

**Management of couple treated for gonorrhoea by different GPs in
same practice
(01HDC03691, 17 May 2002)**

General practitioner ~ Sexually transmitted disease ~ Gonorrhoea ~ Information about condition ~ Test results ~ Honest and accurate answers to questions ~ Rights 4(2), 6(1)(a), 6(1)(f), 6(3)

A couple consulted different GPs at the same medical centre. The husband was diagnosed with gonorrhoea while working overseas, and called his doctor in New Zealand, anxious for his wife to have a medical check, but concerned that his own condition be kept secret.

The man told his wife he had a fungal infection and she was examined by her doctor, who took cervical and vaginal swabs, and said the practice would be in touch if the test results were untoward.

At a subsequent practice meeting, the man's GP told his colleague (the woman's GP) about the husband's gonorrhoea and the request for secrecy. Two days later the wife's lab results, which were sent electronically to the practice, were reported as positive for amoxicillin-sensitive *Neisseria* gonorrhoea. Unfortunately, the woman's GP was absent and an unidentified staff member simply logged the results into the patient's clinical records without any alert to the doctor.

After developing a green vaginal discharge and pain, the woman rang the centre but was told she would have been notified if anything was wrong. Her GP, who returned to work some days later, accessed the results and left a message on the woman's answerphone saying she had a bacterial infection that needed antibiotic treatment. In a later telephone conversation with her GP, the woman was told she had "an infection" and that she should have more swabs after completing a course of antibiotics. The woman's GP said that an appointment was not available for some days and she "did not want to tell her over the telephone that she had gonorrhoea".

Meanwhile, the woman continued her efforts to find out what was going on. Eventually the practice nurse revealed the nature of the sexually transmitted disease (STD), and the woman's GP followed up by phoning her patient and explaining that she had contracted gonorrhoea. When the woman asked if her husband could have been unfaithful, her GP said he might have caught the infection from a toilet seat.

Unhappy with this explanation, the woman contacted a sexual health clinic, and was told that the toilet seat advice was incorrect and the 10-day amoxicillin treatment was not current recommended treatment.

The GP said she thought it was up to the husband to be honest with his wife and that she was subject to privacy constraints. However, in not providing honest and accurate answers to her patient's questions, the GP breached Right 6(3). She also acted inappropriately by treating her patient without giving information about the STD, and thus breached Right 6(1)(a). She could have provided information without divulging her knowledge of the husband's infection.

Patients have the right to be informed about test results, and this clearly did not happen in a timely fashion. The woman's GP knew she would be absent for some days and (as a result of her colleague's disclosure) that the woman was likely to have

gonorrhoea. The GP should have made arrangements for the test results to be checked by a colleague in her absence. This was a breach of Right 6(1)(f).

The woman's GP also failed to comply with the requirements of the Health Act 1956, which requires doctors to inform patients about the infectious nature of STDs and provide printed information about treatment. This was a breach of Right 4(2).

The husband's GP stated that he was bound by patient confidentiality and was not in a position to act differently. However, he breached ethical standards in his handling of confidential information about the husband's STD. He acceded to his patient's wishes and conspired to protect the husband and deceive the wife by keeping the true cause and nature of the infection from her. This was a breach of Right 4(2).

Sadly, GPs are often dragged into family disputes. The doctors made decisions in what they thought were the best interests of the wife's health and the couple's marriage. However, in doing so they ignored the fundamental ethical principle of patient autonomy, and destroyed a patient's trust when their deception was unmasked.

The case was referred to the Director of Proceedings, who decided not to issue disciplinary proceedings.