

03 August 2018

Executive Officer
Medical AHPRA
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By email: medboardconsultation@ahpra.gov.au

Dear Medical Board Consultation

1.13.11.15 'Public consultation on Good medical practice'

The Australian Society of Anaesthetists (ASA) welcomes the opportunity to contribute to the Draft revised Good Medical practice: A code of conduct for doctors in Australia.

The overall changes proposed within the draft code are reasonable, principled and well written. A comprehensive Code of Ethics is essential for the medical profession therefore the ASA supports Option 2 with some specific changes.

Specific Section Critique of Draft Code

1.0 About this code

1.3 What the code does not do.

This clause is very important in limiting the extent and statutory authority of this document.

1.5 Recognizing Australia's cultural and linguistic diversity and the Aboriginal and Torres Strait Islander peoples as the original custodians of our nation is important. Current Australian medical practice has been, and continues to be, significantly influenced by Western values and culture. The failure to explicitly recognize this here is a significant omission that potentially diminishes current practice.

The code should endorse substantiated medical practice. The following addition should be modified to clarify this:

"The core tasks of medicine are caring for people who are unwell and seeking to keep people well *through a peer reviewed and recognized safe practice.*"

2.0 Professionalism

Agree.

3.0 Providing good care

3.4 Decisions about access to medical care.

Doctors have a responsibility to act as custodians of limited healthcare resources (see 7.1 below). Sustainability of Australia's universal healthcare system requires allocative and operational efficiency.

3.4.4 This clinical need must be balanced with the broader community's need for the judicious allocation and use of limited resources.

3.4.5 This potentially exposes doctors to increased liability for protecting staff from patient behaviours that are beyond the doctor's control. There needs to be more clarification about what is considered 'reasonable' steps to allow care for patients who pose significant risks.

4.0 Working with patients

4.3 Effective communication

This section is excellent and fits in well with informed consent.

4.4.6 This evolving and dynamic space requires resources for education and training of doctors to increase awareness and compliance with the Board's Social media policy.

4.7.2 There should be some qualification or acknowledgement here that there are fiscal limitations to Australia's universal healthcare system and unique challenges such as geographical constraints. All Australians deserve advocacy for access to quality and culturally safe health services.

4.8. Culturally safe and respectful practice

4.8.1 This unilateral position creates a potentially divisive and unobtainable goal. As in any relationship, the doctor patient relationship must involve a degree of common ground and shared understanding. The provision of care may require some explanation and negotiation to arrive at a mutually acceptable way to proceed.

4.13 End-of-life care


This section is excellent and well written.

5. Respectful culture

Agree

6. Working with other health professionals

Agree



- 7 **Working within the healthcare system**
- 7.1 "Doctors have a responsibility to contribute to the effectiveness and efficiency of the healthcare system." AGREE. Because of this principle, some of the other guidelines mentioned above need to be qualified and clarified.
- 7.2.4 Agree, as above.
- 8. **Patient safety and minimizing risk**
Agree
- 9.0 **Maintaining professional performance**
Agree
- 10.0 **Professional behaviour**
- 10.7 **Advertising**
Excellent, provides further clarity on this issue.
- 11.0 **Ensuring doctors' health**
- 11.2.6 This is an excellent clause which addresses the importance of recognising the impact of fatigue within the medical profession
- 11.3.4 [as above]
- 12. **Teaching, supervising and assessing**
Agree
- 13. **Undertaking research**
Agree


Board Questions for Consideration

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

From the perspective of the medical speciality of the anaesthetist community the current code is well drafted. It would be useful as a reference guide for particular components of medical behaviours.

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

Refer to specific content changes above. The lay out of the document should be considered. It is noted that the AMA code of ethics (revised 2016), contains similar core information and is more succinct.



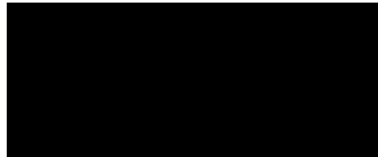
3. Is there anything missing that needs to be added to the draft revised code?
Open for discussion.

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

The draft revised code in its entirety is well written. The suggestions recommended above would acknowledge the specific changes to improve the Code of Ethics.

Further information in relation to the ASA submission can be obtained by contacting [REDACTED] or via email to [REDACTED] in the first instance.

Yours sincerely,



Associate Professor David M. Scott
President

