

Submission by Dr Ronald Benson to the Medical Board “Public consultation on Good Medical Practice”.

I am a retired intensive care physician, I held specialist qualification in Medicine as FRACP, in anaesthesia as FANZCA and Intensive Care Medicine as FJFICM. I was a member of the Ethics Committee at St Vincent’s Hospital Sydney for many years.

I am a Hearing Member for the Medical Board and have given expert reports to the coroner and litigating and defence lawyers, some involving terminal care. I have been an AMA member for close on 50 years.

In my practice I have been involved in the death of over 2000 patients and this has given me an empathy when I hear many stories of patients dying at home or in care, in pain or distress and not in receipt of adequate terminal medication.

The worst situation being in a nursing home where the pain relief was actively withheld due to fear of giving too much.

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

Yes, I feel Section 4.13.4 needs to be expanded to add some clarification and guidance in the management of the terminally ill, the intent of that management and some protection for the carer.

Additional statement after Section 4.13.4 and before section 4.13.5.

“Recognising distress in the terminal phase of dying, ordering and providing medication and ensuring its administration without restriction by the secondary effect of death.

Without this statement or similar in the Code of Conduct, medication will continue to be withheld from the dying because of fear of litigation or complaint to the Medical Board.

I have asked the AMA to clarify matters concerning the administration of medication to the terminally ill, who can give it and that there is no restriction and await their reply. I will forward this if it is helpful.

Thank you for considering this submission which I submit because there remains a problem with fear in the giving of drugs to the dying and I feel the Medical Board can contribute by clarifying this important point.

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