## Follow-up advice to patient (08HDC07350, 15 March 2010)

General practitioner  $\sim$  Gynaecologist  $\sim$  Medical centre  $\sim$  Public hospital  $\sim$  District health board  $\sim$  Bleeding  $\sim$  Cervical smear  $\sim$  Colposcopy  $\sim$  Cervical cancer  $\sim$  Right 4(1)

A 39-year-old woman saw her GP, at a medical centre, reporting three separate episodes of postcoital bleeding approximately four months after giving birth. Over the next few months, the woman re-presented at the medical centre on a number of occasions, complaining of vaginal bleeding, discharge and other issues. A series of tests, including an X-ray, an ultrasound scan and a vaginal swab, were taken to find the cause of the vaginal bleeding. A cervical smear was not taken during this time period, and the woman was not offered the option of a Liquid Based Cytology (LBC) smear. After one consultation, one of the GPs considered the need for a smear, but decided to defer taking the smear until after the woman's infection cleared. However, the GP did not follow up this decision.

Two months later, the woman saw a gynaecologist at the DHB, who conducted a physical examination and took a full history, but did not take a cervical smear or perform a colposcopy. The gynaecologist did not document any advice to the woman about when to re-present to her GP if her symptoms persisted, or any clear plan of action. In addition, the gynaecologist's referral letter back to the woman's GP did not advise of the need for further evaluation if her symptoms persisted.

Four months later, the woman called the medical centre and requested a cervical smear, but her request was declined. Another four months later, she had a cervical smear taken. Her results were returned as abnormal, and she was subsequently diagnosed with Stage 3B cervical cancer. The woman died the following year.

It was held that, while the gynaecologist had not breached the Code in his management of the woman, he should have provided specific follow-up advice to her and her referring GP. He was found in breach of Right 4(1) for failing to do so.

The GPs at the medical centre were found not to have breached the Code. However, they were criticised for the slight delay in referring the woman for a specialist opinion, and for failing to offer the woman the option of an LBC smear. One of the GPs was also criticised for failing to actively follow up her own recommendation that the woman return for a smear in two weeks' time. Neither the DHB nor the medical centre was found to have breached the Code