

**Examination and investigation of  
ongoing urinary and abdominal discomfort  
(03HDC03134, 28 June 2005)**

*General practitioner ~ Medical centre ~ Cancer ~ Ischaemia ~ Urinary and abdominal discomfort ~ Examination ~ Diagnosis ~ Repeat prescriptions ~ Multiple providers ~ Test results ~ Confidentiality ~ Referral ~ Documentation ~ Systems ~ Vicarious liability ~ Rights 4(1), 4(2), 6(1)(a), 6(1)(g)*

The family of a 62-year-old woman with a history of diverticulitis and multiple pre-existing conditions complained that there was a delay in diagnosing her and referring her to a specialist. The woman consulted her long-time GP on a number of occasions regarding ongoing abdominal tenderness and difficulty in urinating. He initially attributed the woman's symptoms to urethral irritation due to recent sexual activity. When the symptoms persisted over the next few months, he prescribed medications to treat diverticular disease. He stated that he examined the woman's abdomen on a number of occasions and found no physical irregularities, but his clinical notes did not reflect the physical examinations he claimed took place.

The GP worked at the medical centre three days a week. Other doctors in the practice saw his patients when he was not there. Six months after the first consultation regarding the symptoms, the woman saw another doctor in the practice, complaining of sore toes and pain in her calf when walking. The doctor identified the problem as inadequate blood supply to the foot and, when an ultrasound revealed no abnormality, referred the woman to a vascular specialist. Results from later hospital investigations discovered a previously undetected heart attack, which suggested that the cause of the blocked blood supply to the woman's foot was a blood clot caused by the heart attack. The resulting ischaemia led to the amputation of her leg, and the woman subsequently died.

It was held that, when the symptoms did not resolve over time, the first GP should have investigated the cause of the symptoms more aggressively rather than attribute the cause to a previously diagnosed condition. His failure to do so breached Right 4(1). The part-time nature of his practice made it even more important that he keep detailed records of consultations. His failure to do so jeopardised the continuity of care provided to the woman by the medical practice and breached Right 4(2).

The medical practice's deference to the GP's preference for handwritten record-keeping when most of the practice kept computerised records meant that the practice ran both manual and electronic patient records, with information split between the two systems. Because there is no evidence that this arrangement compromised the woman's care, the medical practice was not found in breach of the Code, but it was noted that the dual system potentially put patients at risk. However, the medical practice was vicariously liable for the GP's breaches because of its failure to audit the performance of the doctors it contracted.