



GP who worked as locum in Cornwall is struck off for inadequate care of three patients

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The BMJ

A German GP who worked as an out-of-hours locum in Cornwall has been struck off the UK medical register for providing inadequate care to three patients in 2013 and 2014.

Klaas Bogena, who had practised for decades as a GP in Bremen, did not attend his hearing at the Medical Practitioners Tribunal Service in Manchester.

But the panel heard in evidence answers that he had given during an investigation by Serco Health—the company that employed him in Cornwall—into his clinical work. Serco's medical director referred Bogena to the General Medical Council (GMC).

“The tribunal was in no doubt that individually and collectively, Dr Bogena's omissions amounted to serious misconduct,” said the tribunal chair, Peter Scofield.

“Patient A” came to see Bogena at Cornwall Out of Hours Services complaining of vomiting, headache, and lower back pain. She was 20 years old, 33 weeks pregnant, and an insulin dependent diabetic. He prescribed migraine drugs and told her not to take her insulin since she was not eating. He then discharged her.

That night her condition worsened and she was taken to hospital in an ambulance, where she was diagnosed with diabetic ketoacidosis. She delivered a stillborn baby eight hours after seeing Bogena.

To recommend stopping insulin was “just about the opposite of what any reasonable GP should do,” said the GMC's expert witness and GP, Ian Ballin.

The second patient saw Bogena at Penzance Emergency Clinic for vaginal pain with vulval swelling and tenderness. He diagnosed a Bartholin's cyst and prescribed antibiotics, but without performing a vaginal exam to determine the extent of infection. Her condition worsened and the next day she was examined by a GP at a walk in centre and referred to hospital.

The third patient had a history of brain tumour and a shunt. Bogena saw her at her home, where she complained of headaches and vomiting. He gave her a prescription to treat the vomiting, without considering a neurological cause. Later that day she had a fit and was admitted to hospital.

The tribunal found that Bogena had failed to conduct appropriate tests, adequately diagnose, provide adequate treatment plans, immediately refer for specialist care, or keep adequate medical records. Serious clinical conditions were not considered properly, resulting in the risk of harm to patients.

Bogena had made perfunctory apologies during his employer's investigation, said Scofield, but some of his responses were “self serving” and “defensive.”

“The tribunal has no evidence that he has thought seriously about the incidents, or that he has learned from them. There is a complete lack of any evidence as to remediation,” added Scofield.

“The tribunal cannot be satisfied that he does not pose a significant risk of repeating behaviour. It considered that a period of suspension would not be sufficient to eliminate or reduce such a risk because of the doctor's lack of engagement and his tendency to deflect blame rather than to reflect or learn.”