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### CONSULTATION REGARDING THE DRAFT REVISED GOOD MEDICAL PRACTICE DOCUMENT

Dear Medical Board of Australia,

My name is Ran Liu, and I am a General Practitioner practicing in Newtown, Sydney.

The proposed changes to the Code of Conduct for doctors in Australia poses some significant concerns to me regarding its potential impact on a doctors' freedom of speech, ability to contentiously object to medical treatments and increases scope for complaints and disciplinary actions based on opinion and personal belief.

I also am concerned that the duration and publicity of the consultation process has been inadequate. Most, if not all of my doctor colleagues were not aware of this change in the code of conduct until I brought it up in discussion.

There are a few specific clauses that cause me concern.

Regarding:

2.1 '(Doctors) must be honest, ethical and trustworthy and comply with relevant laws'.

I believe that diversity within the profession regarding best medical practice should be recognised. The guidelines should not coerce a doctor to act against their conscience or to comply with patient wishes, which they believe are not consistent with best medical practice.

I find the use of the phrase "comply" also concerning. It feels a bit ambiguous and I would appreciate qualification in regards to the context of its application. Is the fact that a medical procedure, once it has become legal, for instance euthanasia in Victoria, becomes something a doctor legally is compelled to offer in order to "comply with relevant laws"?

I would personally appreciate if the Medical Board include here a statement that the Code recognises and supports basic freedoms for doctors, including freedom of conscience and to conscientiously object in order to clarify this statement.

Regarding:

2.1 'As a doctor you need to "consider the effect of your comments and actions outside work"

2.1 'If making public comment, you should acknowledge the profession's generally accepted views and indicate when your personal opinion differs'

These are very broad and sweeping statements that I have concerns may contravene the civil rights of the doctor to respectfully express diversity of views. If a doctor's personal opinions expressed online or in public does not affect the way they treat their patients, and they still practice in a safe and non-discriminatory way, I find it a stretch that it should be held as an example of unprofessional medical practice.

Similarly by simply not holding "the profession's generally accepted views" on a particular matter, such as a particular social or ethical matter, this may not be reflective of a lack of professionalism or bad medical practice. An example of this is the NSW Nurses' Association's Position statement on voluntary assisted dying. This statement was not reflective of the majority view of palliative care nurses throughout the state as surveyed by Palliative Care NSW. This position statement had not sought a broad consultation or view from other significant nursing bodies before publicising the position statement of the Association.

More broadly, I feel like this may hinder the progress of medicine as a discipline by restricting discussion on many issues for fear of not holding "generally accepted views". For example, it may stifle comment made by doctors that have the goal of stimulating ethical discussion with students or in public debates. This may have the result of reducing public faith in the profession of medicine if there is a belief that it has become a policed profession with only one stipulated accepted line that all doctors have to follow, without freedom of the practitioner to tailor their practice in order to best look after their patient's best interests.

Please note, I one hundred percent do not promote discriminatory speech or hate speech online or in any other forum, and certainly support prosecution along the normal legal and civil routes for those that break discrimination law. However, to be watching every word I type or express on social media for fear of risk of deregistration I feel is a significant overstretch of the reach of a Medical Board and impinges on my freedom of speech.

Regarding:

3.4.3 'GMP involves upholding your duty to your patient and not discriminating on medically irrelevant grounds.'

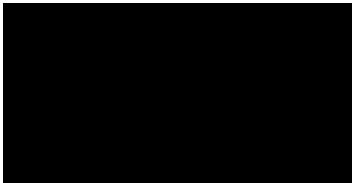
I think that distinction needs to be made between discrimination against a patient and disagreement with your involvement with particular treatments. Room needs to be made for sensitively expressed personal conscientious objection for particular treatments. Doing so does not deny a particular patient from accessing a service that they will be able to seek elsewhere. Working in the centre of Sydney, there is no lack of other practitioners to whom I am able to refer to arrange any services to which I have any medical or ethical concerns.

Outside of these specific concerns in the wording of the document. I would like clarification of how many of these issues will be adjudicated and voice some general concerns. Who will comprise the judging committee of doctors to determine what is unprofessional? How will the board be able to determine the opinion of the "majority"? How does one evaluate the loss of "community trust"? How will the board determine the severity of the misconduct?

How will the scope and severity of sanction be determined? And, how will the committee be immune to individual biases or societal pressure when determining all of the above?

My greatest thanks for taking the time to consider these concerns and for your work to regulate medical care such that all people in Australia are delivered excellent healthcare.

Kindest regards,



Dr Ran Liu