Lessons to be learned from THE HEALTH AND DISABILITY COMMISSIONER'S FINDINGS

HEALTH AND DISABILITY COMMISSIONER OPINION 01HDC01802

The Health and Disability Commissioner's findings are an educational opportunity for members. Dr Phil Jacobs, who is on the Executive of the College, and Cathy Webber, Senior Policy Analyst, reviewed the following case. Further peer discussion around this case is encouraged and any feedback gratefully received (cw@rnzcgp.org.nz).

Sexual abuse

In this case a 7-year-old girl was brought to her GP by her mother, with a groin rash and vaginal discharge. A swab taken at the surgery grew Neisseria gonorrhoeae. The GP tried to obtain ceftriaxone through the public hospital paediatrician, and for reasons that were disputed by either side, the case was not referred on to appropriate authorities. Instead he obtained ceftriaxone through a private source and treated the infection. The GP said he acted this way because he felt there was no immediate danger as there were no males in the house and the child's mother had declined a paediatric referral.

Three months later the child presented with the same symptoms and a swab again grew gonorrhoeae. The GP immediately contacted a sexual health specialist who advised him to contact the child protection authorities. As it was evening, the GP assumed that this could not be done until the next day and elected to treat the girl with ceftriaxone there and then. He notified the paediatric sexual abuse team the next day. By the time that a forensic examination could be performed, no gonorrhoeae could be isolated thereby removing the evidence required to make a legal case in a court of law. The father, who was assumed to be the perpetrator, was asked to move into a motel and have no contact with the family until further notice. The family left the country two days later before any further investigation could be completed.

An interagency meeting occurred a month later to discuss the case; the GP was not in attendance and the reason for this is not clear. The GP was contacted four months later by the paediatrician inviting the GP to discuss how he handled this specific case. A complaint to the Health and Disability Commissioner resulted.

The Health and Disability Commissioner opinion

The Health and Disability Commissioner found that the GP had failed to comply with Rights 4(2) and (5) of the Code of Health and Disability Services Consumers' Rights by not complying with professional standards, such as not consulting and referring appropriately, not co-operating appropriately with other providers who needed to be involved in the child's care, and choosing to treat the child himself and thereby leaving the child at risk of further abuse. It has been referred to the Director of Proceedings.

Discussion

The management of suspected sexual abuse is complex. The recommended referral process for GPs for suspected child abuse and neglect intends to provide guidance to the GP dealing with such a situation as this (published in December 2000). It can be downloaded from the Ministry of Health's website: www.moh.govt.nz.

Key points to be learnt are:

1. Keep an open mind to the possibility of child abuse.
2. Take an accurate history and document.
3. Look for signs of abuse and neglect and adequately document. Any case of an STD in a child must alert the GP to the possibility of sexual abuse.
4. Where suspicion exists, early discussion with experts such as paediatricians and referral to an appropriate authority (Child Youth and Family and/or Police) is essential, even if the parent of the child does not want this.
5. It is the responsibility of Child Youth and Family and/or Police to investigate and interview the child; this is not the GP's role. Where sexual abuse is possible, Child Youth and Family will initiate referral to Doctors for Sexual Abuse Care (DSAC).
6. A proper forensic examination needs to be completed as soon as possible in order to collect evidence, and to ensure it is credible in a court of law. This needs to occur by doctors trained to do this.
7. There are no legal barriers to GPs for such a referral (sections 6, 15 and 16 of the Children Young Persons and Their Families Act 1989) where it is deemed they have acted in good faith. In this instance, the care of the child takes precedence over the care of the family.

Furthermore, interagency meetings, as occurred in this case, are an excellent opportunity for effective learning to occur in such an environment, but must involve all members of the team.