



More than a dispensing error – a family’s view

I would like to share my experiences of what happened to my late wife, Lauren who passed away recently. I have been on a journey to find out what happened after a mistake was made with her regular medicine and the difficulties that those left behind have faced since her death in penetrating a contrived wall surrounding this error.

Lauren and I have lived in the same area for more than 35 years in a large city. We have seen our high street change, from a bit shabby, to ‘the quite chic’. There is a good mix of familiar big-name stores, café’s, bars and a cinema now, as well as a couple of independent pharmacies locally. More recently one of the pharmacy multiples opened up. Lauren and I became happy customers, unaware of the changes in the industry as independent pharmacies were bought up by larger chains. Now it seems that the high street is dominated by large multinational companies who own pharmacies and other global businesses.

Lauren was diagnosed with breast cancer in 1990. She was a wonder of resilience and bravery even as the options reduced, until she lost her battle against the disease in November last year.

Trusted Pharmacies:

We had become familiar faces in our new pharmacy and had no idea that there would be a ‘MegaCom’ behind the trusted façade. These offshore giants know quite a lot about the national psyche and our fondness for British brand names we know and trust.

Not to say that it was all plain sailing. We had a problem previously when Lauren’s consultant was concerned that a medication was needed urgently. Lauren’s cancer nurse rang our pharmacy to give them details of the required medication. Having completed the call, she informed us that she had spoken to someone who did not really want to help. Lauren later went to the pharmacy to check the progress of the medication request, only to find that no action had been taken. We later visited the pharmacy together and complained to the store manager. I give this person full credit for calmly listening, understanding and taking immediate action.

Lauren and I shared a fondness for the counter staff there, so much so that Lauren would chat with to them outside of the workplace. One of these wonderful people was reduced to tears having asked after Lauren and I told her that her situation was not good. She came from behind the counter to give me a hug.

The pharmacy staff are good people who work long hours, who are always cheerful, helpful and they really do care about their customers and patients.

One Friday last year, I went to the pharmacy, as I had discovered that Lauren only had one tablet left of her blood pressure medicine. I asked for an emergency supply, but the pharmacist on duty declined and I was told that I needed to contact my GP. It was Tuesday before I collected what I assumed was a different brand name for this medicine. I did not notice that the first name of the patient was different until later and when I did, I thought this



was probably a minor typo of no consequence.

The image that has stayed with me since and will likely haunt me forevermore, is me, encouraging Lauren to take what I thought was an important medicine. She was by this time finding it hard to swallow and I now know that I was encouraging her to take 100mg of **Levothyroxine** tablets which is something she has never been prescribed before and was a dispensing error

Did the patient really come first?

The error was discovered by one of Lauren's palliative team who informed the pharmacy. They asked me to return the levothyroxine which I did and this was exchanged for the correct medication.

My main concern was not who made the mistake but about the effects of this on Lauren, and what should I be looking out for. "We don't know" said the pharmacist who I didn't recognise, but the manager looked shocked. I asked more questions and the pharmacist said that she would go and check the internet. She returned with a scrap of paper, with; 'common side effects' heading a small handwritten list of side effects. We are so sorry she said. I was stunned and in shock at finding out an error had been made and whilst clutching this scrap of paper, I made a final plea, asking what should I be expecting?

The pharmacist said that I should keep a close eye on Lauren and call the emergency services, if I saw a concerning change.

You may think that I would be angry about passing this problem onto the NHS?
You may think that I would be angry that the pharmacist couldn't help further?

I have of course been angry about this and much more at the time but later, I discovered a piece of advice from the MegaCom's indemnity insurers which shocked me, which in essence said; 'Apologise yes, but do not admit liability for a consequence of the error, say instead that an investigation will occur'.

It seems to me that this advice was carried out almost to the letter and it didn't stop at the pharmacy. The professional standards team at MegaCom seemed to take it in turns to be obstructive, rude, uncaring and tell me very little about what happened. As I prepared for my first Christmas without my amazing wife, I received a notification from the manager of the professional standards team, who informed me on Christmas eve; "I believe we have acted responsibly, investigated your concerns and responded to you in a timely manner and have kept you updated throughout". This person had not even used Lauren's first or married name.

