

CASE SUMMARY

COMPLAINT AGAINST HOSPITAL AUTHORITY (HA) FOR INAPPROPRIATE PLACEMENT OF A PATIENT SUFFERING FROM AN INFECTIOUS DISEASE NEXT TO COMPLAINANT'S MOTHER AND IMPOLITENESS OF A DOCTOR

Madam A, accompanied by her daughter (Ms B), was admitted to a public hospital (Hospital A) via its Accident & Emergency Department for irregular palpitation. Madam A was subsequently placed in a two-bed ward named "Isolation Ward". Another patient (Patient C) who was allegedly suffering from influenza was admitted to the same ward several hours later.

2. When Madam A asked Dr D to check the muscular lumps on her neck which had made her feel very uneasy, Dr D allegedly did not seriously check them but told her impatiently that she was alright. The next day Dr D advised to discharge Madam A, against her wish, from the hospital despite her claim that she still felt very uncomfortable. During the exchange of words between Madam A and Dr D, the latter allegedly told Madam A that the hospital would not take any responsibility in case she was infected with any virus since Patient C had pneumonia. Madam A scolded Dr D and was pacified by another doctor and the nurses present. She left the hospital but was re-admitted on two subsequent occasions. She finally died in another public hospital (Hospital B) to which she was transferred from Hospital A. Ms B then lodged this complaint.

3. On the complaint point of inappropriate placement, investigation by this Office revealed that Madam A was actually placed in the "Side Ward" which was not used as an infectious disease facility at the material time. As a general practice, Hospital A would not place immunocompromised patients next to patients suffering from infectious diseases. Patient C was admitted for hypoglycaemia and was not suffering from an infectious disease, although initially she was suspected to have chest infection. Moreover, Madam A was not suffering from a disorder in her immunity system. According to the Death Certificate, Madam A died of cardiac shock, valvular heart disease, disseminated coagulation and acute renal failure almost three months after the incident. There was no evidence to relate the cause of her death in Hospital B to the arrangement of the ward accommodation in Hospital A three months earlier. Given no evidence to substantiate the claim that a patient suffering from an infectious disease had been inappropriately placed next to Madam A at the material time, this complaint point is therefore **unsubstantiated**.

4. Regarding the complaint point of impoliteness of Dr D, this Office observes that the incidents under complaint were reconstructed by Ms B, based on second-hand knowledge obtained from her late mother. Unfortunately, the information could neither be testified by Madam A as she had passed away nor corroborated by the testimony of a third-party witness. The

medical opinion was that Madam A had responded well to treatment and was medically fit for the discharge, although she felt otherwise. The HA's explanation that under such circumstances the interest of the public should take precedence is considered reasonable and acceptable.

5. This Office has endeavoured to obtain through the HA the contact details of Patient C so that she could give evidence on the incidents leading to the complaint. However, the HA advised that Patient C did not consent to the disclosure of her contact details to this Office. In the circumstances, it is now impossible to establish the real fact of this complaint point and this Office concludes that this complaint point is **incapable of determination**.

6. Overall this complaint is **unsubstantiated**.

7. This Office is pleased to note the HA has accepted this Office's recommendation and will consider renaming the isolation wards in Hospital A as "Side Wards" or "Observation Wards" depending on the nature of use, to avoid misunderstanding and better reflect the true nature and actual usage of these wards.

COMMENTS

8. The HA had been procrastinating in the provision of information on the contact details of the third-party patient placed next to Madam A at the material time to enable this Office to verify the true facts of this case, resulting in a delay in the investigation by some seven months. In response to the reservations expressed by the HA on COMAC's power to access to such information, this Office is of the view that any challenge to COMAC's power and discretion must vest in the courts.

9. The HA did not agree with the above statement and considered that it did not fairly and accurately describe what had happened. The HA's main argument was that it had reiterated its position, based on legal advice, that disclosure of third-party patients' personal particulars would constitute a breach of confidentiality, at two meetings with this Office but that in a spirit of co-operation, HA would write to the third-party patient to seek consent for the release of the name and contact details to COMAC but unfortunately, this was not forthcoming.

10. This Office has responded that the need for information on the name and contact details of the third-party patient was required as this Office considered that the one-on-one situations in this case had posed difficult problems for the conclusion of the investigation without a third and independent party's account and evidence of the incident. Such information was considered relevant to the investigation. The HA had first claimed the information to be privileged and confidential and later that the disclosure was unreasonable and amounted to a violation of the Bills of Rights. This Office had dismissed these claims as unfounded in the light of Sections 12 and 13 of the COMAC

Ordinance, and maintained the view that any challenge to COMAC's powers and discretion must vest in the courts. HA had all along been informed of this Office's stance during the meetings and through correspondence.

11. This Office considers that, had the HA attempted to seek the third-party patient's consent upon their receipt of the request from this Office, the case could have been concluded much earlier. In view of the above, this Office maintains the view that the HA had been procrastinating in the provision of information and requests that it adopts a more responsive and co-operative attitude in the provision of information to this Office.

Office of the Commissioner for Administrative Complaints
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