Missed or delayed diagnosis

Avant
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You have been treating a 35 year old woman for four years. During that time she has had classical migraine symptoms which usually respond to ergotamine and analgesics. In the last year they have been more frequent and prophylaxis with Deseril has been helpful.

She again presents with the usual symptoms but has noticed some face numbness and a more frequent pattern of occurrence. A CT scan report shows a 4 cm meningioma in the right temporal area which clearly has been there for a long time.

How to handle the situation?

At some time all of us will face such diagnostic challenges. They may be less dramatic or more serious. 'Could/should this have been picked up earlier?' is an obvious question the patient will put to you – and one which requires an answer. Your response will set the scene for the ongoing relationship.

A 2007 study in the USA found:[1]

Most common diagnostic delays	
Cancer:	34%
Endocrine problems:	26%
Cardiac problems:	16%
Other:	24%

Most common missed results	
Imaging studies:	29%
Biochemistry:	22%
Histopathology:	9%
Other:	40%

Suggested next steps?

1. **Arrange urgent review.** Depending on the urgency of the diagnosis, arrange to contact the patient for review so that you can inform them of the unexpected finding and its implications. A personal telephone call and then a face to face conversation is the most appropriate course,rather than delegation to another member of the practice.
2. **Explain the situation** and the new findings in a face to face discussion. Say how sorry you are about the unexpected news. Explain what treatment may be necessary and what it would involve.
3. **Arrange for immediate treatment of the diagnosis.** This may require referral for additional tests and specialist treatment. Preferably arrange these through a phone call with the patient present; do not just give the patient a referral letter.
4. **Maintaining contact** with the patient and enquiring periodically about their progress may help the patient cope with the feelings of concern over the diagnosis or any possible delays. Expressions of personal concern and interest in what has occurred (i.e. an admission to hospital or other treatments) is part of good ongoing care and will assist in the ongoing doctor-patient relationship.
5. **Offer ongoing care** when the crisis period has past. If you have had a good relationship previously it is likely the patient will wish to continue under your care. If the patient requests referral to a new doctor, facilitate the transfer and offer to provide the new doctor with all the details or copies of the patient's medical records.
6. **Investigate the cause of the delayed diagnosis.** A knee-jerk reaction after such an experience would be to over-investigate every patient presenting with a headache. It is more sensible to consider your thoughts and decisions in relation to the management of the patient and develop objective criteria for the management of common clinical problems.

   If the delay was caused or contributed to by a systems error such as follow-up failure or misfiling of pathology or x-ray reports, tighten up your systems to prevent a recurrence. Avant can advise you about current practice standards for investigation tracking and follow-up systems.
7. **Change and inform.** Importantly, while we would recommend you seek advice from Avant before taking this step to avoid making any admissions of liability, it is noted that telling the patient about the steps you have taken to minimise the risk of a repeat of this situation can reassure the patient that some learning has come from what happened to them.
8. **Notify Avant about the incident.** Notify Avant as soon as possible after you become aware of the incident. If you receive a letter of complaint from the patient or their representative, do not answer them without first obtaining advice from Avant.
9. **Consider cancellation of fee.** Avoid sending accounts and reminders where these will inflame the situation. It is better to forego a fee than risk offending the patient. Patients will often forgive human error but they never forgive error plus perceived greed or arrogance. Not sending a bill is not an admission of liability.

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What if another doctor is responsible for the misdiagnosis and you have made the correct diagnosis?

1. The steps 1, 2, and 3 above apply.
2. When discussing the diagnosis and its implications, stick to the facts. You have one side of the history and as such it is better to avoid any implied or stated criticism about the person or persons who may have been responsible for the previous treatment. It is not uncommon for legal claim or complaint to be pursued by a patient after throw away comments by the receiving doctor, some of which were not intended to be a criticism. Remain professional and objective during these exchanges.
3. If at a later date the patient's solicitor seeks a report in the investigation of a compensation claim, keep the report objective and avoid criticism unless you are asked to provide an opinion as an expert witness. Contact Avant if you are unsure what is required.
4. As a guide: do what you would have the other doctor do if the roles were reversed. This might include informing the other doctor of the correct diagnosis and, if the patient agrees, offering to send the patient back to that practitioner so that they have an opportunity to explain. All too often the first inkling of an error or patient dissatisfaction is when a doctor receives a writ or a solicitor's 'letter before action' which proposes negligence proceedings.

Genuine care and concern is called for when a patient suffers an adverse outcome of treatment or diagnostic error.

Things to remember!

- Apologise to the patient
- Take immediate action to treat and correct errors
- Refer immediately for urgent treatment
- Maintain interest in the patient's progress
- Avoid sending accounts for incorrect treatment
- Avoid unnecessary or derogatory comments about your colleagues
- Notify Avant about adverse incidents and complaints – if in doubt about whether to notify, contact us anyway.

Reference

1 Terry L Wahls and Peter M Cram (Iowa). The frequency of missed test results and associated treatment delays in a highly computerized health system. BMC Family Practice 2007, 8:32

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