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Medical board of Australia submissions

To Executive Officer, Medical, AHPRA, GPO Box 9958, Melbourne 3001.

[medboardconsultation@ahpra.gov.au](mailto:medboardconsultation@ahpra.gov.au)

Hi

I overall think the improved code of practise is a move forward. However I am loathe to agree to adopt this revised code, unless under a couple of areas there a much better guidelines and /or definition put in place.

The current intent of the document appears to be laudable and fine from my perspective.

However I am concerned that if people some areas unreasonably in the future, then very consciousness and adequately performing medical practitioners may end up being deregistered

- based on their religious beliefs or
- for making statement that some sections (or even a majority of the medical profession) might disagree with.

This involves in particular the proposed new text under SECTION 2.1

“Community trust in the medical profession is essential. Every doctor has a responsibility to behave ethically to justify this trust. 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.

Good medical practice is patient-centred. It involves understanding that each patient is unique, working in partnership with them and adapting what you do to address their needs and reasonable expectations. This includes culturally safe and respectful practice: being aware of your own culture and beliefs and respectful of the beliefs and cultures of others; and recognising that these cultural differences may impact on the doctor–patient relationship and on the delivery of health services.”

The issues around religious beliefs and protection needed for this, is I believe are straight forward and needs protection - but should be specifically referred to.

Public comment is much more problematic. The current wording can be interpreted that “malpractice” is arguing anything the majority or dominant part of the profession don’t agree with. I remember when Helicobacter was first mentioned as the cause of peptic ulcer and comments saying surgery and antacids were now bad medical practice would have been interpreted by the majority of the profession as painting them in a poor light. Ignaz Semmelweis was similarly viewed as painting the medical profession in bad standing for his public statements about hand hygiene in Austria in the 1800’s causing the deaths of women. I agree that people should where possible acknowledge when there is not agreements re issues but I worry that the wording in this section is too loose currently and could be used in the future to silence anyone who does not completely follow what the current dominant groups views are. If better protection for individual opinions is not found and/or better wording for the current sections can’t be found I think it should be left our completely and then I can’t support this new proposed code.

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Please provide written submissions by email, marked: 'Public consultation on Good medical practice' to [medboardconsultation@ahpra.gov.au](mailto:medboardconsultation@ahpra.gov.au) by close of business on 3 August 2018. Submissions for publication on the Board's website should be sent in Word format or equivalent.<sup>2</sup>

Submissions by post should be addressed to the Executive Officer, Medical, AHPRA, GPO Box 9958, Melbourne 3001.

