
General Practitioner

Report on Opinion - Case 97HDC7016

Complaint

The Medical Council was advised by the Accident Rehabilitation and Compensation Insurance Corporation (ACC) of a finding of medical error in relation to the treatment provided to the consumer. As required by the Medical Practitioners Act 1995 the Medical Council referred the matter to the Health and Disability Commissioner.

The complaint is that when the consumer was seen by the provider for an injury to her finger sustained in mid-September 1996, the provider did not provide appropriate treatment. In particular, the complaint is that on finding that the finger had been dislocated, the provider did not immediately refer the consumer to an orthopaedic surgeon and did not prescribe antibiotics.

Investigation

The referral was received on 26 June 1997 and an investigation undertaken. Information was obtained from:

The Provider/General Practitioner
The Complainants (the consumer's parents)
The Chief Executive Officer, Crown Health Enterprise

ACC provided all the documentation for the consumer's claim.

The Commissioner obtained advice from a General Practitioner.

Outcome of Investigation

In mid-September 1996 the consumer (two years old) jammed her finger in a door and was taken by her parents to the Emergency Department at the Hospital, where she was seen by the provider, a GP.

The provider examined the consumer's finger and states that he found there was a severe crush of the terminal phalanx of the right ring finger with a near amputation and a 75% circumferential laceration of the finger. He repositioned the terminal fragment and skin using Vaseline gauze strips and a dressing on the finger.

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**Outcome of
Investigation,
continued**

The provider saw the consumer for a follow up visit three days later and thought that although the finger tip was dusky, it appeared viable. On this visit the finger was x-rayed and the provider noted that the swelling had produced dislocation of the joint. The provider advised the Commissioner that he *“made a decision on that appearance that an orthopaedic surgeon would not operate at that stage but wait for the swelling to go down and the blood supply to be more secure.”*

The provider saw the consumer again three days later in the outpatient department and states that the viability of the terminal finger appeared satisfactory at this visit. The finger was redressed and the provider provided a letter for the family's GP, in another town. This letter notes the dislocation of the joint and the provider's thinking that *“when the swelling has decreased and wound healed she could be seen by an [orthopaedic surgeon] in due course.”* On returning home the consumer's parents took her to their GP, ten days after the injury was sustained. This GP arranged an urgent referral to an Orthopaedic Surgeon.

When the Surgeon examined the consumer's finger he advised that surgery was required and that he would insert a 'K-wire' to reduce the fracture. The Surgeon operated on the consumer's finger in early October 1996 but due to infection and swelling present in the finger, he was unable to reduce the fracture with a 'K-Wire' at that time. The Surgeon carried out a second operation to insert the 'K-wire' three days later.

The consumer retained the tip of her finger but now has a deformity of the affected area.

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**Code of
Health and
Disability
Services
Consumers'
Rights**

RIGHT 4

Right to Services of an Appropriate Standard

2) *Every consumer has the right to have services provided that comply with legal, professional, ethical, and other relevant standards.*

**Opinion:
No Breach**

Right 4(2)

In my opinion, there has not been a breach of Right 4(2) by the provider GP.

Referral to an Orthopaedic Surgeon

The provider's foremost concern was treatment of the soft tissue injury and maintenance of blood supply.

My general practitioner advisor stated that:

"I do not feel [the provider] should have arranged a referral to an orthopaedic surgeon any sooner than he had planned to and that his plan of action regarding such referral was appropriate."

In my opinion manipulation of the finger could have interfered with blood supply and put the viability of the finger at risk. The provider's plan of action in regard to referral to an orthopaedic surgeon was reasonable in the circumstances.

Antibiotics

My general practitioner advisor further commented in respect of whether the provider should have prescribed antibiotics that:

"I think it is not the issue of the dislocation of the finger that requires the antibiotics. It is more the issue that the degree of separation of the terminal phalanges would amongst a lot of doctors indicate that antibiotics were indeed appropriate... My view is that where you have such a high amount of skin break where the bone is actually exposed to the outside, antibiotics are useful while in therapy but it is not necessarily that an inappropriate standard of care has been delivered by not prescribing antibiotics."

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**Opinion:
No Breach,
*continued***

While prescribing antibiotics for the consumer may have been wise, in hindsight, by not prescribing antibiotics the provider did not fail to provide an appropriate standard of care. I accept the provider's comment that:

“My own practice, and I believe a valid one, is that I do not routinely prescribe antibiotics but prefer to observe the wound and to prescribe as necessary. The presence of obvious contamination or obvious bone fracture in the wound would change this and if they were present I would give antibiotics. In this case there was neither gross contamination or obvious fracture. A radiologist's comment of a small fragment of bone displaced from the terminal phalanx was not available to me at the time. In retrospect this probably represents the insertion of the extensor tendon pulled from the base of the terminal phalanx.”

In my opinion the treatment provided by the provider to the consumer was reasonable in the circumstances, and therefore not in breach of the Code.

Suggestions

I have considered the comment by my general practitioner advisor that the view of a number of doctors may be that the type of injury suffered by the consumer would indicate that antibiotics were appropriate. While I have not found a breach of the Code of Rights in this case, I suggest that in future when the provider provides treatment for an injury such as that sustained by the consumer, he give due consideration to the option of providing antibiotic treatment to prevent infection.

Actions

A copy of this report will be sent to the complainants, ACC and the Medical Council of New Zealand.
