

From: [REDACTED]
To: [medboardconsultation](#)
Subject: Code of Conduct for Doctors
Date: Wednesday, 8 August 2018 3:43:02 PM

Dear Sir,

Concerning the proposed Code of Conduct for Doctors, I voice my following concerns, and urge that the current code which protects all patients - regardless of sex, religion, nationality or faith be retained. The proposed Code/Guidelines -

*could and no doubt will force doctors to accept 'cultural beliefs and practises' that are opposed to good medical practise, according to a group of doctors.

*could and no doubt will require doctors to be "culturally safe" and comply with a patient's beliefs about gender identity and sexuality, with no provision given for a doctor to differ in their professional judgement.

*in its interpretation of 'culturally safe', will impact on good health outcomes and good medical practice.

*expecting a respect for 'cultural beliefs and practices' could well be antithetical to good medical practice. Quoting Dr Dunjey: "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.

*will result in possible areas of conflict in relation 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.

*in adding gender identity and sexual orientation to the list of "medically irrelevant grounds", completely ignores that Gender identity is relevant in so many ways including age, experience, psychological factors and last but not least 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."

*will have a chilling effect on the freedom of doctors to publicly debate the merits of medical treatments. Note that 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."

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

Yours sincerely,

Rev Guido Kettmiss

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