From: Ashraf Saleh
To: medboardconsultation
Subject: Public consultation on Good medical practice
Date: Sunday, 29 July 2018 11:43:07 PM

Dear Sir/Madam,
I wish to express concern regarding the proposed Code of Conduct revision. The answers to the questions posed point out these concerns:

1. From your perspective, how is the current code working?

   The current Code has protected patients from harmful medical practices and impaired/unsafe doctors as it has always done in the past. There was no deficiency from the Code that would lead to any loophole of misconduct to be perpetrated. The use of internet-based media platforms opens up another dimension of complexity, but other than for patient confidentiality it is one where on the whole there is no role for the Medical Board of Australia or AHPRA to be impinging on.

2. Is the content and structure of the draft revised code helpful, clear, relevant and more workable than the current code?

   The revised draft is reasonably clear, although not helpful in parts, due to the pragmatics of enforcing any opinions that appear to 'veer' away from what is 'generally accepted' by the profession. This is a glaringly wide interpretation in multiple counts, and peer opinion does not settle the score in contested social matters in medical practice, such as male circumcision, gender dysphoria and cultural practices at odds with health and well-being.

   In section 2.1, "If making public comment, you 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.", this clause can be interpreted to promote the complicit shutting down of dissenting opinion on such matters as sexuality, gender and illegal cultural practices. Preventing clinicians from publicly commenting on these matters creates a nanny state within the medical professional body, and unconstitutionally denigrates freedom of speech.

   Section 4.8 states that "Good medical practice is culturally safe", which is a most vague term, one that sounds benevolent, but in essence is insubstantial.

   Section 4.8.1 states "Understanding that only the patient and/or their family can determine whether or not care is culturally safe and respectful." Again, a seemingly patient-focused mantra that leaves a clinician constantly wondering whether anything that is advised or said will be interpreted as "culturally unsafe" or "disrespectful", however way this is determined. Without limits to such an open-ended determination, everything a clinician vocalises or performs as a medically necessary procedure is at risk of being considered "unsafe" or "disrespectful", even with patient consent to undertake them.

   Cultural sensitivity is not paramount in the doctor-patient relationship, although it forms one aspect of the relationship. The health and well-being of the patient always comes first; if there are cultural aspects that negatively affect the patient's well-being, this should never mean the clinician be silenced such as to avoid advising on the matter for fear of prosecution or causing offence.

   Furthermore, in section 4.8.4, "Adopting practices that respect diversity, avoid bias, discrimination and racism, and challenge belief based on assumption (for example, based on gender, disability, race, ethnicity, religion, sexuality, age or political beliefs).", this is also explicitly stating a clinician is culpable of misconduct for stating truisms of gender and sexuality (in particular), aspects that are biologically pre-determined. In the post-modern confusion of gender theory, which although has no scientific validity has become incorporated into medical practice, there should be no role for the Board to render dissenting views on gender and sexuality as being forms of "misconduct" under the Code. Race, disability, religion and

ethnicity are clearly aspects that health practitioners should not discriminate against when conducting their work on patients, however clinicians make clinical decisions every day based on the gender of their patients. Suggesting clinicians cannot voice truths on gender and sexuality to patients or in public due to the possibility of patients or the public taking offence is a flawed argument against freedom of speech, one which AHPRA and the Medical Board should have no place in.

3. Is there any content that needs to be changed or deleted in the draft revised code?

   Section 2.1 should have the above clause omitted. Section 4.8.1 should be altered to reflect that there is also patient responsibility to appreciate that not all standard and acceptable medical practice will be deemed "culturally safe" and "respectful" to the patient, and it is up to the patient to express any misunderstanding or perceived cultural insensitivity such that the doctor-patient relationship is not unilaterally undermined. Section 4.8.4 should omit gender and sexuality from the clause, given the confusion and non-scientific basis this would bring to the Code.

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

   Including references to patient responsibilities (as well as their rights) would be prudent.

5. Do you have any other comments on the draft revised code?

   The current Code of Conduct does need to include clauses regarding the use of digital media with respect to patient confidentiality and privacy, but any provision for the Code's permission of Medical Board jurisdiction over doctors voicing their opinions publicly is encroaching unacceptably into freedom of speech. Publicly proclaimed opinions should always be the responsibility of the clinician involved, and not considered to represent the profession as a whole. Therefore no censorship of doctors should be deemed necessary nor appropriate within the Code, and should not be a matter for AHPRA to be involved in. AHPRA and the Board should remain the advocate for patient safety through the maintenance of clinician practice standards, not meddling with clinicians' sociopolitical expression or worldview. Thank you for your consideration of this report.

Dr. Ashraf Saleh MBBS MNutrSci BMedSci FRACGP FARGP (Emerg Med)
[redacted]
Ph: [redacted]
Fax: [redacted]
Web: [redacted]