

August 3rd, 2018

Re: Public consultation paper on draft revised Good medical practice: A code of conduct for doctors in Australia.

Thank you for seeking public consultation on the draft revised code of conduct for doctors in Australia. I write in regard to the proposed changes in Section 2.1, Professionalism.

PROPOSED NEW TEXT – SECTION 2.1

Community trust in the medical profession is essential. Every doctor has a responsibility to behave ethically to justify this trust. The boundary between a doctor's personal and public profile can be blurred. As a doctor, you need to acknowledge and consider the effect of your comments and actions outside work, including online, on your professional standing and on the reputation of the profession. If making public comment, you should acknowledge the profession's generally accepted views and indicate when your personal opinion differs. Behaviour which could undermine community trust in the profession is at odds with good medical practice and may be considered unprofessional.

I write with grave concern about the expansion of the section of Professionalism, which will severely limit freedom of speech, freedom of thought, and possibly even the freedom of debating the merits of medical treatment.

This code is addressed to doctors and is also intended to let the community know what they can expect from doctors. This is the purpose of the code. What *can* the community expect from doctors? Would it be the reality of life, that there are people from different backgrounds, beliefs, and values? Or would it be a lie where all doctors are clones, when really, many have been compelled to hold beliefs contrary to their own conscience?

As for the current guideline on professionalism of addressing patients' reasonable expectations, would coercing doctors and other health care professionals to conform to the view of the majority, to neglect their own beliefs and values on their day to day life be reasonable expectations?

Despite having been in medical school for a few years now, it had only occurred to me recently how passively us students absorb a lot of everything, be it the convoluted physiology, the intricacy of anatomy, the clinical management of diseases etc. We are on this relentless pursuit to devour as much knowledge, often neglecting the need for digestion because there simply just isn't any energy left. Going through four, or five, or six years of such high-pressure state, we inevitably develop this habit of passive learning, where all critical thinking is put aside.

My point is that the proposed new text will only cultivate an environment for fresh grads to continue in this state of mindless passive nodding. There is no room for any personal opinion. All of which will be heavily policed. Soon, the slow nods, the fast nods, the nods with smiles, will all just be nods. We simply have to nod in unison.

Medicine has seen various drugs once heralded as the great cure, only to be withdrawn. Would such progress and discovery have been possible, if debates on their use and efficacy have been restrained in the past? Such debates would not have existed if we were to acknowledge and accept the profession's generally accepted views. Likewise, imagine a place

where there is no tolerance for healthy exchange of values and beliefs. A place where there is no room for constructive debate. This is a complete antithesis to progress, is it not?

Soon, even if an aspiring amateur reporter were to misquote us on his latest breaking news, this has happened to me, there's nothing we can do because we have been conditioned to remain silent. Nod, just as we have learned.

Soon, all we think about when treating patients will just be the medical side of things, forgoing the importance of social history. Why? Such neglect will stem from our personal experiences, where we might feel stifled in an environment where all opinion shared outside of our working hours will be heavily scrutinised, and perhaps condemned as being a breach in the community trust. When we forget the social side of ourselves, we forget the social side of patients too.

I identify as the person I am, the whole person, with my own values and beliefs. When I start working as a doctor, I will continue to identify as the person I am, but I also take on the identity of a doctor, this ever-privileged and rewarding position to service the community. I hope that I am not forced to pick between the two. If I were to be placed in a position to select one or the other in order to work as a doctor, what happens when I retire and lose my identity? I may well end up in countless psychologist and psychiatrist appointments. Will they be able to help me? I suppose I can't be blamed for having little faith in recovery. Doctors and allied health professionals who will be treating my mental health when I am in my 70's, may be even less well-equipped in treating patients as a whole person. My future doctors would have had years of slow nodding. Nod, nod, nod. What about the generations of doctors to come? Interesting cycle, isn't it? Clearly, I am concerned about the way the expansion of the section on professionalism will encroach on my personal life.

Medicine, the practice of "caring for people who are unwell and seeking to keep people well". May we strive to keep to its definition. May we steer away from politically correct medicine.

Kindest regards,
Ashley Lee