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3/8/18

Dear Members of the Medical Board  
RE 'Public consultation on Good medical practice'

Under Section 2.1, paragraph 4 states:

## 2 Professionalism

### 2.1 Professional values and qualities of doctors

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.

It is unacceptable and unprecedented for the Medical Board to regulate doctors' freedom of speech. If this clause is included in the revised code of conducts, doctors can be exposed to disciplinary hearings because of something they say or write online or in public. Medical practitioners as individuals have a role in promoting education, public awareness about ethical and medical matters and are entitled to express views within our democracy and political debates. Doctors who may have a conscientious objection against addictive drugs, female genital mutilation, late term abortion, sex-selection abortions, euthanasia or a range of issues may be criticised or disciplined by the Medical Board under this new code. This unfair disciplinary action may occur for not adhering to the "profession's generally accepted views" which is a subjective and undefined set of views- ONLY known by the powerful and changing members of the Medical Board committee. This is a breach of fundamental human rights under the Universal Declaration of Human Rights and our Australian Constitution.1

The new code also has a new section which should be removed as it is poorly defined, ambiguous and could have unintended harmful consequences. It states:

### 4.8 Culturally safe and respectful practice

Culturally safe and respectful practice requires you to understand how your own culture, values, attitudes, assumptions and beliefs influence interactions with patients and families, the community, colleagues and team members. Good medical practice is culturally safe and respectful. This includes:

4.8.2 Respecting diverse cultures, beliefs, gender identities, sexualities and experiences of people, including among colleagues and team members.

4.8.3 Acknowledging the social, economic, cultural, historic and behavioural factors influencing health, both at the individual, community and population levels.

4.8.4 Adopting practices that respect diversity, avoid bias, discrimination and racism, and challenge belief based on assumption (for example, based on gender, disability, race, ethnicity, religion, sexuality, age or political beliefs).

The new term "Culturally safe practice" is not defined in the clauses in section 4.8.

I believe that good medical practice is always respectful of patients and discrimination is not acceptable in the doctor-patient relationship. I support our patient care being regulated by clauses to ensure patient safety and respectful practice. I believe that doctors are professionals and they would not allow their personal opinions on the above issues to cloud their judgement and affect the way they care for patient.

However “Culturally safe” and “adopting practices that respect diversity, avoid bias” could be interpreted that the doctor must practice in a way that supports the patients cultural beliefs- there are many examples of cultural beliefs and practices that would conflict with the doctors ethical principles of “first do no harm” and other considerations about the safety and well-being of their patients. .

Certain cultural groups in Australia have an acceptance of a “drug culture” within their community eg use of Cannabis. Some Australians come from countries where it is legal eg Uruguay, President Jose Mujica signed legislation to legalize recreational cannabis in 2013. However as NSW health fact sheet states “If you take cannabis regularly over a long period of time then you may experience the following health problems: Dependence, increased risk of getting bronchitis, lung cancer and other diseases of the respiratory system, decreased motivation decreased concentration, memory and ability to learn new things, depression and psychological effects - this is more likely if the person already has a schizophrenic condition or has a pre-disposition to schizophrenia which can be triggered by cannabis use.” (2) As a doctor I oppose the use of Cannabis and other illegal drugs and would act in the best interests of my patients in expressing my medical opinion against this practice.

As the AMA stated “Many proponents of **Female Genital Mutilation** cite religious custom as justification for its continuation.” In other words some people in Australia believe their culture and religious custom justifies this practice - but as a doctor I oppose FGM and would act in the best interests of my patients in expressing my medical opinion against this practice.

FGM is a harmful, internationally condemned practice that violates human rights and numerous international laws and resolutions<sup>3,4</sup>, including the UN resolution Intensifying global efforts for the elimination of female genital mutilations, which was co-sponsored by Australia. Achieving total abandonment of the practice by 2030 is a priority within the Sustainable Development Goals<sup>5</sup>, which Australia is committed to achieving.

