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HOSPITAL MISTAKES

KERRY O'BRIEN: Medical errors in Australian hospitals have left a long trail of heartbreak and recrimination.

Two weeks ago, this program detailed a breakdown in procedure at Sydney's St George Hospital which resulted in a pair of surgical scissors being left inside a patient's abdomen for 18 months.

Tonight we reveal more evidence of procedural failure at St George Hospital which, in this case, resulted in death.

A routine round of chemotherapy treatment slowly paralysed a young cancer patient after an injection was wrongly administered.

The toxic drug eventually destroyed his nervous system, killing him.

One year on, the hospital's admitted its error. But where does that leave the victim's family?

Andrew Geoghegan reports.

TONY SQUILLACI: Obviously cancer's a big scare.

He was scared, he was shocked as well.

But his, you know, will to beat cancer was strong and we believe he would have beaten it should he have had the proper treatment.

ANDREW GEOGHEGAN: Diagnosed with cancer a year and a half ago, Guido Squillaci was devastated but optimistic.

The 28-year-old had developed Burkitts lymphoma, an aggressive disease which can respond well to chemotherapy.

ANGELA SQUILLACI: They said to me, "It's amazing the way he was and the way he is now. It all was clearing."

He say, "Mum, I want to live," so it was hard, but he did, until the last week when they made a mistake.

ANDREW GEOGHEGAN: A mistake which would cost Guido Squillaci his life.

Here at Sydney's St George Hospital, a series of errors culminated in his slow and painful death.

By the time the hospital had detected the mistake, it was too late.

DR DEREK GLENN, DIRECTOR OF RADIOLOGY, ST GEORGE HOSPITAL:
This is, without doubt, a tragedy of a sort which we wish did not happen.

It's been intensely distressing to Guido's family and very distressing to the hospital staff.

ANDREW GEOGHEGAN: Guido Squillaci's cancer treatment involved regular chemotherapy using the drugs methotrexate and vincristine.

Methotrexate was injected into his spine by the radiology department, while separately, in the oncology ward, vincristine was injected into a vein in his arm.

TONY SQUILLACI: After the treatment he'd have to lie down for about four hours, flat.

After that, he could get up and he would walk, he'd go outside.

ANDREW GEOGHEGAN: For his last round of chemotherapy, Guido Squillaci was taken to the radiology department for his spinal injection of methotrexate.

He arrived without the drug and the radiology registrar rang the oncology ward to have it sent down.

But both methotrexate and vincristine were delivered to radiology.

Vincristine is a neurotoxin and its manufacturer specifically warns that injecting the drug into the spine, or intrathecally, is fatal.

TONY SQUILLACI: Guido said to me, "I feel different. This thing here, I think they've done something wrong."

I said, "Why?"

He goes, "My legs are sore."

He was in a lot of pain.

He told the nurses and doctors that day and they gave him just some painkillers.

ANDREW GEOGHEGAN: Guido Squillaci's clinical record instructs that he be given vincristine intravenously or into a vein and that on the same day he be given methotrexate intrathecally, abbreviated as 'IT'.

But the radiology department's procedure report, signed off by the registrar, provides damning evidence that procedure was not followed.

He wrote: "Vincristine and Methotrexate given intrathecally as requested."

Both drug labels had been placed on the report.

Printed on the vincristine label was the incomplete warning: "Fatal if give --".

It should have read: "Fatal if given intrathecally."

DR DEREK GLENN: The thing he didn't recognise was that administration of vincristine into the thecal space results in a fatality.

ANDREW GEOGHEGAN (TO DR DEREK GLENN): But he didn't read the warning label and he didn't follow the clinical instructions?

DR DEREK GLENN: The warning on that sticker is, in fact, incompletely printed, but it's nonetheless there.

But the type is about 2mm high, and we're in a darkened room - that's how it happened.

Staff in radiology should have checked the route, i.e. the way in which the stuff is to be given.

ANDREW GEOGHEGAN: Guido Squillaci had, in effect, been given a fatal spine injection, yet no one noticed.

The following day he complained of pain to hospital staff.

TONY SQUILLACI: And he had a bit of a fever.

He had the sweats, so Dad and I got him out of bed.

So we got his arms over our neck and we lifted him up.

He couldn't walk.

He couldn't help himself.

All he could do was hold up with his arms.

He was pretty much a cripple from the waist down.

ANDREW GEOGHEGAN: Tony Squillaci says the hospital told him that his brother could have a spinal infection.

However, subsequent tests proved inconclusive.

But by the Friday, the fifth day, Guido Squillaci had been complaining of pain and paralysis.

His treating specialist revealed that something was wrong.

TONY SQUILLACI: Guido at this stage was very, very angry and he swore at him.

He said, "I told your doctors and I told all your nurses that I was in pain on the Monday, on the Tuesday, on the Wednesday, on the Thursday, and you finally decide to show up today.

Why's it taken you so long?"

ANDREW GEOGHEGAN: It had taken St George Hospital staff a full working week to check Guido Squillaci's clinical record.

Only then did they realise they'd made a terrible mistake.

DR DEREK GLENN: And people don't go back and review notes routinely in the course of ongoing patient management.

TONY SQUILLACI: They saw on the notes that he was given two injections, both in the spine. Not one in the arm and one in spine.

