

**From:** JO DE SOUSA  
**To:** [medboardconsultation](#)  
**Subject:** SUBMISSION on PROPOSED CHANGES TO CODE OF CONDUCT  
**Date:** Thursday, 16 August 2018 1:43:47 PM

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With regard to the change to the Code of Conduct:  
In particular re proposal to require doctors to be "culturally safe":

Please do NOT alter the code of conduct.

What goes on in a private consultation should benefit both the patient and the doctor. Or at the minimum should put neither at risk. The patient may or may not understand all the implications of their condition/s, or treatments proposed (by the doctor) or requested (by the patient). The doctor may or may not understand fully the patient's cultural background or motivations.

Best practice would seem to be that the doctor seeks clarification of these circumstances, but it should also require that the doctor apply his best clinical knowledge and experience to the situation. Just as the doctor should be open to the patient, so the patient should be open to (or at least be made aware of) all clinical options. The doctor should not be bound by fear of "offending" some cultural difference. That would leave the patient without the ability to make full informed consent.

And it could leave the doctor unable to properly treat the patient. This could lead to a doctor being sued for malpractice down the line. The patient doesn't necessarily have to follow the doctor's advice, but the doctor should be free to give it to his/her best knowledge, free from outside pressures.

Just as the doctor should be free to be frank and truthful to the patient, so the patient should be free to walk away and seek another opinion.

Some cultures still value smoking as a pastime. It is legal here, but frowned upon in most circles for many reasons. Should the doctor refrain from advising someone to reduce/quit smoking, even though it is to that person culturally acceptable, if the patient's health is at risk? I would say no.

If someone comes in with a girl child, requesting assistance with FGM, or aftercare of some other culturally accepted mutilation, should the doctor refrain from making a comment on the health/emotional consequences for the child? I would say no.

If someone comes in with an STD, should the doctor refrain from discussion about the person's lifestyle choices, and not be able to discuss all their options for fear of offending? I would say no.

If someone comes in wanting an abortion, should a doctor not be free to discuss with the patient all her options, and the likely consequences of each option? That would be poor medical practice.

If someone who presents as transgender, as gender is presently thought to be "fluid" therefore changeable, should a doctor be required by the patient's insistence to assist in obtaining medical treatment to do something physically to their body, or even a child's body, which will be permanent?

A doctor should be free from all ideological, political, emotional, cultural pressures to advise a patient on what the doctor truly believes, through study and experience, to be in

the patient's best medical and psychological interests, without fear of being reprimanded. If they are "damned if they do, and damned if they don't", that is an impossible demand to put on our medical profession.  
Please do NOT alter the code of conduct.

Thank you for your Consideration of my submission

Regards

Jo de Sousa

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