

Submission to MBA public consultation on the proposed revisions to *Good Medical Practice: A code of conduct for doctors in Australia*.

From Kerry J Breen AM, MD, MBBS, FRACP

July 2018

This submission focuses on a single aspect of the revision of the Code. As a person closely involved in the drafting of the original Code, I support most of the proposed changes and see them as being appropriate and timely. However I have serious reservations about the addition of the following words : *“If making public comment, you should acknowledge the profession’s generally accepted views and indicate when your personal opinion differs”*.

My reservations have the following bases. First, while many of the proposed changes have been provided with an accompanying rationale, this is a notable exception. This leaves the reader to guess the underlying reasoning. My guess is that the need for such a sentence is premised on the sort of public harm that is deemed to ensue when a registered medical practitioner publicly supports the claims of the anti-vaccination lobby. If this is the reason, then I support the intent of the change. However, I urge the MBA to explore better and more precise words to achieve this intent.

My other reservations relate to possible unintended consequences of this wording, the difficulty in defining or relying upon the *“the profession’s generally accepted views”* and the lack of justification for restricting such advice to *“making public comment”*. During my clinical career, two quite shocking new findings in my specialty were well outside the *“the profession’s generally accepted views”* and were initially ridiculed or at least severely questioned by the “general profession”. They were the discovery of helicobacter as the major cause of peptic ulcer and the suggestion that “faecal transplants” might help certain gastrointestinal conditions. In both instances, the views of the general profession were proven wrong. Public questioning of remarkable new findings of course has a long and celebrated history: Galileo comes readily to mind. It would be a great pity if the Code in some way was seen to be inhibiting the free discussion of challenging ideas.

The wording is problematic also because it assumes that *the profession’s generally accepted views* on any topic are to be readily recognised. In many instances this will be highly debateable.

I also question why this new section focuses solely on *“making public comment”*. If a renegade unorthodox doctor is pursuing dangerous concepts (new or old), that doctor can do harm in advising individual patients privately, harm that the unsuspecting patients are unlikely to anticipate. This possibility may be addressed elsewhere in the Code but I have not searched for it.

As I am unaware of the reasoning behind this change, I am unable to suggest any different wording for you. Without such reasoning and for the reservations that I have identified, it might be wiser to omit this new section and instead tackle specific problems by other approaches including via education or guidelines.