

## **Fitness to Practise Determination**

The following case was heard by a Fitness to Practise Panel. It is presented here to give an example of one possible outcome of breaching a principle in *Good Medical Practice*. It is not intended to give a clear threshold between acceptable and unacceptable behaviour. Each case which comes before a Fitness to Practise Panel is judged on its own merits and assessed on the particular circumstances of the case.

### **Summary**

The doctor provided treatment advice about medication by email and telephone to a patient who was no longer her patient. This advice included that she should stop all medication including that prescribed for a heart condition. The patient subsequently died.

### **Relevant paragraphs of *Good Medical Practice***

The case relates to the *Good clinical care* section of GMP, specifically paragraphs 2a, 2b and 2c, 3a, 3c, 3i on providing good clinical care and paragraph 5 on avoiding treating those close to you. It also relates to the *Working with colleagues* section, specifically paragraph 41a on working in teams and paragraphs 50 and 52 on sharing information with colleagues.

### **Determination on impaired fitness to practise**

Dr X: The Panel has considered, on the basis of the facts found proved, whether your fitness to practise is impaired by reason of your misconduct.

Up to around the end of [date removed] you were Ms A's General Practitioner. Thereafter you advised Ms A on alternative therapies. You knew that Ms A had been diagnosed with idiopathic dilated cardiomyopathy in [date removed] and had thereafter been under the care of Professor P, Professor of Cardiac Medicine at the XXXX Hospital.

Not later than [date removed] Dr F became Ms A's General Practitioner. You remained in touch with Ms A notwithstanding Dr F having taken over as her GP.

Over the next few years you became aware that Ms A had developed her first significant symptoms of heart failure in [date removed] while she was in Kuwait and that she had subsequently had treatment for heart failure with conventional medications. You knew Ms A took these intermittently, used alternative remedies

and disliked hospitals. You were aware, from correspondence and from a consultation between Ms A and you in [date removed], that her heart failure had gradually worsened.

On [date removed] you sent an email to G who had been sending and receiving messages on behalf of Ms A. In that email you said: "Stop ALL medications including homeopathic." When you sent that email you were aware that conventional medication was being prescribed to Ms A for her heart condition.

On the [date removed] Ms A was admitted to the XXXX Hospital. On [date removed] Ms A was discharged with a diagnosis of idiopathic dilated cardiomyopathy and pneumonia. Following her discharge from the XXXX Hospital you received a letter written by Professor P dated [date removed]. That letter informed you of Ms A's recent admission, explained the treatment she had received, the medication she had been prescribed on discharge, and her current state of health.

The echocardiograms and MRI scans, referred to in this discharge letter, clearly demonstrated a markedly reduced ejection fraction signifying at least moderate heart failure. Professor P wrote "her drugs will need to be watched carefully".

In [date removed], you were still in touch with Ms A. She told you about her symptoms and her medication. You also received results of some of her blood tests. Ms A was taking powders recommended by you and you were advising her on medication by means of telephone and email.

On [date removed] you received a message sent on behalf of Ms A asking for help. On [date removed] you sent an email to H who had been sending and receiving messages on behalf of Ms A. In that email you said: "Can you tell [Ms A] that she is NOT to take the digoxin". On or around the [date removed] you informed Ms A that she no longer needed to take another heart medication namely Candesartan.

Over the next few days, you considered Ms A had developed liver failure, secondary to her heart failure, and might have ascites. You did not take adequate steps to alert any of her treating doctors about the changes you had made to her treatment nor her condition.

On the [date removed], in a further message for Ms A, you advised "She just cannot take ANY drugs – I have suggested some homeopathic remedies". You gave dietary advice and added "I feel confident that if she follows the advice she will regain her health".

On the [date removed] you responded to an email sent on behalf of Ms A asking for advice by stating, "She should not take anything but hopefully she is on her way to hospital to be monitored and hopefully not pumped full of drugs". The same day Ms A was admitted to the XXXX hospital in France.

During her admission she required intensive treatment for heart failure and started to improve. However, on the [date removed] Ms A passed away. The final diagnosis given was "acute heart failure due to treatment discontinuation".

In [dates removed] you did not adequately assess Ms A's condition based upon history, symptoms or an examination. You did not take any, or any adequate steps to communicate with Ms A's General Practitioner and/or treating consultant to ensure that they were advised as to the changes in treatment you were recommending. You also gave advice by email or telephone which you knew was contrary to advice given and treatment prescribed by Ms A's treating doctors.

The Panel found that your conduct in [date removed] contributed to Ms A's death. It also found that your conduct, in both [dates removed], was inappropriate, unprofessional, not in the best interests of Ms A and irresponsible.

In determining whether your fitness to practise is impaired, the Panel has carefully considered Mr R's submissions on behalf of the General Medical Council (GMC) and those made on your behalf by Mr M. Mr R highlighted to the Panel, various paragraphs from both the GMC's Indicative Sanctions Guidance (April 2005) and Good Medical Practice (2001). Mr M submitted that the Panel should take into account the context of the events and how they occurred. He submitted that this was a one off, very unusual combination of events, which came about by you being put under pressure to be involved by Ms A.

The Panel is mindful that it is for it, and for it alone, to decide whether your fitness to practise is impaired, and that this is a matter for its own professional judgement.

It has considered the GMC's Indicative Sanctions Guidance (April 2005). In particular, at paragraph 11 it states:

“Neither the Act nor the Rules define what is meant by impaired fitness to practise but for the reasons explained below, it is clear that the GMC's role in relation to fitness to practise is to consider concerns which are so serious as to raise the question whether the doctor concerned should continue to practise either with restrictions on registration or at all.”

The Panel has taken into account the guidance in Good Medical Practice (2001) applicable at the time. Among the duties of a doctor it states:

“In particular as a doctor you must:

- recognise the limits of your professional competence;
- make sure that your personal beliefs do not prejudice your patients' care
- work with colleagues in the ways that best serve patients' interests.”

Further under the title Good Clinical Care it states:

“2. Good clinical care must include:

- an adequate assessment of the patient's conditions, based on the history and symptoms and, if necessary, an appropriate examination;
- providing or arranging investigations or treatment where necessary;

- taking suitable and prompt action when necessary;
- referring the patient to another practitioner, when indicated.”

Also under the heading Sharing Information with Colleagues it states

“45. If you provide treatment or advice for a patient, but are not the patient’s general practitioner, you should tell the general practitioner the results of the investigations, the treatment provided and any other information necessary for the continuing care of the patient, unless the patient objects.”

Your conduct clearly disregarded all this guidance. The Panel considers that the situation you found yourself in, namely being put under pressure from a friend, is one that doctors frequently find themselves in. It is your duty as a doctor to follow guidance, such as Good Medical Practice, to assist you in conducting yourself appropriately to ensure that you act in the best interests of all patients, including those who are friends.

The Panel is in no doubt that the facts found proved are serious. They relate to one patient and to two periods, June and August 2004, but constitute numerous and quite separate aspects of misconduct. Taken overall they raise serious concerns regarding your fitness to practise.

The Panel is aware of its responsibility to protect the public interest, particularly with reference to maintaining public confidence in the profession and upholding proper standards of conduct and behaviour. It is of the view that your actions fell seriously short of the standards of competence, care and conduct that the public and patients are entitled to expect from doctors and seriously undermines public confidence in the profession.

The Panel has therefore determined that your fitness to practise is impaired by reason of your misconduct.