

From: Philip Dawson
To: [medboardconsultation](#)
Subject: draft revised code of conduct
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I have had a look at your draft revised code of conduct. There are a large number of very vague statements capable of many interpretations in there. I hope you are not proposing to use these vague statements as a basis on which to prosecute doctors you believe have “crossed the line”?

Good legal practice means laws with punishments attached are drafted precisely so those affected know exactly where they stand and where the line is. Vague laws capable of many interpretations can easily be used to prosecute anyone for anything!

The following specific examples are instructive:-

3.4.2 Not prejudicing your patient’s care because you believe that a patient’s behaviour has contributed to their condition.

---if a patient has prejudiced their own care by their behavior it is often difficult to care for them appropriately eg the drug addict who breaks a leg and wants narcotics, or the patient with a serious disease who refuses treatment until it is too late and then demands expensive care to “fix me doctor”

3.4.3 Upholding your duty to your patient and not discriminating on medically irrelevant grounds, including race, religion, sex, gender identity, sexual orientation, disability or other grounds, as described in anti-discrimination legislation

----this is an interpretation as to what is and isn’t medically relevant-e.g. the Muslim patient I had who collapsed during Ramadan as he ate and drank nothing in a very hot (furnace) working environment. Is it safe for him to be working there, or safe for his colleagues if he is driving dangerous machinery?

You mention “Race” clearly following a cultural trend to describe anything as “racial” when it suits, whereas those acquainted with the science of the matter know there is only one human race, and it is derogatory to say otherwise.

I wont go into the ethics of encouraging 5 year olds to believe they are trapped in a body of the wrong sex and should be encouraged to take drugs and consider surgery, suffice it to say there is plenty of research into the long term effects of such treatments particularly in the UK and USA and I refer you to the American College of Paediatricians position statement on the matter.

4.8.1 Understanding that only the patient and/or their family can determine whether or not care is culturally safe and respectful.

--- I understood “culture” not to be determined by individuals but by a cultural group!

4.8.2 Respecting diverse cultures, beliefs, gender identities, sexualities and experiences of people, including among colleagues and team members

--- one can accept that others believe something that is opposite to what you believe, and we should not argue about it or be rude, but that should not mean one has to “accept” or “respect” something one finds anathema to

ones own beliefs. This point gets to the heart of what “tolerance” means. At the Peace of Westphalia in 1648 after the 30 years war during which millions died, tolerance was defined as respect for all persons no matter what they believed. It did not require acceptance or respect of those beliefs. I.e. classical tolerance requires respect for ALL PEOPLE, no matter what they believe. It does not require respect for mutually contradictory beliefs, or specifically for wrong beliefs. I haven’t met anyone from the Flat Earth society, although I am led to believe such a society exists by the numerous public pronouncements on the matter. If I did I could not possibly respect that belief. I do not believe the photos from the moon of the earth were faked in 1969, as some apparently do. Yet I would treat such a person with respect, not necessarily stating my belief in the approximately spherical shape of the earth unless directly challenged. I may, however , rush to the defence of the medieval Portuguese and Dutch navigators who sailed around the world, clearly believing its spherical nature and nowhere writing about being worried about sailing off the end of a flat earth!

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