From:	Mick Tong
To:	medboardconsultation
Subject:	'Public consultation on Good medical practice'
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Thank you for inviting comment on the draft revised code of conduct for doctors.
I am sure I am one of many voices that have concerns about several aspects of the new code. As a GP I am concerned that this has been rushed through too quickly and would urge the Board to take more time to consult broadly before any changes are made.

In answer to your specific questions:
1. From your perspective, how is the current code working?
The current code appears to work, allowing for both freedom to operate as an independent practitioner and within appropriate professional standards.

2. Is the content and structure of the draft revised code helpful, clear, relevant and more workable than the current code?
The structure of the new code is helpful, however I have concerns about the wording where I feel it is unclear and may be open to interpretation that is detrimental to the medical profession.

3. Is there any content that needs to be changed or deleted in the draft revised code?
Yes. The following sections of concern are:

2.1 "If making public comment, you should acknowledge the profession's generally accepted views and indicate when your personal opinion differs. Behaviour which could undermine community trust in the profession is at odds with good medical practice and may be considered unprofessional"

This section sets the tone for the rest of the Code of Conduct.

This statement is both vague and dangerous at the same time. First, defining "generally accepted views" is difficult, nigh impossible, in areas of medical ethics and the like. There are over 30 000 GPs in Australia, it would be impossible and unhelpful for all to hold identical views on various topics, as this does not represent a free society, or freedom of expression of various backgrounds within medicine itself. Furthermore, whilst behaviour which DOES undermine trust in the profession may be viewed as unprofessional, there is no definition of such behaviour in the statement, leaving it to the public's opinion on whether such behaviour is unprofessional. The "undermining of trust" by a member of the community is an open door to anyone with any sort of grievance against a particular doctor.

This statement is dangerous, as it could be used to stifle free speech and debate. The recent treatment of Dr David Van Gend's is an example of how something as simple as "retweeting" has been used against him. Van Gend is but one of many who have positions on contentious ethical issues, particularly politically incorrect ones. Furthermore, the AMA has pointed out that those who are pro-euthanasia, which is clearly on the other end of the spectrum to Van Gend, are also at risk because they may not hold the "generally accepted view". A liberal society must allow for freedom of expression and the medical profession is no exception.

I fear that this statement will mean the end of conscientious objection, which should be a right of all doctors, or indeed free people, for risk of their non-conforming "behaviour". Although there is allowance for conscientious objection further in the document, such objection will no doubt "undermine community trust" in the profession.

It will also lead to a cone of silence of the medical profession based around only accepted views and in fact undermine community trust in the profession - the very thing this statement claims to protect.

Finally, science and social reform has necessarily advanced only by people questioning the status quo in all areas of life. Medicine is no exception.

3.2.14 "Ensuring that your personal views do not adversely affect the care of your patient."

Following on from section 2, this point may be interpreted subjectively, and against a doctor. This would be most pertinent in areas of morals or ethics, for example refusing to offer euthanasia or abortion (or providing them conversely).

Section 2.1 also states: “The boundary between a doctor’s personal and public profile can be blurred.” This statement is "blurry" in itself, and may well be used against a doctor when there they wish to speak publicly as a doctor, for example in support of asylum seekers or climate change.

4.8.1 "Understanding that only the patient and/or their family can determine whether or not care is culturally safe and respectful."

This absolute statement leaves judgment of the doctor's conduct at the mercy of the patient's opinion as to whether it is "culturally safe and respectful".

Whilst the intent is of course to protect patients from being disrespected, the framing of this sentence, in conjunction with Section 2.1, leaves doctors in a delicate predicament where they may be under threat from anyone who suggests that they have been disrespectful. This again is subjective, from person to person as they interpret their own culture.

There must be safeguards in place such that mere inadvertent offense does not lead to condemnation, nor indeed self-determined "cultural safety and respect" that does not actually fit with commonly held cultural norms of subcultures within society.

4. Is there anything missing that needs to be added to the draft revised code?

No

5. Do you have any other comments on the draft revised code?
Please take time to consult more broadly and give the profession more time to discuss and debate any changes you are making.

Regards,

Michael Tong
FRACGP