



OFFICE OF THE HEAD: HEALTH

REFERENCE: 16/4

ENQUIRIES: Dr Beth Engelbrecht

## MEMORANDUM

**TO: THE HONORABLE CHAIRPERSON: PARLIAMENTARY COMMITTEE ON PETITIONS AND EXECUTIVE UNDERTAKINGS**

**FROM: DR B ENGELBRECHT, HEAD OF THE WESTERN CAPE GOVERNMENT: HEALTH DEPARTMENT (WCGH)**

**CONCERNING THE PETITION BROUGHT BY MS GLADYS FUZANE REGARDING ALLEGED MALTREATMENT OF HER DAUGHTER, THE LATE TAMARA FUZANE**

Sir

1. In my capacity as Head of the Provincial Health Department, Western Cape Government (WCGH), I wish to place before the Committee the following summary of facts as they are known to me in preparation for the resumption of the hearing into Ms Fuzane's petition.
2. We acknowledge Ms Fuzane's complaints against two facilities under the control of WCGH as set out in her petition. As a Department, we commit ourselves in good faith to addressing these concerns openly and to her satisfaction as well the satisfaction of The Committee.
3. From childhood, Tamara Fuzane was treated for Hydatid disease at Red Cross War Memorial, Groote Schuur, and Khayelitsha Hospitals. She was admitted to GSH on 7 occasions since 2011 and stayed in total 84 days in the hospital. She attended 213 outpatient services to neurosurgery, social work, radiology, pharmacy, dermatology, physiotherapy clinics. Tamara was admitted 4 times since 2013 at KDH (a district hospital) totalling 13 days. She often visited the emergency centre. Her treating neurosurgeon since Red Cross days has been Prof Allan Taylor, and Ms Fuzane had his personal telephone number to call in cases of need. The Department recognised the burden of care on the mother and intermediate care was arranged for Tamara in 2013.

4. From the time of diagnosis, the 2 mainstays of treatment were:
  - a. Shunts surgically placed to drain excess fluid away from around her brain. These have the tendency to become blocked from time to time and needed to be replaced. Without these shunts, the increasing pressure on Tamara's brain would have been fatal.
  - b. The drug Albendazole, specifically prescribed to combat the parasite causing the disease, cannot cure the disease, but does slow the progress thereof. It became necessary for Tamara to take the drug without interruption, as the disease progressed whenever she stopped taking it. She was monitored with regular blood tests to detect any possible toxic side-effects of the drug. No liver disease or drop in blood cell counts was noted. Deterioration in Tamara's clinical condition was always related to hydatid disease progression and not to complications of Albendazole therapy.

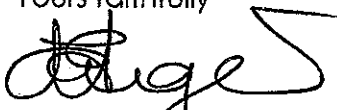
Her condition was incurable and the impact on her functioning was progressive over time.

5. In July 2011 Tamara was admitted to Groote Schuur Hospital (GSH) with a 3 day history of feeling unwell. A CT scan showed that her VP shunt (inserted at Red Cross in 1996 for hydrocephalus) was blocked. She was operated on by Dr Malan a senior registrar in the hospital at that time. He revised the shunt without complication on the day of admission. A follow-up CT scan was done 2 days after the surgery to confirm that the shunt was working and correctly placed. She was better after the surgery and was well enough for discharge 4 days later. It is routine for senior registrars to perform surgery such as shunt revision. The CT scan and her clinical improvement confirm that the procedure was successful.
6. In August 2011 Tamara was again admitted to GSH with her eyes unable to look up and difficulty walking. A new CT scan showed that the VP shunt was working but that a hydatid cyst was blocking or enlarging the 3rd and 4th ventricles. Tamara was operated on by Dr Ssenyonga and Dr Rothemeyer who were the two most experienced endoscopic surgeons in the department. They used a flexible scope to unblock the 3rd and 4th ventricles after which Tamara could look up and was able to walk with assistance. As her walking was not yet very stable at the time of discharge she was transferred to Conradie Care while an application to the Western Cape Rehab Centre was being considered. This highly specialised surgery was only available at GSH at that time. There was no complication related to the surgery.
7. Following Tamara's admission to GSH in August 2011, it became necessary to discharge her home at shorter notice than is usually the case. The mother was not timeously informed about the discharge as attempts to contact her from the hospital had failed. GSH accepted that the discharge procedure was not patient centred, but caused by constant bed pressure on Neurosurgery and apologised for the manner in which it was done - Ms Fuzane had to take Tamara home without her own clothing or transport. After this incident Prof Fieggen, the head of Neurosurgery, Ms Dixon (Social Worker)

and Dr Jacobs met with Mrs Fuzane and a decision was made to re-admit her daughter. The team unreservedly apologised for the incident, how it was handled and the most unfortunate impact on Mrs Fuzane and Tamara.

8. Four additional beds have subsequently been allocated to ward F7 to reduce the ward pressures. A system is now in place for HealthNet transport to be booked for patients requiring transport. A policy is in place at Groote Schuur Hospital to refer patients for assessment for possible wheelchair application. The core values of the department regarding care and responsiveness and more recently the concept of patient centeredness has been promoted amongst clinical staff.
9. Tamara was admitted to KDH Emergency Centre presenting with swollen feet, body weakness and loss of appetite. She was transferred to GSH for a CT scan and returned the next day. Ms Fuzane's discovery of injuries on Tamara's upper body at KDH the next day in Feb 2014 is of deep concern to us at executive level as well as to the management of the Hospital. It is deeply regrettable that no one noticed these injuries until Ms Fuzane drew our attention to the problem. The CEO Dr Kharwa commissioned a full investigation in an attempt to identify the cause of injury. Sadly, we did not find the cause of these injuries, but accept that the injuries may well have been inflicted on Tamara while she was a patient at Khayelitsha Hospital. The need for meticulous record keeping, even of students in the wards, has been instilled upon staff. Should the investigation conducted by SAPS be re-opened, my department will co-operate fully with the investigators.
10. My department has complied promptly with requests for documentation from private attorneys in the past, and commits itself to full co-operation with these processes going forward.
11. The Health Department takes complaints and adverse incidents seriously. A complaints reporting and management system, as well as an adverse incident management system are systematically implemented and strengthened across health facilities. The provincial Cabinet has also passed legislation for the establishment of an Independent Complaints Committee for Health, which will be implemented before the end of this year.

Yours faithfully



Dr Beth (E.H.) Engelbrecht  
Head of Health  
Western Cape Government

Date: 2015-06-01