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To: medboardconsultation
Subject: Public consultation on Good medical practice
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Public consultation on Good medical practice

I support option 1 (retain the status quo of the 2009 Good Medical Practice Code of Conduct) because of a number of problems I identified in the draft revision of the Good Medical Practice Code of Conduct.

1. It states in paragraph 4 of Section 2.1 that a doctor should acknowledge the profession's generally accepted views and indicate when your personal opinion differs. The problem is that there are issues where there is no such "generally accepted views". There is such diversity in so many important issues among the general population (and doctors) such as euthanasia, same sex marriage, etc.. 70% of the doctors in my practice (7/10) do not support same-sex marriage, which differs somewhat to the nation as indicated by our postal survey, so is there really such "generally accepted views"? Even if there is such a "generally accepted" view, why should that view be acknowledged when you expression your own view that differs? Professionalism has to do with one's competency and work ethics in relation to his/ her particular field (as outlined by the current 2009 Good Medical Practice document Section 2), not what political, moral, social or religious view one holds and chooses to promote.

It also states that behaviour which could undermine community trust in the profession is at odds with good medical practice and may be considered unprofessional. Does good medical practice also involve one to uphold a socially acceptable view? I believe no reasonable person would affirm that. Surely good medical practice is just as attainable irrespective of the kind of political, social or religious view one has.

Doctors, like others in any given profession, are simply human beings and member of the wider society they belong to, living and contributing to the functioning and flourishing of that society. Being a society characterised by immense diversity in culture and ethnicity in many parts of Australia, one would expect a huge variety of sets of beliefs and values that should not be discriminated against by virtue of the job they find themselves in, or which professional category they belong to.

2. I have an issue with the phrase "culturally safe and respectful practice" in a number of places found in the draft revision (e.g. 2.1, 4.8 and its sub-points). The wordings of "cultural awareness" or "culturally sensitive" in the current 2009 code of conduct are more appropriate, as it would be important for doctors to understand and even empathise with a patient's dilemma and circumstances, but doctors should still retain some power to make decisions according to their own professional judgement as to what constitute safe, despite at times that may differ from what the culture of the patient might inform him/her. The change of wording could negatively impact health outcome if the doctor is limited in what he or she can advise/ practise/ not practise by the restrains of having to conform to the patient and/or his/her family members' wishes. This can also mean that doctors are robbed of their human rights to practice according to their consciences.

3. The addition of "gender identity", "sexual orientation", in 3.4.3 (Decisions about access to medical care):

Scientifically speaking, trained doctor are taught that gender is determined by one's sex chromosomes rather than one's preference or belief. One's gender identity and orientation cannot be considered as medically irrelevant (as this addition implies) because genetic make up ought to be taken into account in some cases in order to provide the most relevant management. For example, an investigation for certain sex-linked disease may or may not be relevant depending on the gender determined at birth, not by gender determined by preference or choice (if opposite to the gender at birth), and a doctor should "discriminate" by choosing to either investigate or not based on genetics rather than choice.

Best,
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