

AXMINSTER MEDICAL PRACTICE

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Andrew J Cox
HM Assistant Coroner
Exeter & Greater Devon Coroner's Officer
Room 226 Devon County Hall
Topsham Road
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EX2 4QD

RECEIVED 16 FEB 2015

Dear Mr Cox,

Mrs Judith Anne Saville d.o.b. 18.09.1943; d.o.d 28.01.2014; [REDACTED]

Further to my previous reply to you, we have now discussed Mrs Saville's sad death and the issues that you raised.

I shall address the two points you raised with me individually.

Firstly, although in an ideal world Zopiclone would only be used in short courses, it is common for this to be disregarded by patients, and where it seems the only way of relieving their distress at being unable to sleep we do sometimes have to use it on a regular basis. Unfortunately, it is not unusual for people to take 15mgs daily even though we normally try to persuade them to reduce or stop this medication where possible. However, sometimes continuing the medication regularly is the lesser of two evils.

In the situation in which normally we prescribe Zopiclone, short courses of limited numbers of pills are advisable and our computer system automatically offers us this choice with a label which advises against repeat or regular use. There will inevitably be some patients for whom it has been decided that a regular prescription of one months supply is appropriate. In Mrs Saville's particular circumstance we would not necessarily agree that [REDACTED] prescribed too many zopiclone pills, although we sympathise with his comments. Viewing her prescribing records it appears that she was not prescribed on any single occasion more than a months supply at the dose [REDACTED] had decided on. We would certainly all agree that in cases where there is a heightened risk of suicide we would endeavour to restrict supplies of potentially toxic medication of any type. Our local pharmacists and dispensers do also flag to us when patients appear to be requesting medications earlier than would be expected. As you will understand however, restricting prescribed medications would not prevent patients who have chosen to "stockpile" regular medications from holding large numbers of any pill which we prescribe regularly. There are many medications which are much more toxic than zopiclone and of course many over the counter medications which would also be toxic in overdose.

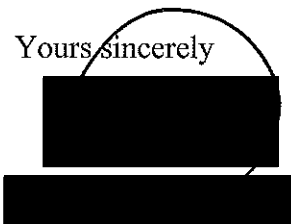
Your recommendations have lead us to consider the methods available to GPs in assessing whether a patient might have an increased risk of suicide. Mrs Saville's medical records record clearly in the summary that she had taken two overdoses, one in 1994 after what is described as a marriage break-up and another in 2010. All the GP's agreed that it would be a normal part of assessing a patient to look at the summary page which is clear and easily accessible. All the information contained therein would normally be taken into account especially if it is relevant to the reason a patient is consulting. To have a special flag which highlights that a patient has taken overdoses in the past would be problematic because this is not relevant information for many such people and significant numbers of patient have taken overdoses in the past but are not at increased risk of repeating any form of self-harm. Patients rightly expect that their medical records are both accurate and do not stress information which might in some way be viewed as judgemental and a special flag or message which is given more weight than any other part of their medical history might well be offensive to some.

In Mrs Saville's case it is important to consider what action might have resulted if there had been a flag which suggested an increased risk of suicide. All the GP's present agreed that this might have prompted urgent referral to the Crisis Response Team for an assessment including the current suicide risk. The Crisis Team always guide us if they believe that a heightened risk should temporarily (or permanently) change our patterns of prescribing. I understand that this referral was made and Mrs Saville was seen.

I believe that the wider GP community as a whole is likely to hold similar views and if you wish this could be raised with the Local Medical Committee who could advise us accordingly.

I hope that you will find this reply satisfactory and shows that we have given your recommendations very careful consideration. The very fact of doing this will mean that the risk of a suicide remains an important factor in assessing anyone with psychological problems. If raising this with us makes a difference to just one patient in the future then it will have been worthwhile.

Yours sincerely

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