FGM is practised to varying extents in approximately 30 countries throughout Africa, Asia and the Middle East. However, changing migration patterns have seen FGM emerge in diaspora communities in countries with no previous history of the practice. FGM is classified into four types: clitoridectomy, excision, infibulation, and all other harmful procedures to the female genitalia for non-medical purposes, such as pricking, piercing, incising, scraping, and cauterization.<sup>6</sup> There is no medical justification for FGM. The practice can have devastating and, in extreme cases, fatal consequences. Survivors of the procedure are often left with lifelong medical complications, in addition to lasting psychological trauma.<sup>7</sup>

Some Australians support abortion up to birth as part of their culture and belief but this should not force all doctors to be involved in that as part of the new Code. eg Prof Lachlan de Crespigny in February 2000 performed an abortion at The Royal Women's Hospital , Melbourne. The role that Associate Professor de Crespigny performed a termination of pregnancy on a baby girl ~ 32 weeks gestation by injecting potassium chloride into the foetus's heart was the subject of a hospital investigation. Subsequently he campaigned in support of the Victorian Abortion Law reform Bill 2008 which allows legalises abortion up to birth ( if 2 doctors document approval) As a doctor I do not want to be involved in “abortion up to birth” and would act in the best interests of

my patients in expressing my medical opinion against this practice of such late term abortions and sex-selection abortions. Some cultural groups in Australia who may be influenced by similar beliefs in China or India want late term abortions or sex-selection abortions.

The case of Dr Mark Hobart not referring a patient who was 19 weeks pregnant for a sex-selection abortion and was then brought before the Medical Board is another example of how doctors should not be forced to adhere to "all" cultural practices that exist- that is unethical. In fact the governments in China and India have now banned sex-selection abortion but it seems legal in some Australian states eg Victoria.

#### SUMMARY

'Public consultation on Good medical practice' **This draft code has dangerous, ambiguous, ill-defined and unacceptable flaws which should be removed especially**

**Section 2.1, paragraph 4 and 4.8 Culturally safe and respectful practice**

They are a breach of fundamental human rights of Medical practitioners and could interfere with optimal patient care and best medical practice.

Yours Sincerely

CLennon

Dr Catherine Lennon

#### REFERENCES

**1 The Universal Declaration of Human rights " the promotion of universal respect for and observance of ... Everyone has the right to freedom of thought, conscience and religion "**

<http://www.un.org/en/universal-declaration-human-rights/>

**2** <http://www.health.nsw.gov.au/mentalhealth/Factsheets/Pages/cannabis.aspx>

**3** UN General Assembly, Convention on the Rights of the Child, 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3, available at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>

**4** UN General Assembly, Convention on the Elimination of All Forms of Discrimination Against Women, 18 December 1979, United Nations, Treaty Series, vol. 1249, p. 13, available at: <http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm>

**5** UN General Assembly, Sustainable Development Goals, 15 September 2015, available at: <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

**6** World Health Organization, Department of Reproductive Health and Research (2008). Eliminating Female Genital Mutilation. An interagency statement - OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO. Available at: <http://www.who.int/reproductivehealth/topics/fgm/overview/en/>

**7** World Health Organization. (2016, June 1). Health risks of female genital mutilation (FGM). Available at: [http://www.who.int/reproductivehealth/topics/fgm/health\\_consequences\\_fgm/en/](http://www.who.int/reproductivehealth/topics/fgm/health_consequences_fgm/en/)

**8** Late-term abortion doctor gives evidence at Upper House inquiry

Updated 30 Jul 2013, 8:06am Tue 30 Jul 2013, 8:06am <http://www.abc.net.au/news/2013-07-29/upper-house-probes-abortion-law-changes/4849666>

**9** <https://www.news.com.au/news/victoria/couple-abort-girl-because-they-wanted-a-boy/news-story/917f5f2e469add26d9620bfad87b3da3>

Couple abort girl because they wanted a boy

A MELBOURNE doctor has blown the whistle on parents who demanded an abortion - because they didn't want a girl. Exclusive: Natasha Bitá News Corp Australia Network APRIL 29, 2013 11:44AM