

From: [REDACTED]
To: [medboardconsultation](#)
Subject: 'Public consultation on Good medical practice'
Date: Wednesday, 15 August 2018 9:25:24 AM

I am a patient who endured covered up medical negligence and sexual abuse feigned as medical care to sexual assault after the statutory sexual assault reforms.

I have downloaded the draft but I copy in line the SMH article below and the ridiculous complaints of doctors.

They are meant to know and abide by the law. The substantive one of mine repeatedly did not and thought he was above the law and repeatedly did not abide by it so this abidance of the law should be in. They need to know they are not above the law. Ignorance of the law is no excuse.

Another specialist ignored his Clinical Incident Reporting obligations then became a bystander and sent me back into what became repeated deadly, life-threatening, sexual abuse to sexual assault. He returned me to the jaws of the pits of hell.

Others later considered they could use human tissue clauses in American contracts that are not local jurisdiction contracts to exclude them from any law that they must locally abide by.

This sort of stuff can not go on - it is not about patient welfare - it can and did destroy my whole life and a 130 plus IQ who was set to be [REDACTED] had her life destroyed and that [REDACTED] as a resource lost. [REDACTED]

Who in the hell do some of these incompetent, intentional law breakers think they are ?
Gods ?

Discussing other views and how their views (or in fact experience differ) is imperative for informed consent and to make decisions for alternative carers with more experience and or even values more in line with their own. This is also consistent with *Chappel v Hart* binding High Court authority since 1998.

The whistleblower objection they cite is a small, red herring load of bollocks.
Whistleblowers fall under different protections and are such a small part of medicine - only about 2% of corruption cases are even dealt with by the ICAC. Who says they can't speak out on duty of care concerns re for example Manus Island or Refugee prolonged status.

In the interim there is the entire population of Australia for them to be concerned about.

Having had a number of doctors repeatedly intentionally break the law as it came to appear later they simply did not agree with it and it did not benefit them but only me then I know their objections are just a self-serving pile of crap.

Doctors are hard to sue, they need to start abiding by the law in the first place as our health and lives are at stake. Once they destroy that because they broke the law and or didn't abide by it even seeking compensation, if successful will never repay you for that - only 1 in 8 cases of med neg get to court. Only about half of those win.

Those incurring these sorts of issues have had our lives destroyed by medical knowing

these stats and doing whatever they want that serves them - not the patient.

That is not all doctors, there are many good and ethical - but they are often the source of professional jealousy by those doctors who break the law.

These changes are also in line with the sort of observations of for example Dr Charlie Teo who has noted how often he has been abused for taking on cases others said were inoperable. [REDACTED]

That just constitutes professional jealousy.

So they have to inform the patient of the fact that another has different skills and or views than them so they can pick which suits them in line with their desired skills and own personal values.

Don't listen to them and add the changes. It is about bloody time.

Signed,

Anonymous consent only - NAME NFP.

'Gag order': Doctors 'coerced' and muzzled by code of conduct changes, says AMA

Australia's peak doctor's body has slammed the Code's 'vague' statements that could stifle medico's ability to speak out



By [Kate Aubusson](#)

14 August 2018 — 8:00pm

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Doctors could be “coerced” into obeying laws that flout medical ethics and muzzled against publicly criticising their profession under proposed changes to the Medical Board of Australia's Code of Conduct, the Australian Medical Association warns.

AMA president Dr Tony Bartone has slammed several [proposed changes to the board's code](#), which governs medicos' ethical and professional behaviour.



AMA President Dr Tony Bartone has slammed the draft Code of Conduct as "vague" and "distressing".

Photo: Alex Ellinghausen

He took issue with a section of the code that stated doctors must "comply with relevant laws".

The board should not "coerce doctors into complying with relevant laws that are inconsistent with professionally accepted standards of medical ethics in Australia," Dr Bartone wrote in the [AMA's submission](#) to the board's public consultation process.

He referenced several doctors who risked two years' imprisonment by publicly condemning conditions in Australian immigration detention centres in 2016, before medical professionals were exempt from the Border Force Act targeting whistleblowers.

"Ironically, many doctors considered the Act not only conflicted with their ethical duties but their duties under the board's Code of Conduct to make the care of the patient the doctor's primary concern," Dr Bartone said.

In what would amount to an unprecedented overreach of the board's authority, a separate section of the code could be interpreted as "trying to control what doctors say in the public arena", Dr Bartone said.

The section refers to the blurred lines between doctors' personal and public profile and stipulates doctors speaking publicly 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," it read.

Dr Bartone said the board risked "stifling doctors' right to publicly express both personal and professional opinions while also undermining doctors' contribution to the diversity of public opinion, debate, and discourse".

"Many doctors don't personally agree with abortion, contraception of voluntary assisted dying," he said.

Euthanasia and conscientious objection are other examples where doctors' personal views are in opposition to the medical profession's consensus.

"Just because a doctor does not hold 'the profession's generally accepted views' on a particular social matter does not indicate a lack of medical professionalism or substandard medical practice," Dr Bartone wrote.

Several doctors on social media called the proposed changes "draconian" and "Orwellian", likening the medical board to "thought police".

A [change.org petition](#) opposing the draft called it a "gag order".

"This threat of disciplinary action clearly impinges on the ability of Doctors [sic] to comment and advocate for some of the most disadvantaged people in our society," read the petition attributed to Dr Amanda Fairweather.

"The medical community is a broad church of widely dissenting views ... it is this very practice of questioning the status quo that has been so invaluable in the progress of both the science and the politics of medicine," the petition read.

Dr Bartone said the document's "vague" and ambiguous motherhood statements would make it "extremely difficult and distressing for doctors" who would be unsure how to fulfil their obligations and avoid punitive action.

The draft code's public consultation period has been extended until August 17.

A spokesperson for the Medical Board of Australia said the board was actively seeking feedback from the profession and the community about the draft changes.

"The board will consider all comments provided in the months ahead and will publish all submissions, except when confidentiality has been requested," the spokesperson's statement read.

<https://www.smh.com.au/national/gag-order-doctors-coerced-and-muzzled-by-code-of-conduct-changes-says-ama-20180814-p4zxfq.html>