

## **Public Consultation on Good Medical Practice**

### **Submission re draft revision 2018**

#### **Good Medical Practice: A code of conduct for doctors in Australia**

I write as a former biomedical scientist concerned about the current move to change the current code of conduct for doctors. I believe the 2009 Code is comprehensive and vastly superior in terms of achieving good medical outcomes than the 2018 Draft Code, which is seriously flawed in my opinion. Here I highlight just a few shortcomings:

- A major problem with the wording of the draft code is the inherent limitation of doctors' freedom of speech, both professional and personal. The minority of doctors will not be able to challenge the views of the alleged majority which is, in itself, undemocratic, but also opposed to the scientific method in which hypotheses are formulated, argued and tested.
- Further, who is to determine what the majority view is on the vast number of scenarios encountered in the practice of medicine? Who writes the song sheet from which all doctors must sing at all times? I am appalled that serious proposals that are so unworkable in practical terms and so potentially damaging to good medical practice and individual freedom are arising out of an august body such as AHPRA.
- Much of the wording in the draft includes ill-defined subjective terminology open to a variety of interpretations, which is therefore likely to cause confusion, conflict and unnecessary litigation.
- The term 'culturally sensitive' is particularly troublesome in the context of providing 'good medicine'. Possible interpretations of some clauses imply that being 'culturally sensitive' means accepting and apparently condoning cultural beliefs that may be against good medical practice. Are doctors not allowed to speak or advise against female genital mutilation, for instance, or other perhaps less drastic yet still medically unsound cultural practices because to do otherwise would be 'culturally insensitive'?

The existing 2009 code of conduct is not broken, so no need to fix it – and certainly not in the ways that are being proposed in the 2018 draft. I urge AHPRA to abandon the 2018 draft code and stay with the 2009 Good Medical Practice Code, which serves its purpose well.

Yours sincerely

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