

## Patient disbelieved

Thomson Snell & Passmore recently recovered £9,000 for a patient who received abusive comments from hospital staff who believed that she was fabricating her symptoms.

On 16 November 2004, the claimant was referred by her GP to the defendant's hospital with a variety of symptoms, including back pain, loss of sensation and power in her lower limbs and urinary retention. A provisional diagnosis of cauda equina syndrome was made (a neurological condition regarded as a form of spinal cord injury) with an MRI to be performed the following day. The MRI of the lumbar spine was reported as normal and she was to be reviewed by a neurologist.

On 18 November 2004 it was recorded that she had not opened her bowels for four or five days and a neurological opinion was requested.

She was eventually seen by a neurologist on 22 November, who ordered a further urgent MRI of the spine and brain. These were reported as showing no abnormality.

On 24 November she suffered loss of vision in the left eye but the neurologist was not informed.

On 7 December, Devic's syndrome (an autoimmune, inflammatory disorder in which a person's own immune system attacks the optic nerves and spinal cord) was suspected but she was not transferred out of the orthopaedic ward until the following day.

A lumbar puncture ordered on the 29 November was not obtained until 8 December. She was then transferred to a specialist neurological centre and the diagnosis of Devic's syndrome was confirmed.

The claimant, who was British of Caribbean descent, alleged that during her time in the defendant's hospital medical and nursing staff did not believe the genuineness of her symptoms and that she was accused of fabrication and subjected to rude and humiliating comments and treatment. She believed that some of the disparaging comments made by staff were of a racially abusive nature. The content of the claimant's medical records supported the likelihood of her not being believed.

We instructed a neurologist who reported that it was negligent for



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## Patient disbelieved Continued...

the defendant to have treated the claimant on a orthopaedic ward and not to immediately refer her for neurological opinion and there was a further unacceptable delay in carrying out an MRI scan of her brain. However, in view of the claimant's strong recovery, that delay had not caused any organic injury. Nonetheless, the claimant had known that there was a delay in diagnosis and thought that this had prejudiced her subsequent treatment. We instructed a psychiatrist, who reported that she would probably have suffered depression in any event, but that her treatment at the hospital had aggravated these injuries.

We wrote a letter of claim and simultaneously made a formal offer of settlement of £10,000, supported by the psychiatrist's report. A short while later, the case was settled by negotiation for £9,000.

Fortunately this was an extremely rare occurrence and, the only occasion we have known a patient believe that they had been treated with racist overtones. Apart from that, one must have some sympathy for the treating staff. It is well recognised that some patients exaggerate their symptoms. This may be done quite innocently as a device for persuading the doctor of the seriousness of the patient's condition. At its most extreme manifestation, we have come across several cases of suspected Munchausen's by proxy, whereby one party (often a parent) inflicts deliberate harm on another with a view to attracting attention.

We have recently dealt with a case where it is believed that a child was catastrophically injured as a result of such an assault by a parent after paediatric staff failed to act on their suspicions of Munchausen's. The police subsequently prosecuted the parent.

These cases illustrate that both excessive scepticism and insufficient caution can lead to tragic consequences.

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