

Management of bowel symptoms (12HDC01483, 12 July 2013)

General practitioner ~ Medical practice ~ Patient review ~ Management of persistent symptoms ~ Bowel cancer ~ Bowel symptoms ~ Right 4(1)

A woman complained that her bowel symptoms were not appropriately managed or addressed by her general practitioner (GP) over a period of four years. The woman presented to her GP with bowel symptoms including diarrhoea and rectal bleeding. The GP prescribed medication to help with what she concluded was Irritable Bowel Syndrome.

Over the next four years the woman saw the GP several more times for a variety of issues, including her ongoing bowel symptoms. The woman eventually requested an appointment with another GP at the practice as she felt that her bowel symptoms had not been adequately addressed. That GP referred the woman to a local general surgeon for specialist review of her persistent symptoms. The woman was subsequently diagnosed with advanced bowel cancer.

It was held that the woman's GP should have performed a digital rectal exam when the woman first presented with bowel symptoms. The GP also should have ensured, over the course of the next four years, that there was a management plan in place to monitor and address the woman's persistent symptoms. In addition, the GP did not sufficiently consider or investigate alternative diagnoses, despite indications contrary to a diagnosis of Irritable Bowel Syndrome. It was held that the GP failed to provide services with reasonable care and skill and so breached Right 4(1).

It was held that the medical practice where the GPs worked did not breach the Code. However, the importance of GPs having strategies in place to ensure good communication with patients who present with multiple issues at a single consultation, was noted.

It was noted that GPs should be very aware of the need to ensure their patients feel heard and understood. The importance of comprehensive consultation notes was also commented on. It was also noted that, when the woman presented with persistent bowel symptoms to the second GP, it would have been prudent for him to check the clinical notes to establish whether and how those symptoms had previously been addressed at the practice.