

Medico–legal Issues and the older patient

Dr T Solanki

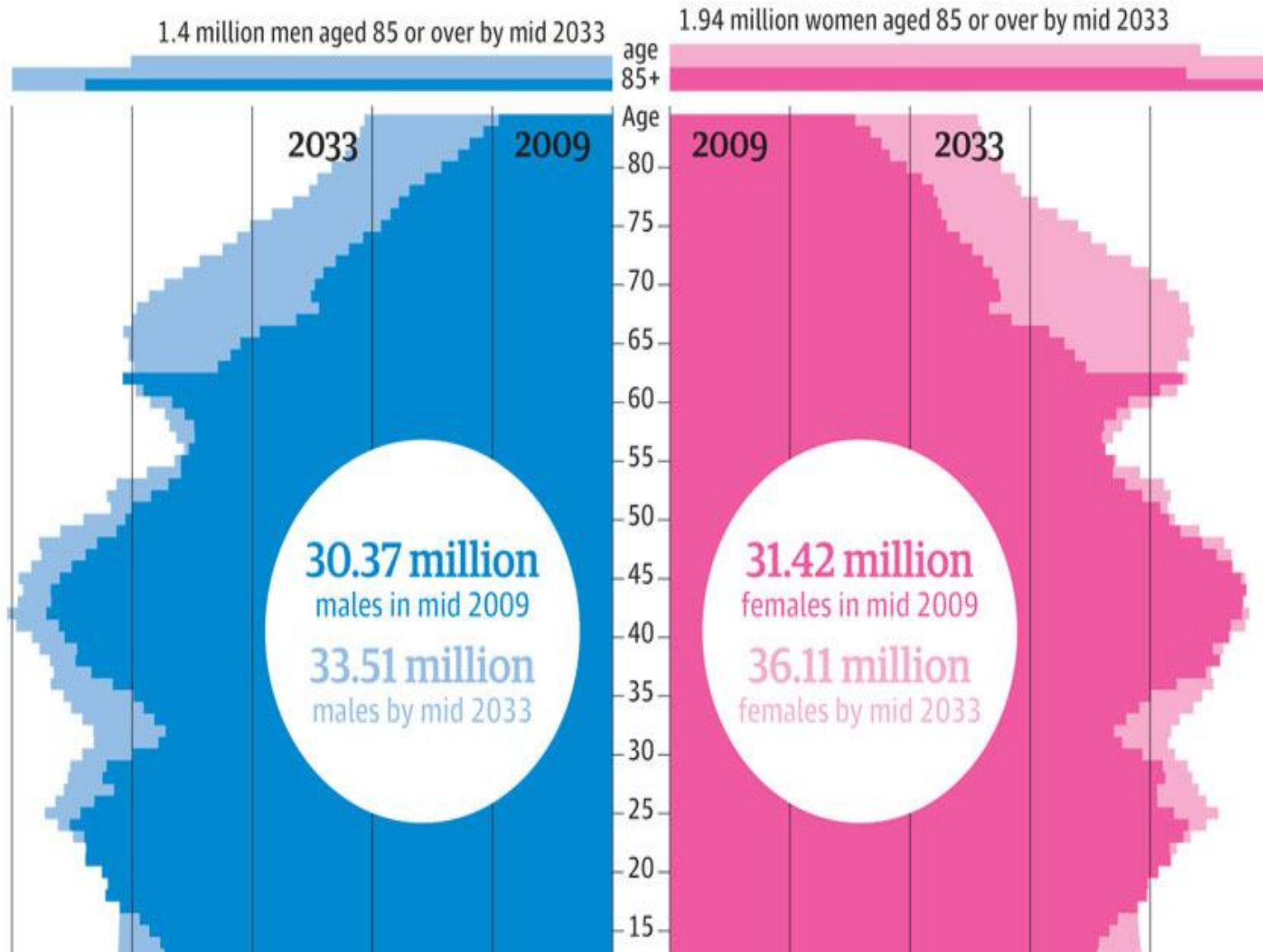
Consultant Physician

Somerset Medical Services Ltd

BIO

- Consultant Physician and Geriatrician with over 20 years experience
- Special interest in Orthogeriatrics and osteoporosis
- Involved in clinical negligence work over the past 10 years

Demographics



Demographics



Demographics

- Consequences of this demographic change:
 - Older people will make a greater impact on health care needs in an already stretched NHS
 - Unless there is a change in ethos geriatrics will remain an underfunded service
 - Lack of specialist services for older people will result in inadequate care for many patients
 - In my experience there has already been a significant rise in negligence claims in the older age group

Geriatrics/ Care of Older People

- Aims
 - To add life to years and not years to life
 - Comprehensive geriatric assessment
 - Manage patients with multiple comorbidities
 - Recognise and appropriately manage the dying patient

Geriatrics/ Care of Older People

- Issues in terms of clinical negligence
 - Predictable
 - Unpredictable

 - Avoidable
 - Unavoidable

Predictable

- 78 yr old male
 - Type 2 diabetes mellitus with complications of ischemic heart disease, peripheral vascular disease, chronic kidney disease, proliferative retinopathy
 - COPD
 - Presented with pulmonary oedema
 - Noted to have severe aortic stenosis
 - Referred for TAVI

Predictable

- Assessed by Cardiologist as suitable for TAVI
 - But needed dental intervention
- Whilst awaiting for TAVI
 - Admitted with falls and deteriorating mobility
 - Also treated for worsening heart failure and infective exacerbation of COPD

Predictable

- Underwent TAVI at tertiary centre
- Transferred back to local hospital
 - Poor progress
 - Increasing confusion
 - Groin wound infection
 - Recurrent chest infections
 - Progressive weight loss
 - Difficult to control diabetes
 - Died after 6 weeks in hospital

Predictable

- Family pursued clinical negligence case against local hospital on grounds of:
 - Recurrent infections
 - Poor nursing care – weight loss and wound infection
 - Poor care resulting in hypoglycaemia and progressive confusion

Predictable

- Opinion
 - Patient was frail to start with
 - Had deteriorated considerably between assessment for TAVI and operation
 - As a geriatrician his complications were predictable
 - If not undergone the TAVI and managed medically life expectancy much the same or possibly little longer
 - Appropriate assessment likely to have avoided suffering and spending last few months in hospital

Predictable

- Difficult management
 - Delirium exacerbated by hypoglycaemia
 - Hypoglycaemia worsens cognitive impairment
 - Cognitive impairment and delirium make nursing challenging
 - Delirium esp if hypoactive menas patient drowsy and likely to decline meals/supplements
 - Poor intake results in difficult diabetes managment

Predictable

- This case was predictably going to go wrong and could have been avoided appropriate comprehensive geriatric assessment was performed prior to surgery
- This patient was “frail” despite his chronological age

Unpredictable