.

The GP assumed the boy would be seen within a week or 10 days; in fact the appointment was in a month's time. A couple of days before the specialist appointment, the boy was admitted to the local hospital's emergency department with a blood glucose level over 20.

It was held that the elevated test results, the bedwetting and the family history of diabetes were enough to raise serious concerns, regardless of whether or not the boy presented as otherwise asymptomatic. The first GP should have taken a blood sugar level during the consultation to ascertain the boy's current status, and should have referred the boy for immediate specialist advice. The second GP should have ensured that the boy received immediate specialist treatment and formulated an appropriate management plan pending specialist review. Both doctors were found in breach of Right 4(1).