



Mediation Case Study

Frances MacGuire and Dr Giles



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General Instructions

Frances MacGuire (47) is the widow of Archie MacGuire who died in hospital four years ago. She has raised an action against Dr Maxie/Max Giles on her own behalf and on behalf of her children, Roger, Nina and Frederick, aged 17, 15 and 10 respectively. Mr MacGuire was aged 52 at the date of his death.

Archie MacGuire was admitted to Lowlands Hospital on a Sunday after complaining of severe pain in his upper thigh. The pain had begun on the previous evening. Mrs MacGuire called in the family GP, Dr Giles, about 11.30 pm on the Saturday. Dr Giles is a senior partner in a small practice in the village where the family lived.

Dr Giles examined Mr MacGuire but could find nothing wrong. S/he advised bed rest, mild painkillers and lots of fluid. Mrs MacGuire suggested a possible thrombosis but Dr Giles ruled that out.

By 2 am, Mr MacGuire was barely lucid. He was having difficulty in talking and had to pass water in his bed, a particularly distressing moment for Mrs MacGuire. He seemed to be in agony.

Mrs MacGuire called Dr Giles again. She suggested stronger painkillers and a hot water bottle. However, by 3.30 am, Mr MacGuire was hallucinating. Mrs MacGuire called Dr Giles again. S/he came back at 4 am. S/he could find nothing wrong. However, s/he suggested that Mr MacGuire should be admitted to hospital.

The ambulance did not arrive until 5.30 am. When they reached the hospital at 6 am, the place seemed deserted. Mr MacGuire was placed in the A&E department. After 30 minutes, a nurse took a blood sample and checked his temperature and blood pressure. A harassed doctor told Mrs MacGuire that it would take a few hours for the results of the blood tests to come through. Meantime, Mr MacGuire would be admitted to a ward.

By this time, Mr MacGuire seemed slightly better but still very unwell and uncomfortable. His hands seemed to be slightly blue at the extremities. Mrs MacGuire pointed this out to the nursing staff in the ward but they seemed to be more interested in another patient who was receiving care in another bed. They suggested to her that she should return home for a rest and come back after lunch when the results of the tests might be available.

Mrs MacGuire arrived back at 12.30 p.m. She was ushered into a side room by a member of the nursing staff to be told that her husband had died of a massive circulatory failure half an hour before. They were very sorry but it all happened so fast. They had tried to call her but could not get through. Apparently, Mr MacGuire had the condition known as necrotising fasciitis (the "flesh eating bug"). This had triggered septicaemia, or blood poisoning, which had caused a massive failure of vital organs before there was time for antibiotics to take effect.



Mrs MacGuire has raised an action against Dr Giles for her/his delay in sending Mr MacGuire to hospital. Had the doctor done so after the first visit or even the second phone call at 2am, she claims that Mr MacGuire would probably have received treatment in time. The blood tests results would have been known well before the onset of septicaemia. Appropriate and intensive antibiotic therapy would have prevented the massive failure that occurred. Mr MacGuire would have recovered reasonably quickly.

Dr Giles states that there was nothing to alert her to the serious condition from which Mr MacGuire was suffering. No ordinarily competent GP would have acted differently. In any event, even if s/he had arranged for hospital admission after the second phone call, the staffing and arrangements at the hospital on a Sunday morning were such that the result would have been the same.

The parties have agreed to mediation. Present will be

- Mrs MacGuire and her solicitor, Rae/Ray Bright
- Dr Giles and her solicitor (Jack/Jackie Blue) who acts for her/his defence union.