

Inquest into the death of Gwendoline Mead

Gwendoline Mead died at the Toowoomba Base Hospital on 1 March 2015 from complications of elective surgery to treat recently diagnosed high grade synchronous caecal and rectal tumours.

Acting Coroner Ainslie Kirkegaard handed down her findings of inquest on 22 June 2017.

The Queensland Government responds to recommendations directed to government agencies at inquests by informing the community if a recommendation will be implemented or the reason why a recommendation is not supported.

Further information relating the implementation of recommendations can be obtained from the responsible agency named in the response.

Recommendation 1

Darling Downs Hospital and Health Service examine aspects of its Surgical Oncology Multidisciplinary Team (SOMDT) model and formally report the outcomes of its review. These aspects refer to improved pre-operative communication within the SOMDT environment, specifically:

- a. review of the SOMDT mechanism to ensure the correct treating team is allocated to and/or notified at the time their patient requires investigation and treatment of complications emerging during and after the neoadjuvant therapy phase and prior to surgery
- b. consider patients who cannot or do not complete the planned neoadjuvant therapy re-presented to the SOMDT for reconsideration prior to the planned surgery.

Response and action: the recommendation is implemented.

Responsible agency: Queensland Health.

On 9 April 2018 the Minister for Health and Minister for Ambulance Services responded:

The senior management team and clinical leaders reviewed the Surgical Oncology Multidisciplinary Team (SOMDT) which resulted in a review of the SOMDT functions, activities and the process of referral. The review focussed on the pathways for urgent review and re-review of patients, including details of patient referral and request for consultation.

Specific attention was given to oncology patients who require surgical consultation for complications emerging during neoadjuvant therapy which may impact on their planned surgical treatment (recommendation 1a). If there is a significant deviation from planned care, the primary treating team (whether surgical or oncology) are responsible for arranging the re-discussion at SOMDT.

Although not mandated for all patients who did not complete planned treatment, a clear pathway has been made available to re-present patients in a multidisciplinary forum to agree on a new treatment plan (recommendation 1b). The SOMDT terms of reference were updated to incorporate the improvements identified in the review and communicated to SOMDT participants and shared across surgical and oncology teams.