

GP management of an exacerbation of chronic airways disease (01HDC11412, 7 May 2002)

*General practitioner ~ Standard of care ~ COPD ~ Medication management
~ Record-keeping ~ Patient monitoring ~ Co-ordination of providers ~
Certification of death ~ Rights 4(1), 4(2)*

A complaint was made by a woman about the services provided to her late husband by a GP. The 77-year-old patient was suffering from a mild exacerbation of his chronic obstructive pulmonary disease (COPD). The complaint was that the GP:

- 1 did not admit the patient to hospital for his shortness of breath;
- 2 did not consult with the patient's respiratory specialist;
- 3 administered IV salbutamol (Ventolin);
- 4 did not keep the patient under observation after administering the salbutamol;
- 5 did not contact the police following the patient's sudden death; and
- 6 certified the patient's death as being a result of pulmonary failure.

The Commissioner held that the GP breached Right 4(1) as he did not provide services with reasonable care and skill in that:

- 1 it is not standard practice to inject salbutamol (which should be reserved for severe, life-threatening exacerbations), either intramuscularly or intravenously, for acute on chronic COPD and, in doing so, the GP introduced an unnecessary element of risk, which may have contributed to the patient's sudden death; and
- 2 having considered that the exacerbation was severe enough to warrant an injection of salbutamol, the GP should have provided oxygen therapy, monitored the patient closely, and arranged admission to hospital.

The GP also breached Right 4(2) because his documentation fell below professional standards. However, there was no breach of the Code in not consulting the respiratory specialist, because patients experiencing a mild to moderate exacerbation of COPD are routinely treated in general practice.

The Commissioner commented that although his jurisdiction does not extend to events following death, it is usual for a GP to issue a death certificate without autopsy and without contacting the Police in an elderly person such as the patient, who had severe disease known to be associated with sudden death.

A copy of the Commissioner's report was sent to the Medical Council with a recommendation to consider whether a competence review of the GP was warranted.