CASE STUDY

What would you do?

An elderly female patient with Type 2 diabetes, Chronic Obstructive Pulmonary Disease (COPD), and a recent diagnosis of early-stage dementia, lives independently in her own home. She attends the GP practice regularly with support from her adult daughter, who is listed as her next of kin but does not hold power of attorney.

Recently, the patient has experienced several falls and missed medication doses. At the same time, the daughter has been frequently contacting the Practice asking for detailed information about her mother's medical history, test results, and medication reviews.

One Friday afternoon, the patient is brought into the Practice by a neighbour after she appeared confused and breathless. A GP assesses her and suspects an exacerbation of COPD plus possible infection. Meanwhile, the daughter arrives at the Practice visibly upset. She says she needs full access to her mother's record "for her safety" and insists that the Practice is obstructing care by withholding information.

What do you do?

1. Refuse the daughter's request with no further consideration as she is being overly concerned and as it is not her information she is not entitled to access.

2. Be intimidated by being accused of being obstructive, panic and provide the daughter with full access. She is next of kin after all, what is the harm.

3. Consider whether the patient has capacity to be able to consent to the data sharing with the daughter. If the patient does not have capacity, consider with an appropriate healthcare professional whether any limited information can be shared in the patient's best interests. Regardless of outcome, any discussions and decisions must be clearly documented along with the reasoning.

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What would you do?

Recommendations:

In this case, although the patient has dementia, she is still living independently and there is no indication that she cannot manage her own affairs and therefore may be able to provide her consent to whether she wants her daughter to have access to her records. Efforts should be made to work with the patient, Caldicott Guardian and appropriate health professionals to establish if she has capacity to provide consent and if not, whether a best interests decision needs to made to help her support her in maintaining her safe independent living.

If the patient has sufficient capacity and the family could consider whether it would be appropriate given the dementia diagnosis that a health & welfare POA is put in place. Whilst this will not take effect until the patient loses capacity, it would give the family reassurance that should information need to be shared this can be done safely and efficiently helping to ensure the patient receives the correct care at the right time.