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**To:** [medboardconsultation](#)  
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1. A problem with the wording of the draft code is the inherent limitation of free speech. The minority will not be able to challenge the views of the alleged majority which is, in itself, undemocratic, but also opposed to the scientific method in which hypotheses are formulated, argued and tested.
2. Adherence to the code extends beyond arguments about science to the realms of personal ethics and religious beliefs. Indeed, the whole purpose of the paragraph is likely to be focussed on societal values. The new code would prevent doctors from speaking plainly on matters that challenge their conscience. These matters include euthanasia, late term abortions, childhood gender dysphoria, legalisation of recreational marijuana, outcome of children adopted by same sex partners etc.
3. Contrary to the suggestion by AHPRA that 'community trust' will be ensured by limitation of comment, it could be argued 'community trust' will be reduced by the knowledge that the medical profession will only speak with one voice because of the silencing power of AHPRA.
4. How does AHPRA know what comprises 'generally accepted views' on any particular subject? Vocal minorities can seem to be more representative than they are. For example, the official Nursing organisation recently declared itself in favour of euthanasia but a survey of nurses involved in providing palliative care found their majority was not in favour of euthanasia.
5. How can AHPRA judge the nebulous concept of 'community trust'? And can AHPRA ensure the small committee of its judges will not be influenced subjectively by pressure groups.
6. Who will comprise the 'judging committee' of doctors deemed unprofessional? How will they judge 'the crime'? How will they know the opinion of the 'majority' of the profession? How will they evaluate loss of 'community trust'? How will they grade the severity of the 'crime'? How will they judge appropriate punishment?

Yours faithfully,

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