DRN-5331119

## The complaint

Ms B complains that The Royal London Mutual Insurance Society Limited declined to pay a claim she made under her life and critical illness policy.

Ms B's cover was originally provided by another insurer, but was subsequently transferred to Royal London.

## What happened

The history to this complaint is well known to the parties, so I won't repeat all the details here. In brief summary, in April 2019, Ms B took out life and critical illness cover. In March 2024, Ms B made a critical illness claim for a stroke. But Royal London declined to pay the claim, saying Ms B didn't meet the policy definition of stroke.

Ms B came to the Financial Ombudsman Service, but our investigator didn't recommend the complaint be upheld. So Ms B asked for an ombudsman to review everything and issue a final decision.

## What I've decided – and why

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

Having done so, I'm not upholding this complaint. I know this will be disappointing news for Ms B and I'm sorry about that. I'll explain my decision, focusing on the points and evidence I consider material to the outcome. So, if I don't refer to a specific point or piece of evidence, it's not because I haven't read and thought about it. Rather, I don't consider it changes things.

For her claim to succeed, Ms B needed to meet the policy definition for stroke as set out in her policy. That is:

> ***Stroke*** *— resulting in* ***permanent*** *symptoms*
>
> *Death of brain tissue due to inadequate blood supply or haemorrhage within the skull resulting in either:*
>
> - ***permanent*** *neurological deficit with persisting clinical symptoms; or*
> - *definite evidence of death of brain tissue or haemorrhage on a brain scan and neurological deficit with persistent clinical symptoms lasting at least 24 hours.*
>
> *For the above definition, the following are not covered:*
>
> - *transient ischaemic attack; or*
> - *death of tissue of the optic nerve or retina/eye stroke.*

I've reviewed the medical evidence. I can see that in February 2023, Ms B attended hospital following an episode of right sided weakness. She had a CT scan. The report of the scan notes:

> *There is a subtle focus of low attenuation in the head of the right caudate lobe. This could represent infarction. No further focus abnormality. No evidence of recent haemorrhage.*

The diagnosis was recorded as *Transient Ischaemic Attack – Probable* and Ms B was discharged, having been referred to attend a TIA Clinic. However, the following day Ms B was sent a letter from the TIA clinic. It said her referral had been triaged by the stroke specialist and diagnosed as not a TIA. She was discharged back to the care of her GP.

Ms B attended hospital again in April 2023, reporting ongoing issues with pain and headaches. She was seen on a stroke rehab ward but discharged the same day. The diagnosis was recorded as *Stroke - Probable.*

Ms B had an MRI later in April 2023. The scan report referenced abnormality previously identified on Ms B's CT scan, noting that *appearances are consistent with a small focal infarction.*

Just over a week later, Dr A, Consultant Physician, wrote to Ms B saying:

> *Your MRI scan of the brain showed some non-specific changes of uncertain significance. This is not a feature of a stroke and would not explain the symptoms you had on the right of your body about a month ago.*

In May 2024, Ms B saw consultant neurologist Dr E for a review. The follow-up clinic letter to Ms B's GP refers to Dr A's findings and queries what happened thereafter, but notes:

> *However, in view of the unremarkable MRI scan and original CT scan >48hrs of onset symptoms, a stroke diagnosis seems less likely. After excluding a vascular cause, the main differential diagnosis would be between atypical migraine and functional disorder, but more specific finding from neurological examination if any were found at the time of her episode and presentation would be needed to confirm.*

Dr E agreed to refer Ms B for a further scan, but noted that if the results were unremarkable, *I don't think there is much more to offer from a neurology point of view at this stage.*

A further CT scan in August 2024 concluded that there was no acute intracranial pathology demonstrated.

I've seen evidence that Ms B's GP wrote to Dr A saying that Ms B would appreciate correspondence regarding whether a stroke had ever been confirmed. The GP's impression from the MRI results letter was that *it is not very certain that the stroke has ever been confirmed.*

In September 2024, Dr A wrote to the GP confirming that, when he saw Ms B in April 2023, she had multiple symptoms and he was unable to localise to any particular neurological system. He said Ms B's clinical history was not suggestive of a stroke.

I appreciate Ms B feels very strongly about her claim. But overall, I think Royal London assessed the claim fairly, relying on the medical evidence to conclude that Ms B hadn't met the policy term necessary to qualify for a critical illness payment. Finally, I note some records

suggest Ms B may have experienced a TIA. But in any event, TIA is specifically excluded under the critical illness category of stroke. I'm therefore not going to ask Royal London to do anything further in respect of this complaint. Once again, I'm sorry to send unwelcome news to Ms B.

## My final decision

For the reasons given above, I do not uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Ms B to accept or reject my decision before 14 March 2025.

Jo Chilvers
**Ombudsman**