

**Diagnosis of squamous cell carcinoma
(04HDC20196, 14 February 2006)**

*General practitioner ~ Cancer ~ Cellulitis ~ Differential diagnosis ~ Follow-up care
~ Referral ~ Documentation ~ Rights 4(1), 6(1)*

A woman on holiday in New Zealand attended three consultations with a GP over the period of a month, for symptoms related to her nose. At the initial consultation, the GP diagnosed cellulitis of the nose, secondary to sunburn, and prescribed an antibiotic. Nine days later, when she returned to the GP, following an examination of her nose the GP prescribed a different type of antibiotic of lower potency but wider spectrum, on the basis that if the woman had an infection it was resistant to penicillin.

At the final consultation there was discussion about the need for the woman to see a specialist for further investigations, specifically a biopsy. It was agreed that she would see a specialist on her return to her own country. The GP supported this decision as he believed that it would be easier to face investigations and treatment in familiar surroundings. In addition, the time frame for seeing a specialist (three to six weeks) was too long given the woman's proposed travel dates. A third antibiotic was prescribed at this consultation.

It was held that it was reasonable for the GP to diagnose an infection of the woman's nose based on the history she provided, and to prescribe an antibiotic at the initial consultation and a different type of antibiotic at the second consultation.

Based on her presentation at the third and final consultation, specialist referral was required, and it was considered appropriate for the woman to seek specialist attention in her own country. It was held that the GP's care and treatment was of an appropriate standard and did not breach Right 4(1).

The woman expressed some concern that the GP had not spoken with her about the possibility of cancer. The GP said that he considered cancer to be a differential diagnosis for her symptoms but, in the absence of histopathology results to support the diagnosis (following a biopsy), he did not consider it appropriate to inform her of this possibility. It was held that the GP's actions were reasonable in light of the difficult circumstances. There appears to have been a full discussion about the woman's condition and the need for specialist referral, and an understanding reached that she would see a specialist in her own country. In these circumstances, the GP acted appropriately and did not breach Right 6(1).