

## **Public consultation on good medical practice**

### **Draft revised Good Medical Practice:**

### **A code of conduct for doctors in Australia**

#### **Submission from:**

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#### **Concerns re culturally safe and respectful practice Section 4.8**

This submission identifies some shortcomings in section 4.8 of the draft Revised Good Medical Practice document and suggests how these may be addressed.

#### **4.8 Culturally Safe and Respectful Practice**

Respect for patients' culture is one of the basic tenets for ensuring that medical care is successful.

What is culture? Culture is defined by the major dictionaries as being the ideas, customs and beliefs common to, or held by, a particular group or society.

However there are many instances where good medical practice as conducted in Australia will be at variance with certain cultures within the country. Examples are given below.

To dissuade complainants from misusing this section, a reference to the need for medical practice to be medically safe, as well as culturally safe, should be added:

#### 4.8 Culturally Safe and Respectful Practice

Culturally safe and respectful practice requires you to understand how your own culture, values, attitudes, assumptions and beliefs influence interactions with patients and families, the community, colleagues and team members.

*Cultural safety in the practice of medicine is medically safe practice that is respectful of each individual patient's unique cultural identity.*

### Section 4.8.1

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

In seeking to determine cultural safety and respect, by definition this cannot be determined solely by an individual person or family, as stated in 4.8.1. Culture is a collective, rather than an individual, construct.

Indeed, determining whether a person’s beliefs are held by a wider group of people or not is one of the factors taken into consideration when deciding whether a person is suffering from a psychosis.

As 4.8.1 stands, medical practitioners may be held to account for not acquiescing to any idiosyncrasy that is held by any individual who claims to have suffered any offence under this rule.

4.8.1 would better be put:

*“Understanding that each individual patient and/or family has a unique cultural identity, which is determined by the group or society to which they belong.”*

Several examples of issues that Medical Practitioners might otherwise face are:

1. Complaints made about medical practitioners who are deemed disrespectful because the patient or family say so, without reference to any wider cultural framework.
2. Complaints made about a medical practitioner’s unwillingness to perform either male or female circumcision where there are concerns about medical safety and yet these practices are deemed safe by the individual or family.
3. Complaints made about a medical practitioner’s unwillingness to supply patients with sex modulating medications or to perform sex-change operations, where the individual or family believes it to be safe, yet where there are legitimate medical or psychiatric concerns.
4. Complaints made about a medical practitioner who refuses to refer for or perform an abortion of a late term baby solely for sex-selection because individual or family “culture” has been used as the basis for the request.
5. Complaints made about medical practitioners who will not prescribe medications just because the patient deems it “culturally” safe (alternative therapies, opiates, cannabinoids, psychotropic drugs, diuretics etc) where there is no medical need and there may be harm caused by prescription.

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