Submission to medical Board of Australia re draft "Good medical practice: A code of conduct for doctors in Australia"

Thank you for the opportunity to offer feedback.

I would like to make a few comments on various sections of the draft code as follows:

Section 2.1

There are a few parts of this section that could be changed

"Comply with the law" – I would suggest to omit this as firstly, it is unnecessary as there are plenty of other legal frameworks which ask us to comply with the law. It is also giving the impression that even if a court is prosecuting a doctor for their own reasons, that the board will also want to prosecute the doctor again. I also believe that the board should allow for doctors who are not willing to participate in certain things because of their culture and beliefs. A good example of this would be abortion, not forgetting that the Hippocratic Oath also forbade abortion.

I would also like to respectfully remind the board that the doctors who carried out the German Eugenics programme in World War 2 did so within the legal framework at the time. Soon after this event we were horrified that so many doctors could be so involved.

The draft mentions that if making public comment, we should consider "generally accepted views". May I comment that thoughtful public comments should be encouraged not discouraged. It must be remembered that many doctors who changed accepted practices in the past were censored during their day, often delaying good medical advances. One only has to think of Semmelweis and the spread of puerperal fever through not washing hands to realise that this sort of censorship could be very inappropriate.

I would also like to know what the board considers "generally accepted views" as I would not even know how to go about obtaining that view. Will there be another document released listing these and will it be available for public comment?

Section 3.2.7

I would agree with this statement. I work in aged care and even when considering sending patients to hospital at relatives request where no benefit is likely can be a difficult and lengthy discussion for which we are often not adequately remunerated.

Section 3.2.8

"Generally accepted views" is mentioned again. How are we ever to know when our personal opinion does not align with these. Do we always have to say that we know other doctors who don't think the way I do but this is my opinion. I w

Section 3.4.3

This mentions a list where there should be no discrimination on medical grounds. The listincludes such things as race (Polynesians have increased diabetes), religion (Jehovah's Witness do not get blood transfusions), sex (men are unlikely to get pregnant), etc which all influence our health in some way. I would delete this paragraph.

Section 4.3.8, 4.3.9

I think this section is good.

Section 4.8

This mentions that Good medical practice is "culturally safe and respectful"… and that "Only the patient and or family can determine whether or not care is culturally safe and respectful". This to me implies that the patient can never be wrong and that any complaint about a doctor will be upheld by the medical board. We actually know that there are many circumstances where patients can misinterpret communications. An extreme example of this would be paranoia in a mental health setting. I would reword this to say that communication with patients and family should be open enough to ensure culturally safe and respectful health care.

You mention 2 options, either to keep the current code or adopt the new code.

I would recommend that you keep the current code and further consult the medical community on what further changes to the draft should be made.

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