

From: Melissa Dryland
To: [medboardconsultation](#)
Subject: 'Public consultation on Good medical practice'
Date: Thursday, 2 August 2018 11:40:32 AM

To Whom It May Concern,

I am writing in response to the proposed code of conduct, for doctors to be forced to buy into an ideology, which could go against the ethical and medical standards for doctors.

Fundamentally, a doctor is to do no harm, but being forced to accept cultural requirements, could actually be forcing a doctor to treat a patient in a way that would do them more harm, even if the patient feels differently.

We see the slippery slope of the lgbt movement, in particular, when a doctor could be forced to treat a patient incorrectly, potentially killing or doing irreversible damage to that patient e.g genital mutilation.

The best example I can draw is from a comment made recently by Robert Gagnon: " If a person identifies as "trans" and has a life-threatening ailment that requires medication but the choice of medication varies based on sex (because one works better for men than for women while another works better for women than for men) does the "trans" person want the medication that corresponds to "gender identity" or to actual birth sex? That's when we find out how seriously a "trans" person takes his or her own claim to be a sex other than the one "assigned" at birth. And which medication does the American Medical Association (an organization that promotes the "trans" cause) recommend? Moreover, when the government conducts trials on medications, does it categorize "transgender" trial participants by "assigned" birth sex or current "gender identity"? "

Moreover, just because some parts of society have changed, does NOT mean that human biology has or can!

If a person is overweight, should a doctor be forced to say nothing because the patient might be offended or how about smoking or alcoholism or engaging in risky sexual activity?

A patient may not like the fact that he or she needs to to change their lifestyle habits, but In the best interest of the patient, a doctor must not be forced to go against his /her own conscience and medical ethics. He or she must be free to conduct good medical practice.

This is madness when we tell doctors they must care about feelings above all else and disregard medical and biological facts. Feelings don't change facts and we must be supportive of our doctors in treating patients in their best interest without having to worry about "cultural sensitivity" (aka political correctness).

A doctor's group expressed concern these changes would have on medial practice:

“We are concerned with the possible interpretation of ‘culturally safe’, that it should not impact on good health outcomes and good medical practice”, the group stated.

“We are concerned that ‘respectful practice’ is significantly different to ‘respectful of the beliefs and cultures of others’ and that 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.”

Dr Dunjey hopes 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 we 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”, he said.

We need to get political correctness out of medicine and let doctors to their jobs.

Yours Faithfully
Melissa Dryland