



The DHASWA 24/7 Advice Line: more than just advice

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“The DHASWA Advice Line. A simple name for our service. More broadly, we provide “confidential health-related triage, advice and referral services for doctors and medical students”. But what does that look like?

We take about 10 to 20 calls a month. About 20 per cent of our callers remain anonymous. Perhaps it is worry about reputational risk, or the spectre of mandatory reporting to Ahpra – for which our Advice Line doctors have an exemption, as do all treating practitioners in WA.

Whatever the reason, we preserve this anonymity, with the only identifying detail required being the caller's mobile phone number. We ask to obtain some demographic details for internal monitoring, and keep our own confidential notes just as for any clinical consultation.

Our calls can be quite simple. Students or doctors who are new to the State and for whom we can provide guidance on how to find the right GP, how to access timely and affordable psychological therapy, and how to navigate mental health services under their reciprocal agreement or insurance. Or someone who is on a new roster, or in a new town without access to their usual healthcare team. We can refer them to our Drs for Drs list; or to services provided by their employer or medical school; or telehealth-only services for doctors; or to clinicians with after-hours availability.

Our calls can be complex. A personal relationship at work which has soured; a doctor who is under an investigation and in financial difficulty; a student with multiple financial, personal and academic stressors. Often, we will seek advice, with permission, from our fellow Advice Line GPs and psychiatrist or occupational health advisers, and work with these callers over the subsequent days to address the modifiable factors.

Rarely, we will have an acute caller – where there is evident risk of harm for the caller. We determine the urgency of



response required based on an assessment of risk and distress, and we can trigger an immediate intervention until the caller has other care and support available.

Sometimes it's about listening and validating, rather than advice. It may be the intern who has just completed another shift with an overwhelming workload and wants to ventilate in order to sleep. Or a trainee who feels a sense of responsibility for a failed resuscitation, who was debriefed after the episode and now seeks a further opportunity to reflect.

Sometimes we offer advice to those who are concerned about doctors. Our caller may be a GP calling about a doctor-patient with emerging symptoms of severe mental illness, and seeking advice on how to fast-track psychiatrist review. Or a partner of a doctor, concerned about their delay in seeking help for their depression. Or a student concerned about a fellow student's behaviour, and who cannot contact their medical school services after hours.

All the above scenarios are frequent enough to be non-identifiable, and to build experience within the Advice Line doctors of the range of circumstances that face our profession. There is nothing too complex, and there is always something that can be done. ■