

**GP management of child with gonorrhoea  
without involvement of sexual abuse specialists**

**(01HDC01802, 30 April 2002)**

*General practitioner ~ Standard of care ~ Compliance with professional standards ~ Co-operation among providers ~ Sexually transmitted infection ~ Sexual abuse ~ Children Young Persons and Their Families Act ~ Rights 4(2), 4(5)*

A complaint was made by a paediatrician about a general practitioner that:

- 1 when a seven-year-old girl presented with vaginal gonorrhoea, the GP did not take appropriate action in that he treated the girl with intramuscular ceftriaxone, but did not consult with a paediatrician and made no referral to child protection agencies; and
- 2 the GP did not respond appropriately when he again diagnosed the girl with vaginal gonorrhoea and compromised her diagnosis and management by treating her with intramuscular ceftriaxone before he referred her to the Child Protection Team at a children's hospital.

The Commissioner reasoned as follows:

- 1 The seven-year-old girl had vaginal gonorrhoea on two occasions, which could have been acquired only through sexual abuse.
- 2 The Interagency Protocols for Child Abuse Management require that a GP should not attempt to manage a case of suspected sexual abuse alone. Advice and assistance is available from several sources, including Doctors for Sexual Abuse Care (DSAC), Child, Youth and Family Services (CYFS), the Police, and the public hospital system via a paediatric sexual abuse service. It is important that the correct immediate specialist referrals are made so that a child suspected of being the victim of sexual abuse remains safe and is not exposed to the risk of further abuse. This is so even when the parents or caregivers oppose referral, as the child's best interests are paramount.

It was held that the GP:

- 1 breached Right 4(2) by failing to refer the girl to child protection authorities when he first diagnosed her with gonorrhoea, as this was contrary to professional standards to consult and refer when a sexually transmitted disease is diagnosed in a child;
- 2 breached Right 4(2) by delaying referral for two days at the time of diagnosis of a second sexually transmitted infection; and
- 3 breached Right 4(5) of the Code as he did not co-operate appropriately with other providers who needed to be involved in the girl's care, which resulted in the girl not receiving timely, appropriate management to ensure her protection.

The Commissioner referred the matter to the Director of Proceedings, who decided not to issue proceedings.