Letters

General practitioners need practical help to ensure that every patient with hepatitis C is offered curative treatment

Caring for patients with hepatitis C and curing their infection is an important topic in general practice.¹

In view of this, it is surprising that none of the clinical software packages available for use in Australian general practice automatically detects relevant biochemical findings or a diagnosis of hepatitis C in the records of patients who remain untreated to generate reminders to those patients and to the general practitioners (GPs) who are caring for them.²

Curative treatment for this potentially fatal condition is listed on the Pharmaceutical Benefits Scheme and can be prescribed by GPs. A patient who has a diagnosis of hepatitis C in their record and who has not been offered curative treatment could bring a claim of negligence against GPs in that practice who have been consulted by that patient.³ To reduce the risk of this, the diagnosis of hepatitis C should be annotated with one of four statuses:

- 1. Cured after treatment
- 2. Patient refuses curative treatment [date of refusal]
- 3. Not offered curative treatment on [date] because [reason]
- 4. Has not yet been offered curative treatment.

The last of these would be the default annotation and could be used to generate automated reminders to those patients to ask their GPs about possible treatment.

Clinical software packages marketed for use in Australian general practice currently do not provide any means for users to mandate such structured annotations for specified diagnoses. GPs who want their clinical software to provide these functions should ask The Royal Australian College of General Practitioners' Expert Committee – Practice Technology and Management (www.racgp.org.au/the-racgp/governance/ committees/racgp-expert-committees/ practice-technology-and-management) to lobby vendors of clinical software for these functions to be implemented.

Oliver Frank MBBS, PhD, FRACGP, FAIDH, Senior Research Fellow, Discipline of General Practice, Adelaide Medical School,

Adelaide Medical School, the University of Adelaide, SA; Specialist General Practitioner, Oakden Medical Centre, Hillcrest, SA

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