

20 October 2022

Janet Lee
Coroner's Registrar
Coroners Support Services
65 Kavanagh Street
Southbank VIC 3006

cpuresponses@coronerscourt.vic.gov.au

Dear Coroner's Registrar Lee

Re: Court ref: COR 2019 003390 – Investigation into the death of Dane Simpson

The Royal Australian College of General Practitioners (RACGP) thanks the Coroners Court of Victoria for the letter dated 19 July 2022 regarding the investigation into the death of Dane Simpson.

Requested responses to the following recommendation:

(1) The Royal Australian College of General Practitioners consider reviewing advice to their members in relation to treating those with Obsessive Compulsive Disorder and to reiterating the utility of gathering collateral information from families and involving family members in treatment, in particular where obsessive thinking and compulsive behaviour may carry the risk of self-harm.

RACGP Response pursuant to section 72(2) of the Act:

A General Practitioner (GP) needs to assess the risks and benefits of breaking patient confidentiality against the benefit of supporting and reducing risk of (self) harm to the patient.

This work requires knowledge of the patient and his family. The more GPs know and understand the patient and their family dynamics, the longer their relationship with the person, the easier it is for them to exercise their judgment regarding this balance of risks.

Collateral information from family

1) **benefits:** (for adult patients, not children): more information for risk assessment, past history, family history, precipitating, predisposing and perpetuating factors, assessment of the patient, can lead to better stratification of risk and therefore need for escalation of measures to manage including referrals and information for other providers

2) **risks:** break confidentiality and therefore engagement and therapeutic relationship between GP and patient which can reduce capacity or influence of the GP to support and treat the patient; poor knowledge of family dynamics potentially could expose patient to more distress and therefore more self-harm risk if this break in confidentiality results in deteriorating family relationships and family support.

Essentially, the GP relationship with a patient is more likely to be protective when there is a longer term established trusting relationship between the patient and GP. This facilitates better knowledge and assessment of the family system and the core capacity of the GP to judge the risk/ benefits of seeking collateral advice for an adult.

To break confidentiality is always a risk to further trust in the ongoing relationship between a GP and patient. And it is more likely that an ambivalent/ less trusting patient will not disclose their true feelings to that GP, and therefore provide information that allows better risk assessment, if that trust is broken. Trust takes time.

The current medical system does not encourage a longer term relationship with a regular GP and this poses a definite risk to patients when GPs have little information with which to judge a patients' self-assessment of self-harm risk.

Secure relationships take time to develop. This GP did not appear to have long, detailed knowledge of this patient.

Finally, if the GP also had a professional relationship with the wife and the family of the deceased, they would have more information to inform their decision about this risk/ benefit assessment.

GPs should get informed consent from patient to talk to family members, ideally even in red flag or emergency situations. And deciding if a specific member of family is supportive or unsupportive or even dangerous requires patient's assessment – they usually know who is a safe person for them.

Furthermore, and more broadly

- The RACGP provides advice and support to its members using various avenues including continuing professional development opportunities, peer reviewed publications, clinical guidelines, links to endorsed clinical guidelines, and newsletters and news articles. However, we are unable to produce guidance in every area and don't in Obsessive Compulsive Disorder (OCD). The range of clinical guidelines produced, and frequency of updates, depends on capacity of RACGP.
- GPs access advice from a wide range of evidence-based sources, not just the RACGP.
- The RACGP is advocating to government to better support the role of General Practice (GP) in managing mental illness. MBS patient rebates need to be increased to allow GPs to spend the time they need with patients.
- The RACGP will share coroner's findings with members.

We hope that this information is useful. If you have any further questions about the above, please contact RACGP Victoria State Manager Kon Kakris via kon.kakris@racgp.org.au.

Yours sincerely



Dr Anita Muñoz
Chair, Victoria Faculty