

From: ████████ terry darmody
To: [medboardconsultation](#)
Subject: Submission re Medical Board of Australia draft code of conduct
Date: Friday, 3 August 2018 2:02:36 PM

To whom it may concern,

I wish respectfully to submit a response based on issues arising from proposed changes to The Medical Board of Australia draft code of conduct that will apply to all Australian doctors.

I strongly support doctors' right to conscience and their right to express without fear their honest opinion in regard to the best medical interests of their patients.

If the Code of Conduct is changed, there is a plausible possibility that it could stifle free speech and debate. The threat of deregistration would silence dissenting doctors who express a differing opinion or speak out on debatable topics.

The proposed code requires doctors to be "culturally safe" and to comply with a patient's beliefs about gender identity and sexuality, with no provision given for a doctor to differ in their professional judgement.

I am aware that a doctors' group has expressed concern for the future of medicine in Australia in light of the changes, that it is quite that the interpretation of '*culturally safe*' could impact on good health outcomes and good medical practice. '*Respectful practice*', also, is significantly different from 'respectful of the beliefs and cultures of others' and this change also could impact on good health outcomes.

"Respect for a patient does not equal respecting 'cultural beliefs and practices' that may be antithetical to good medical practice."

I hope, along with many others, that the language of the 2009 Code of Conduct remains unchanged in the new version: 'Culturally safe' does not necessarily equate to medically safe. 'Respecting' can be taken to mean agreeing with, affirming, and accepting that doctors cannot challenge false medical belief and inappropriate treatment.

To actually achieve good medical outcomes for patients, doctors have to be free to challenge difficult problems that patients might seek to avoid, such as "excess weight, excess alcohol, dangers of sexual behaviours – at the very least to tell medical truth.

Other possible areas of conflict relate to treating Body Dysmorphic Disorder, dealing with patients affected by Islamic cultural issues such as female genital mutilation and child marriage, and with issues stemming from indigenous cultural practices, such as sub-incision and pay-back.

The other point of contention is around access to medical care, and making sure doctors do not discriminate against patients on "medically irrelevant grounds", which in the new set of guidelines includes "race, religion, sex, gender identity, sexual orientation, disability or other grounds, as described in anti-discrimination legislation."

The group has expressed concern over the addition of gender identity and sexual orientation to this list.

One of the reasons for questioning this provision is that the term "medically irrelevant" is not appropriate for the additional grounds.

Gender identity is relevant in many ways including age, experience, psychological factors and any possible therapeutic intervention both medical and surgical with life-long outcomes and consequences. Likewise, sexual orientation is also medically relevant preventively and therapeutically with regard to past and current sexual practices.

I believes the wording of the 2009 version of the Code is ethically sound and should therefore not be changed.

A good health outcome is intrinsic to good medicine and Good Medical Practice.

It is also unclear whether doctors will be compelled to act contrary to their own conscience regarding patient requests for referrals. Labor MPs in Queensland including Deputy Premier Jackie Trad have demanded that Queensland doctors be compelled to refer women for an abortion, and thus violate the conscientious beliefs of many doctors.

I strongly believe that the new guidelines *will* have a chilling effect on the freedom of doctors to publicly debate the

merits of medical treatments.

Section 2.1 of the code warns doctors, "you need to acknowledge and consider the effect of your comments and actions outside work, including online, on your professional standing... you should acknowledge the profession's generally accepted views... when your personal opinion differs"

According to the Code of Conduct (1.2), "serious or repeated failure" to meet its standards may result in a doctor losing their right to practise medicine.

To repeat: If the Code of Conduct is changed, this could stifle free speech and debate. Also, the threat of deregistration could be quite likely to silence dissenting doctors who express a differing opinion or speak out on debatable topics.

I strongly support doctors' right to conscience and their right to express without fear their honest opinion in regard to the best medical interests of their patients.

I am,

Yours respectfully,

Terence Darmody

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