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Heald Mellows LLP

The Medical Accident Solicitors

Example of a Complaint

This is a genuine complaint, which we have commented upon. We have removed any reference to the parties involved in order to preserve confidentiality.

1. When you went to A&E a week after the termination suffering with a lot of pain, why were you not scanned?

I have been advised by the Consultant in the Accident & Emergency (A&E) Department that when you presented in A&E on 20th March 2009 you were referred to the Gynaecology Team who would have made the decision if a scan was required immediately. This was not the case and I understand that an appointment was arranged for you to have a scan on Monday 23rd March which you advised was clear.
Comment: Many patients are sceptical about the complaints procedure, but our experience is more positive. This reply shows a possible breach of duty. The question that then needs to be answered is what additional harm has the 3 day delay caused.

2. Why weren't any urine samples taken to check for any possible infections?

It is documented that urinalysis tests were done in A&E which did not indicate any infection at that time and you did not show any signs of fever.
Comment: One reason for making a complaint is to clarify the facts. Here the patient is adamant something did not happen, but the hospital has clarified that it did. That is one less issue for us to be concerned about in terms of advising the patient.

3. In all the time you had been in hospital why was your blood count not checked?

It is documented that a full blood count was taken on Friday 20th March when your haemoglobin was 11.3 which is normal. Haemoglobin is a coloured pigment inside red blood cells that carries oxygen around the body. A further blood count was taken on Txxxxxxx Ward on 7th April when your haemoglobin was 9.2, which is slightly low but your body should make it up fairly quickly, and you were informed of this result.

Comment: As above, the hospital has clarified that something which the patient cannot remember happening, did happen AND has provided a helpful explanation.

4. Why were you not given antibiotics before you left the hospital on the day of the pregnancy termination?

Antibiotics are only prescribed where there is an infection caused by bacteria. The termination procedure would not normally need antibiotics to be prescribed on discharge unless there was a reason to suppose that an infection existed.

Comment: Here the hospital has given an explanation on policy, which is helpful to us when we advise the patient.

5. After being in severe pain, having a lot of blood loss and suffering from dehydration, why were you told after your first scan that everything had passed that you could go home?

There was no evidence on the scan of any remaining products so the doctor suggested giving the antibiotics a chance to work fully and arranged to see you 72 hours later.

Comment: Here we see the thinking behind a decision made by the doctor. It also shows up some areas of concern in that the hospital has not responded to the points about severe pain, blood loss or dehydration.

6. Why were you contacted the following day for another scan to be told that a small blood clot remained and that it would pass by itself?

This was the 72 hour follow up scan to check progress. This scan (on a more powerful machine) showed what looked like a small clot only, and we would normally expect this to be passed spontaneously. I am sorry if you were not offered or prescribed any painkillers or medication. The doctor has recorded that you should have taken painkillers, but presumed that you had a supply at home or from a chemist. I am sorry for any misunderstanding.

Comment: Again a possible breach of duty is highlighted, although by itself a lack of painkillers is unlikely to be a particularly valuable claim.

7. Why were you asked to do a pregnancy test on 5th April and why did you still test positive after having the termination on 12th March 2009?

All patients are asked to do a pregnancy test 3 weeks after a termination to check it has been successfully completed. In your case, the positive result could also have been due to retained products.

Comment: Here the hospital has given an explanation on policy, which is helpful to us when we advise the patient.

8. Why were you left in severe pain, often unable to stand, losing large blood clots, suffering constant headaches and dizziness and dehydration for so long from 12th March 2009 to 7th April 2009?

Mr. Dxxx saw you in the early pregnancy assessment unit on 2nd April 2009 when you were complaining of pain and the passage of small clots. Mr. Dxxx explained that the bleeding may be due to the Depo Provera. A transvaginal scan revealed products of conception. Mr. Dxxx offered you a procedure called Evacuation of Retained Products of Conception (ERPC) because of your intermittent bleeding which was carried out on 7th April and you had an uneventful recovery.

Comment: This answer shows up some areas of concern in that the hospital has not really responded to the point about delay.

9. You were asked to come into theatre for an appointment at 9am but were not seen until 5pm. Why were you waiting so long? Was this classed as a non-emergency by the staff?

All patients requiring an ERPC procedure are asked to attend the ward at 11:30 hours with the theatre list starting at 14.00 hours. This is to ensure that if necessary all patients can be seen by the anaesthetists and surgeons before their procedures and it is unclear why you would have been asked to come for 09:00 hours. The documentation shows that you went to theatre at approximately 15:00 hours, returned to recovery at 15:55 hours, returned to the ward at 16:20 hours and were discharged at 17:35 hours. There were unusually 3 ERPCs on that day, and several emergencies and for your benefit you were moved to the end of the afternoon list whilst the other patients who were scheduled for ERPCs remained on the emergency

list and did not have their procedures until after 16:00 hours. This procedure is always classed as an emergency by the staff and they do endeavour to place patients having this procedure to the top of the theatre list if at all possible.

Comment: This explanation clarifies factual issues, i.e. the patient's recollection about timings was clearly mistaken, and gives an explanation about the delay that did occur.

10. Why were you not prescribed any painkillers or medication until one month after your very first hospital appointment?

It is not normal practice to prescribe analgesia on discharge for this procedure and you would have been advised to take paracetamol at home if required.

Comment: An explanation as to policy, although it does appear to conflict with complaint 6.

OVERALL COMMENT: If this was a case that was worth investigation (it isn't because it has a very low value – it is uneconomic to sue in respect of one month's pain), the complaints process here has clarified many factual issues, provided a reasonable explanation for a number of the complaints, has made a number of useful admissions, and highlighted where any investigation would need to focus.