From: Duncan Chang
To: medboardconsultation
Subject: Public consultation on Good medical practice submission
Date: Friday, 3 August 2018 4:53:43 PM

Having read through the proposed draft revision (2018) to the Good Medical Practice: A code of conduct for doctors in Australia, I am hereby submitting my view on it.

In my view, there is a generally worrying trend to the draft revision, and I would like to point them out in details:

1) The addition of 2.1 paragraph 4, which states that:

Community trust in the medical profession is essential. Every doctor has a responsibility to behave ethically to justify this trust. The boundary between a doctor's personal and public profile can be blurred. As a doctor, you need to acknowledge and consider the effect of your comments and actions outside work, including online, on your professional standing and on the reputation of the profession. 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.

Australia is a democracy built upon key foundational principles which, when no longer preserved, would erode the integrity and strength of that democracy. These principles include freedom of conscience, freedom of speech, expression and religion, endorsement of one's human right to hold, voice and practise one's opinions and views on a whole host of significant political and social issues, as outlined by a number of articles of the ICCPR (International Covenant on Civil and Political Rights) published in the Australian Human Rights Commission website. That freedom and right should not be permitted to be violated by simply being associated with the profession one takes up, whatever that may be, which this draft can lead to.

Diversity and inclusiveness is a strength in Australia and should be celebrated, which includes diversity in opinions in a whole array of social significant issues. It would be unreasonable, therefore, to set expectations for those who belong to a certain profession to be limited to express only certain political, social, or religious views that are considered by others (albeit the majority) as politically correct or "socially acceptable". Labelling and treating those who choose to voice their opinions that might be considered politically incorrect by certain groups of people as "unprofessional" would constitute a violation of their basic human rights as Australian citizens (with very few obvious exceptions such as when one incites physical violence or terrorism, etc.). There is no reason why another personal view from the same profession which differs from one's view should be acknowledged when one expresses that view publicly, which this draft is proposing.

Freedom of speech and expression is a right for every citizen of Australia, and any attempts to suppress that constitutes a violation of democracy and human rights, including right to free speech. The current proposed draft revision, in my view, is precisely that - a move away from the democratic spirit the most Australians hold dear to, and a move towards the kind of totalitarian regime that still exists in some parts of our world which most of us loathe where only the official and politically correct view is permitted to be expressed, and every other opposing views are either censored or persecuted by imposing penalties.

I support that the 2009 version to be kept.

2) The replacement of 1.4 paragraph 5 (Professional values and qualities of doctors in 2009 version):

Good medical practice is patient-centred. It involves doctors understanding that each patient is unique, and working in partnership with their patients, adapting what they do to address the needs and reasonable expectations of each patient. This includes cultural awareness: being aware of their own culture and beliefs and respectful of the beliefs and cultures of others, recognising that these cultural differences may impact on the doctor–patient relationship and on the delivery of health services.

by 2.1 paragraph 6 (draft version):

Good medical practice is patient-centred. It involves understanding that each patient is unique, working in partnership with them and adapting what you do to address their needs and reasonable expectations. This includes culturally safe and respectful practice: being aware of your own culture and beliefs and respectful of the beliefs and cultures of others; and recognising that these cultural differences may impact on the doctor–patient relationship and on the delivery of health services.

According to the principle of anti-discrimination, the balance of rights between 2 parties are to be preserved, which is also the stated aim of this draft revision (under "Issues for consultation" on page 3 of the pdf version). However, in my view, rather than facilitating its stated aim of "maintain[ing] the balance between protecting the public and the impact on medical practitioners", the draft revision actually impedes its stated aim.

The draft revision, which replaces "*cultural **awareness***" with "*culturally safe and respectful **practices***" would disrupt the balance of rights and protection by toppling it excessively heavily over to the side of the public/ patients, granting them unwarranted and dangerous power to violate the rights of medical practitioners to **practise** according to their professional judgement, principles, beliefs, conscience and values when they don't match that of the patient.

It does not seem to make sense that, having gained an awareness and understanding of the cultural background and beliefs of his or her patient, the doctor is not permitted to practice in a way that is deemed appropriate, beneficial and does not clash with his/her sense of morality when it differs from the what the patient or his/her family members consider as appropriate and acceptable.

I support that the 2009 version to be kept.

3) The replacement of 3.7 (2009):

Culturally safe and sensitive practice

Good medical practice involves genuine efforts to understand the cultural needs and contexts of different patients to obtain good health outcomes. This includes:

- *3.7.1 Having knowledge of, respect for, and sensitivity towards, the cultural*

needs of the community you serve, including those of Indigenous Australians.

- *3.7.2 Acknowledging the social, economic, cultural and behavioural factors influencing health, both at individual and population levels.*
- *3.7.3 Understanding that your own culture and beliefs influence your interactions with patients.*
- *3.7.4 Adapting your practice to improve patient engagement and health care outcomes.*

by 4.8 (draft revision):

Culturally safe and respectful practice

Culturally safe and respectful practice requires you to understand how your own culture, values, attitudes, assumptions and beliefs influence interactions with patients and families, the community, colleagues and team members. Good medical practice is culturally safe and respectful. This includes:

- *4.8.1 Understanding that only the patient and/or their family can determine whether or not care is culturally safe and respectful.*
- *4.8.2 Respecting diverse cultures, beliefs, gender identities, sexualities and experiences of people, including among colleagues and team members.*
- *4.8.3 Acknowledging the social, economic, cultural, historic and behavioural factors influencing health, both at the individual, community and population levels.*
- *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).*
- *4.8.5 Supporting an inclusive environment for the safety and security of the individual patient and their family and/or significant others.*
- *4.8.6 Creating a positive, culturally safe work environment through role modelling, and supporting the rights, dignity and safety of others, including patients, colleagues and team members.*

Similar to point 2 above, in my view “culturally safe and respectful practice” should revert back to culturally “safe and sensitive practice”.

4.8.1 - Even within the same culture (I am aware of my own ethic culture, having grown up in Asia for the first 14 years of my life), there are diversity as to what is considered safe and acceptable, e.g. Women in China used to bind their feet causing gross deformity to their bones in their feet for centuries, but was later abolished by people within the same culture in the last century who no longer considered it to be safe and acceptable. So it is not quite true to say that only the patient can determine whether or not care is “culturally safe and respectful” or not, as opinions vary within the same culture of what is considered “safe” and “respectful”. Even among Muslims, what is culturally acceptable as interaction with male doctors vary greatly. Some would not allow any male doctor to touch or examine them. So if a family

member would rather let their female child dies because only male doctors are available a the time of emergency by refusing male doctors to touch his or her child, under the draft revision, it can be interpreted that the doctors would be required to respect what is considered as “culturally safe” by the parents and withhold intervention which could save the life of that child, the very opposite of what doctors are called to do.

4.8.2 - see point 2 and 3 above regarding the word “respecting”

4.8.5 - very non-specific - recommends deletion

4.8.6 - Best to leave out - see point 2 and 3 above regarding “culturally safe”

In conclusion, I support the Good Medical Practice: A code of conduct for doctors in Australia (2009) to be retained as it is, i.e. Option 1 - to retain the status quo.

Regards,
Dr Duncan Chang MBBS (Syd Uni) FRACGP