Information and care provided to patient undergoing liver cancer treatment
(09HDC01870, 4 March 2010)

Gastrointestinal and hepatobiliary surgeon ~ Private hospital ~ Public hospital ~ District health board ~ Selective Internal Radiation Therapy (SIRT) ~ Liver cancer ~ Information ~ Risk of anastomotic leak ~ Right 6(1)(b)

A 64-year-old man was diagnosed with advanced colorectal cancer with secondary cancer in the liver. After chemotherapy was no longer effective, he was referred to gastroenterology and hepatobiliary surgeon in his private practice for assessment and ongoing treatment. The surgeon discussed the treatment options and provided an information booklet about liver cancer diagnosis and treatment. He advised that without treatment the patient's life expectancy was three to six months, and recommended surgery to resect the cancer, followed by Selective Internal Radiation Therapy (SIRT), with ongoing hepatic artery chemotherapy (HAC). This treatment is costly and was available only through the private sector. The patient did not have medical insurance, so the costs of the treatment were specifically discussed. The patient was advised that there was a 5% risk of an anastomotic leak.

The patient opted to have the surgery (to be followed by SIRT) and was admitted to a private hospital where he underwent an anterior resection of the rectum, cholecystectomy and insertion of a hepatic artery access port.

The patient made a slow recovery and two weeks later developed an anastomotic leak and peritonitis. He was transferred to the public hospital for surgery was discharged home one month later. He died two months after discharge without having the SIRT.

The Commissioner's expert advisor advised that the risk of anastomotic leak for the patient was in excess of 20%. It was held that, although the standard of care was appropriate, the surgeon breached Right (6)(1)(b) because of the failure to accurately disclose the risk of anastomotic leak and offer the choice of a defunctioning ileostomy.