



Secretary

Department of Health

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Coroner Sarah Gebert
Coroners Court of Victoria
65 Kavanagh Street
SOUTHBANK VIC 3006

Dear Coroner Gebert

Thank you for your letter regarding your findings in the death of Master S (Court reference: 2019 006224). I was deeply saddened to learn of Master S' tragic death. I would like to convey my condolences to his family and community for their loss.

With the intent of avoiding similar deaths in the future, you recommended that my Department expands the scope of medicines monitored by SafeScript to include all prescription medicines. As I understand, the principal basis for this recommendation is that had Master S' history of asthma medication prescriptions been more readily available to his attending clinicians their management of his asthma would have been very different and may have prevented his death.

I provide this letter in response to that recommendation. I agree that the ability to review a patient's medication dispensing history may be useful in assessing both medication usage and, by implication, effectiveness of disease management. However, I question whether using SafeScript to monitor all prescription medicine dispensing would be the appropriate solution.

As you are aware, the SafeScript was developed and implemented to monitor high-risk medicines that are subject to misuse and abuse, with the focussed goal of reducing harm, including death, from prescribed opioids and benzodiazepines. It has proven effective in this goal. Since the introduction of SafeScript the number of Victorians dying from prescription opioids and benzodiazepine overdoses have been steadily declining. Accordingly, and in response to Coronial recommendations, my Department is in the process of making the regulatory amendments to include in SafeScript additional prescription analgesic anxiolytic medications that have been associated with harm, pregabalin, gabapentin and tramadol.

A key feature of SafeScript is that its use is mandatory. Prescribers and pharmacists are required to check SafeScript before prescribing or supplying any monitored medicines. Expansion of SafeScript to require real-time monitoring of all prescription medicines would place a significant and unwarranted administrative burden on both prescribers and pharmacists. I fear that the net effect of such a burden, which would not afford additional useful insights for the vast majority of prescriptions, would be to divert resources and attention away from the reduction in harm caused by the highest risk medicines, a function already proving a success for SafeScript.

I also question the contribution that real-time prescription monitoring would have made to more effectively manage Master S' asthma. As noted by Master S' mother, his apparent high medication usage, implied by his dispensing history and highlighted by Professor Stick, was due in part to his need to have his medications in multiple locations, such as school, so that he had ready access as required. Further, while A/Professor Roseby commented that Master S' dispensing history was not available to him, A/Professor Roseby had been Master S' principal medical specialist for many years and had attended him on at least nine occasions between January and September 2019. A detailed assessment of medication usage would have been a part of Master S' care across these consultations. In any event, prescribing and dispensing history would have been available to A/Professor Roseby from Master S' general practitioner or regular pharmacist.

It is clear from your findings that Master S had extremely brittle and severe asthma. Precision around his medication usage would have been central to optimising his care. However, I do not believe that SafeScript has a useful role in providing such precision. Rather, existing mechanisms, such as provider use of My Health Record and multidisciplinary team meetings, involving all providers including the patient's general practitioner and pharmacist, would likely be much more effective management for children with severe asthma.

Accordingly, after careful review of your findings I do not accept your recommendation to expand the scope of SafeScript to include all prescription medicines in Victoria.

Should you wish to discuss this matter further, please contact Jacqueline Goodall, Director, Medicines and Poisons Regulation at the Department of Health on 9456 3950 or email Jacqueline.Goodall@health.vic.gov.au.

Yours sincerely



Professor Euan M Wallace AM
Secretary

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