There was worse to come. After Lauren passed away, I continued to ask questions about the effects of the medication wrongly dispensed. Did this cause harm? To what level? To what extent did it affect her underlying condition? Particularly in consideration of the other tablets that she was taking, as well as the chemotherapy drugs still circulating in her system. This last question has not been acknowledged, least attended at any level of this pharmacy group. The others, only insofar as a reference to the BNF by their insurer.

Our GP asked his practice pharmacist for information in this regard, this pharmacist called the pharmacy in question and they told him that 'a full investigation was in progress'. My interpretation of this response is 'a full internalised protective mechanism has been activated'. I continued to ask questions and then our GP spoke to their own legal advisors, who advised that the incident is close enough to Lauren's death to raise a flag to the Coroner and he did this.

Who's protecting who?

The insurer of MegaCom had the BNF in front of him when he advised me that he was going to try and settle this amicably and sympathetically. I doubt if the BNF considered the broader issues caused to a patient and their loved ones by an error. He was however not going to let that, or the information that the Coroner was involved, deter him on this conclusion being close enough to set a figure. In association with MegaCom, I believe that together with their client, the insurers cynically separated the other relevant elements of my complaint as a strategy to diminish the seriousness of the incident by overlooking the various tactical obstructions and unhelpful interactions that I have encountered throughout. MegaCom kindly offered to provide an additional small fund sum equal to that offered by their insurers for 'everything else'. My desire is to understand this error, the impact it had upon my late wife and the real reasons for the actions that followed. It has never been all about the compensation. At a critical point in this event, the company actions stopped being about the patient and became acts of self-protection. Not confined to individuals, the actions of most concern to me are the ones that run up to the very senior levels of the company. The issue is still ongoing which limits what I can say now and various regulators including the GPhC, the coroner, my MP and others are involved.

I believe that the large pharmacy corporations have devised a framework that places pharmacists in the front line of fire. These healthcare professionals are their protection and have been let down by a government who set up a board to advise on pharmacy legislation matters whose members featured the pharmacy hierarchy including the CEO of the GPhC.

The GPhC is the regulator mandated to protect the public, but this does not seem to extend to investigating the businesses and circumstances that create the working environment and those who people like myself and my late wife have to rely upon and trust to help when things go wrong. I have seen these healthcare professionals hamstrung in their duties by a corporate overview, that will present them with an unforgivable choice between patient and career.

I have determined that if I am called to give witness in a 'fitness to practise' enquiry, I will be progressing my continued argument that the current investigation is limited and excludes company operatives apparently trained to protect the company and not the public.

I have recognised that this is not about individual people who make mistakes. Systems are in place to look after these incidents. In Lauren's case someone made a mistake and there was obviously no intent to do anything other than their job. What followed is where action needs to be taken to prevent company interests kicking in.

I miss Lauren enormously. I resent that I have spent nearly all my time since she passed away encountering cynical company employees and insurers. I resent that I am yet to find



the space to properly grieve my incredible life partner. I am also extremely worried that others will have had similar experiences and will continue to do so unless there is change. It must be clear to everyone that these MegaCom people are not going to change their spots willingly and this will be to the cost of ordinary people in extreme worrying circumstances giving their trust to companies who are so willing to see their employees hung out to dry in these kind of unfortunate circumstances.

As for the MegaCom's of this world, my message is to live up to the grand values which are stated on your website as your company core principles. There is so much to be proud of in the service you provide, but the people who work for you should not be tarnished by your commercially driven actions.

As for the insurers, what can I say, they do as they do. Having a conscience would inhibit the work they do and the words they use to convey sympathy in correspondence have no genuine meaning. I believe that the insurer's advice when an error has occurred, inhibits the pharmacist's ability to comply with their duty of candour towards patients when things go wrong. This allows the insurers to talk down the consequences of a mistake to limit a compensation offer. This is done in the knowledge that the individual pharmacist who followed their advice will be the ones facing investigation and sanction, not them or their MegaCom clients.

I approached the PDA to help me understand some of the issues around pharmacy practice and I am grateful to them for providing me with this platform to educate and inform the pharmacy profession about what it is like to be at the receiving end of an error and its aftermath from the other side of the counter.