

7 April 2022

Nicole D'Rozario  
Coroner's Registrar  
Coroners Support Services  
65 Kavanagh Street  
Southbank VIC 3006

[cpuresponses@coronerscourt.vic.gov.au](mailto:cpuresponses@coronerscourt.vic.gov.au)

Dear Coroner's Registrar D'Rozario,

**Re: Court ref: COR 2019 2336 – Finding into the death with inquest of Peta Hickey**

The Royal Australian College of General Practitioners (RACGP) thanks the Coroners Court of Victoria for the letter dated 22 November 2021 regarding the inquest into the death of Peta Hickey.

The RACGP provides the following information in response to the Coroners recommendations and is unable to develop joint position statements with the Royal Australasian College of Physicians (RACP) at this time. It is our understanding the RACP will provide a separate response similarly.

#### Relevant contextual information

The RACGP supports the reduction of too much medicine having previously educated its members accordingly.

In April 2015 the RACGP released recommendations not to screen [asymptomatic, low-risk patients with invasive investigations](#).

In an RACGP publication, the Australian Family Physician ([October 2015](#)), regarding overdiagnosis, harm and paternalism advised that addressing these problems requires social, systemic and legal responses. Systemic responses, such as public debate about overdiagnosis or limits on Medicare rebates for certain tests, have the potential to set the parameters within which GPs help individual patients to understand the potential harms and benefits of diagnostic interventions.

In April 2019 the RACGP's publication newsGP published [GPs to lead the charge against 'too much medicine'](#)

The RACGP has also worked with Choosing Wisely Australia who provide this consumer/carer guidance [5 questions to ask your doctor or other healthcare provider before you get any test, treatment, or procedure](#) to make sure the right amount of care is provided, not too much and not too little. The guidance includes asking;

- *Do I really need this test, treatment or procedure?*
- *What are the risks?*
- *Are there simpler, safer options?*

The RACGP is developing a First Do No Harm (FDNH) guide, for publication later this year, within which Coronary CT scans for asymptomatic people is one of the inaugural 10 topics chosen to be featured. The FDNH guideline will have generic statements about the harms of low value investigations (and interventions). The FDNH guide will also build a set of specific brief monographs to help GPs work with patients to provide alternatives to low value/harmful tests.

## Responses to the Coroners recommendations

*22. That the **Royal Australian College of General Practitioners (RACGP)** and the **Australasian Faculty of Occupational & Environmental Medicine (AFOEM)** of the Royal Australasian College of Physicians prepare a joint position statement on whether practitioners engaged in workplace health have different obligations to 'clients' or 'candidates', for whom they are undertaking a limited review of information, than they do toward their 'patients', as was suggested by Dr Saad.*

The RACGP contends:

- That a doctor working in occupational health is not working as a GP, regardless of their background, as such the generic duty of care as defined by the Australian Medical Council applies. Irrespective of a person being viewed as a patient or as a client, a doctor owes a duty of care to a person when managing their health - be that through activities such as screening, investigation of symptoms, management and follow up.
- In the absence of clinical decision-making no doctor's signature should be required. Where it is required, in terms of responsibility whoever signs the referral is responsible.
- Where the GP is seeing the patient and refers them for a test, they need to identify a clinical need for the test, or it is not a valid referral. Referrers need to ensure there are clinical notes as part of the request. The level of care and clinical notes should be almost mandatory as part of the referral for both the patient and the person receiving the referral.

It is the RACGP's view that doctors have an ethical and professional obligation to be responsible for their referrals no matter what the business model sitting behind the process. The system that has been developed puts a signature on a form for a patient that a referrer has never seen. It allows for the use of a provider number for billing purposes only and referrals are being generated in an automated fashion with no clinical input, which is not appropriate.

*23. That the **RACGP** and the **AFOEM** prepare a joint position statement on the appropriateness of a practitioner authorising, or otherwise allowing, their signature to be used in referring individuals (whether 'patients', 'clients' or 'candidates') for tests when neither the patient, nor any information specific to the patient, has been reviewed.*

In this regard the RACGP makes the following comments:

- A person who is undertaking a test is entitled to informed consent about the potential risks and benefits of that test
- A medical test should only be ordered by a practitioner qualified to understand the purpose of the test: its risks, benefits, advantages and disadvantages. That practitioner should also understand the current guidelines outlining judicious and appropriate use of the test. The practitioner should not make his/her signature available to an unqualified person to order a test for a patient. The practitioner whose signature endorsed the test owns the ultimate responsibility for the outcome.
- Guidelines exist regarding the role of medical investigations in both screening and investigative scenarios. CT Coronary Angiography is not an endorsed screening test for an asymptomatic individual. It carries with it the risk of exposure to contrast and to CT radiation and needs to be justified by the presence of symptoms suggestive of coronary artery disease.
- The medical particulars of a patient should be known to the referring practitioner when a test is ordered. In particular, an allergy history, history of cardiac symptoms and status of renal function are vital information before a CTCA with contrast is ordered.

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](mailto:kon.kakris@racgp.org.au).

Yours sincerely



Dr Anita Muñoz  
Chair, Victoria Faculty