

Dear Sir/Madam,

Re: Public consultation on draft revised code of conduct, *Good medical practice: A code of conduct for doctors in Australia*.

The following words from section 2.1 of the draft revised Code of Conduct should be removed:

“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.”

Reasons

These words in section 2.1 are alarming because they seek to regulate the circumstances and manner in which doctors can express their personal opinions in forums outside of the workplace. This is alarming and inappropriate because:

- 1) Unless its reach is expressly curtailed, this section will inevitably have a chilling effect on the democratic right of doctors to express their personal views on a range of matters.
- 2) The Code of Conduct should be directed towards regulating the behaviour and practices of doctors in their direct treatment of patients. The expansion of the Code of Conduct into the realm of doctors’ personal opinions is an inappropriate overreach by AHPRA.
- 3) AHPRA seems to be taking an overly paternalistic view of the community’s capacity to discern between different opinions and viewpoints. This is over-reactionary and insulting to patients and doctors alike. To be truly free and human, doctors (like all people) need to have the freedom to express their own views and opinions.

AHPRA needs to urgently clarify whether it is seeking to regulate how doctors express their personal views outside of a workplace setting on moral, cultural, ethical & political issues. If AHPRA is seeking to do this, it would need to demonstrate a very powerful justification for doing so. No adequate justification is provided in the Consultation Paper.

AHPRA also needs to clarify how doctors can know what the “profession’s generally accepted views” are on such issues. Will AHPRA be publishing the “accepted” position on its website? If not, how will doctors know? The inevitable effects on free speech and public debate should be obvious. This should be evident to AHPRA from events last year when the AMA issued its *Position Statement on Marriage Equality 2017*. The Position Statement declared that:

“excluding same-sex couples from the institution of marriage has significant mental and physical health consequences for lesbian, gay, bisexual, transgender, intersex, and queer/questioning (LGBTIQ) Australians ... It is the AMA’s position that it is the right of any adult and their consenting adult partner to have their relationship recognised under the Marriage Act 1961, regardless of gender. There are ongoing, damaging effects of having a prolonged, divisive, public debate, and the AMA urges the Australian Parliament to legislate for marriage equality to resolve this.”

Many in the medical profession and the wider community saw this as a controversial and surprising intervention by the peak medical body in the Same Sex Marriage debate. Does AHPRA consider that the AMA reflects the “professions generally accepted views” on this or on other issues? Would the proposed changes to section 2.1 require doctors to form a view as to whether public or political statements made by medical bodies constitutes the “profession’s generally accepted views” and then disclaim any personal views which do not align with those bodies before expressing them in public forums or on social media?

It should be clear to AHPRA how absurd this would be. Similar doubts would no doubt arise across a range of contentious and fraught areas where reasonable people may reasonably hold differing opinions (euthanasia, abortion, medical intervention in childhood gender dysphoria, health care funding, the Medicare rebate freeze, stem cell research, embryo destruction etc).

The proposed changes to section 2.1 are not in the public interest as they will overreach into a private sphere where it is inappropriate for AHPRA to regulate, will curb free speech and impair proper functioning civil discourse and debate.

Yours sincerely

Dr C Chu