We asked the doctor, "What does that mean?"

He said, "Vincristine was put into his spine and that should never go there - it's dangerous and he could die, and that's what's causing your brother's pain."

The vincristine was pretty much destroying his nervous system.

ANDREW GEOGHEGAN (TO DR DEREK GLENN): If a radiologist is not familiar with a drug shouldn't he go on the side of caution?

DR DEREK GLENN: Yes, I agree, but you - I mean, to an extent that's true, but the question is, again, I guess it comes back to knowing what this is.

What level of knowledge of vincristine is expected of a radiology registrar?

This is an extraordinarily rare event.

It's documented - if you look it up and you go chasing for it, you can find references to it, you can find incidents, and they're surprisingly similar, but it is nonetheless an extraordinarily rare event happen.

ANDREW GEOGHEGAN (TO DR DEREK GLENN): Were they wary that a problem like this could occur?

Was anyone at the hospital wary of that?

DR DEREK GLENN: We're always wary of problems of incorrect administration of medication - I mean, that's a given.

Was the hospital aware that specifically this particular error is a live possibility and could happen?

Not explicitly.

ANDREW GEOGHEGAN: But by St George Hospital's own admission, the delay in identifying the error would severely limit Guido Squillaci's chances of survival.

The clinical notes reveal: "The interval between the incident and detection is long in comparison with the literature case reports that were associated with survival."

Despite this, the hospital attempted to stop the toxic effects of the drug spreading through his body.

Guido Squillaci was subjected to the highly risky procedure of having his spinal fluid drained.

TONY SQUILLACI: It was scary seeing him in intensive care again.

He had all these pipes and machines off him.

He had his head bandaged and he had a drip at one end of the bed and a drip at the other end of the bed where you could see his spinal fluid coming out...

ANGELA SQUILLACI: The other one going in.

TONY SQUILLACI: ...and you could see this man made substance going in.

ANDREW GEOGHEGAN: Guido Squillaci survived the operation but as each day passed his paralysis worsened.

TONY SQUILLACI: The doctors would come and do tests every day, where they'd get pins and they'd prick him on various parts of the body to see how far the damage has gone.

So by the end of 28 days he was pretty much paralysed all over, bar he could still understand, he could still talk and he could still breathe. But he couldn't move any part of his body, not even his head.

We called the chaplain and the priest came and said, "Bless you, Guido," and Guido said, "No, say a prayer, I'm not dying."

DOMENICO SQUILLACI: He say, "Mumma here, Tony's here", I hold his hands like this.

He say, "Dad's here."

ANDREW GEOGHEGAN: In April last year, Guido Squillaci succumbed to the toxic effects of vincristine, which had destroyed his nervous system.

The autopsy report found: "...the cause of death was believed to be the consequences of the treatment of Burkitts lymphoma, particularly the inappropriate administration of intrathecal vincristine."

The coroner has yet to release a finding on Guido Squillaci's death while the NSW Health Care Complaints Commission is also investigating.

St George Hospital, meanwhile, has changed its protocols to ensure the same tragic chain of events never occurs again.

DR DEREK GLENN: We've changed the way the drug is prepared.

They're made up in different volumes.

The intravenous dose is made up in a much larger volume.

That was advice - a trick, if you like - that we picked up from the UK experience, where they adopted that change.

We've changed the timings.

The intrathecal dose and intravenous dose are not prepared at the same time now.

ANDREW GEOGHEGAN: Staff caught up in the chain of errors have been reeducated.

As for the doctor who injected the neurotoxin...

DR DEREK GLENN: He considered resigning. I dissuaded him from that course. I don't know whether he considered any more drastic personal actions like that, but there isn't a day goes by that he doesn't consider it, and it's changed his personality. He's less carefree and happy than he was.

ANDREW GEOGHEGAN: If having to deal with their loss is not enough, the Squillacis could lose financially as well if they seek compensation.

KAREN STOTT, SOLICITOR: The family could even end up owing the defendant money due to restrictions on the recovery of legal costs from the other side and also having to establish 15 per cent of a worst case scenario injury for nervous shock for the extent of the grieving by the family members.

If they can't establish that, their case is worth nothing.

ANDREW GEOGHEGAN: Karen Stott, the Squillacis' solicitor, cites a 1995

case where a Victorian man received \$6 million from Geelong Hospital after the same mistake left him totally paralysed.

But as Guido Squillaci had no dependents, his family must prove they've suffered nervous shock.

KAREN STOTT: From a monetary point of view when you're talking about a compensation claim, it's better that he died from the hospital's point of view.

Tort law reform does have a lot to answer for because in this particular case it's pretty much made the difference between a family who have a cause of action suing and now I don't think they will sue.

So that should comfort the doctors and the hospitals quite nicely, and the insurance companies.

ANGELA SQUILLACI: I can't fight, because I lose my house.

The system is wrong.

If my son was alive, I would go to the end of the world, I would sell everything, but for what?

My son is not here.

He no come back.

DOMENICO SQUILLACI: I have no peace, no peace, 'cause he taken from my hands like this.

KERRY O'BRIEN: That report from Andrew Geoghegan.
Australian Broadcasting Corporation

TV PROGRAM TRANSCRIPT

LOCATION: <http://www.abc.net.au/7.30/content/2004/s1102214.htm>