Mandatory reporting

To the Editor: There is a new national support network for doctors and medical students, which will be administered by the Australian Medical Association through a subsidiary company operating at arms' length from the Medical Board of Australia (MBA) and the Australian Health Practitioner Regulation Agency (AHPRA). The New South Wales Doctors' Health Advisory Service (DHAS) has launched services in NSW and the Australian Capital Territory, and Doctors' Health SA is running services in South Australia and the Northern Territory. MBA chair Joanna Flynn stated that the aim is "to build trust among doctors and medical students in the programs, so they feel safe to use them early in their illness".[1]

The service offers compassionate help for doctors and medical students in need of support However, requirements for mandatory reporting of doctors to AHPRA potentially reduces the likelihood of doctors accessing such services. Mandatory reporting is counterproductive because it still requires that doctors who seek help be reported if there is evidence that patients are being placed at risk, even if the doctor acknowledges the problem and is undergoing treatment. Services must be ethically sound and private — the hallmarks of appropriate care. Mandatory reporting still contravenes the confidentiality requirements of the doctor–patient relationship. In some states of the United States, such as Massachusetts, mandatory reporting is waived if an impaired doctor receives appropriate care by an approved supplier and is compliant. This encourages access without fear of consequences.

In situations where a doctor is seeking care from a DHAS, reporting to AHPRA should be discretionary rather than mandatory. In such cases, where there is no alternative but to protect the public, doctors who report to AHPRA in good faith should be indemnified against litigation.

While this type of service is positive, it will only be optimal if the law dictating mandatory reporting is modified appropriately. Even though the service is a step in the right direction and may assist impaired health workers, mandatory reporting should be modified to allow notification with indemnification; if this is done in good faith, the service can be expected to have increased benefit. It needs to be matched by the expectation that most patients will be treated without notification to the authorities.

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1 Smith P. National support network for doctors rolled out. *Australian Doctor* 2016: 3 May. ■