

**From:** Geoff Chu  
**To:** [medboardconsultation](#)  
**Subject:** Public consultation on Good medical practice  
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Dear Sir/Madam

Ideas have consequences. The underpinning and expression of these ideas in any worldview must be evidence-based and coherent. The definition and terminology of “culturally safe and respectful” within the proposed revised code of conduct is

overly subjective <sup>[1]</sup>. It is vulnerable to the adoption of practices that are diametrically and ethically opposed to basic human rights and “good medical practice” leading to violations of the very human rights and freedom of thought that the code seeks to protect. It has the real possibility of violating the rights medical practitioners to exercise conscientious objection. The primary reason for this conflict is that the context of being “culturally safe and respectful” must ultimately be subject to a higher priority of ethics, morality, empirical evidence and arguments. Take the following examples:

1. Genital mutilation
2. Child marriage
3. Unorthodox sexual practices <sup>[2]</sup>
4. Unhealthy lifestyles (e.g. substance use and abuse, poor dietary habits, lack of exercise, non-compliance with recommendations of health professionals)
5. Self-harm
6. Suicidal intent and behaviour <sup>[3]</sup>
7. Gender dysphoria <sup>[4]</sup>

Each of these examples illustrate that it is inadequate to place the “culturally safe and respectful” paradigm in a hierarchy of greater priority over other values and imperatives such as child abuse, trust and fidelity, self-restraint, medical and scientific evidence, limitations of unhindered self-determination and conscientious objection. Freedom of thought and dialogue is essential but the corollary of “freedom of expression” often cannot be mutually inclusive or possible because ideas can be diametrically opposed. In a civil and ethically responsible society there are many values that must be recognised as being objective and

inviolable <sup>[5]</sup> otherwise we will progress towards an ever increasingly chaotic community that acquiesces to the prevailing cultural fashion at the expense of ditching certain core values and imperatives that are essential for a functional and coherent society.

**I advocate for option 1, Retain the Status Quo.**

Yours sincerely,

Dr Geoffrey Chu

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<sup>[1]</sup> “only the patient and/or their family can determine whether or not care is culturally safe and respectful”, Public Consultation, Good Medical Practice, p16

<sup>[2]</sup>

Paedophilia, polyamory, polygamy, bestiality

[3] For psychologically sound individuals, there is a lack of clear differentiation of what constitutes the "right to die" and unwarranted "suicide".

[4] This an area where objective evidence is at best controversial and at worst, lacking in scientific data. By virtue of the current prevailing view that gender dysphoria is totally submissive to the subjective perspective of the patient, it is virtually impossible to challenge or critique the demands and responsibilities that logically follow from such a view.

[5] For example, the ethical and moral virtues of intrinsic moral worth of human beings, self-giving, courage, peace, gentleness, self-control, empathy, and compassion. Unethical attitudes and immoral behaviour such as child abuse, torture, rape, murder, deception, betrayal, theft, verbal, physical and sexual abuse.