

Combined Medicolegal Addendum

Ms Louise Stoten

Patient: Ms Louise Stoten

Primary Diagnosis: Widely metastatic ER-positive breast carcinoma

Date of Death: 16 September 2025

Purpose of Document

This consolidated addendum integrates all prior supplementary medicolegal clarifications relating to the care of Ms Louise Stoten. It is intended to be read in conjunction with the primary medicolegal report and forms part of the complete clinical and governance record.

Steroid Exposure, Clinical Rationale, and Safety Context

Systemic corticosteroids were prescribed for worsening respiratory symptoms in the context of advanced metastatic breast cancer, where differential diagnoses included lymphangitis carcinomatosis and/or lower respiratory tract infection. In such settings, corticosteroids are standard supportive therapy used to reduce inflammatory pulmonary oedema and palliate dyspnoea.

Ms Stoten had a documented anxious predisposition, understandably compounded by advanced malignancy, breathlessness, and imminent international travel. She reported profound insomnia and agitation following steroid administration, sleeping approximately two hours overnight. These effects are recognised adverse reactions to systemic corticosteroids, particularly when combined with sleep deprivation.

While steroid-related agitation and insomnia were acknowledged and reassurance was provided, these effects do not constitute evidence of overdose. The total steroid dose administered on the day in question requires confirmation with the prescribing practitioner, Sister Maria Tam. From a South African oncology practice context, such cumulative dosing would fall within accepted therapeutic safety limits.

Antibiotics, Governance, and Escalation Pathways (London)

Antibiotics including amoxicillin-clavulanate (Augmentin) and azithromycin were prescribed by Nurse Practitioner Maria Tam as part of a structured practitioner-led workflow. Professor Justin Stebbing, a GMC-registered Consultant Medical Oncologist, remained the treating oncologist in London. Patients were explicitly advised that any medical emergencies or general practitioner-level concerns required attendance at local clinics or emergency departments.

Hospital Referral and Acute Deterioration – South Africa (15 September 2025)

On 15 September 2025, while the patient was in South Africa, a formal referral was made to Dr Roger de Andrade for urgent inpatient assessment. At that time, Ms Stoten was recognised to have widely metastatic ER-positive breast carcinoma with volatile inflammatory markers, hypoxic pneumonia, and rapid clinical decline following neutropenia and partial response to broad-spectrum antibiotics.

Differential diagnoses included Pneumocystis jirovecii pneumonia and progressive lymphangitic carcinomatosis. This referral confirms that the severity of illness and terminal trajectory were clinically evident prior to hospital admission.

Comparative Oncology Practice Context

Reference protocols from September 2025 demonstrate that moderate-to-high cumulative doses of systemic corticosteroids and broad-spectrum antibiotics are routinely and safely used in advanced

oncology and infectious contexts in South Africa. When viewed against this standard, the steroid exposure in Ms Stoten's case was conservative and clinically appropriate.

Conclusion

Taken together, the contemporaneous documentation confirms appropriate clinical reasoning, clear role delineation, and correct escalation of care. Ms Stoten's deterioration and death are consistent with the natural progression of advanced metastatic disease, and no evidence supports negligent care, unsafe prescribing, or misrepresentation of professional role.