

August 17<sup>th</sup> 2018

Re: Public consultation paper

Draft revised: Good medical practice: A code of conduct for doctors in Australia.

I am not a medical practitioner but am a patient (or potential patient) who is reflecting on the general direction of the regulatory system for medical practitioners. Although unable to give a comprehensive account on every proposed amendment of the 2009 code versus the amended 2018 code, the following directional changes in wording are apparent to me:

- Increased regulatory power to the effect of strong penalty including the revoking of medical license of practitioners stating their views on social media.
- Consideration for what is culturally safe and respectful with interpretative power on the patient.
- Added wordings for inclusions on issues of gender identity and sexual orientation as an added duty to be non-discriminatory in advice of medical care; section 2.4.3 in the 2009 code to that of section 3.4.3 in the new 2018 code.

***I am a proponent for protecting society from quack doctors who impose unsafe, untested medical treatment on patients. I am for being culturally aware and sensitive when giving medical advice. I am also for protection of the minority and marginalised especially for those facing gender identity and sexual orientation issues. However, I do not think the above three points are sound ways to achieve these outcomes.***

Firstly, on the point of expression in the social media space, which is fundamentally about the freedom of speech, this move will give power to the regulatory board to determine what constitutes as acceptable in the medical profession in a totalitarian way. Please know that this statement is made with no intention of offense but with concern of the potential unfavourable consequences that lie outside the interest of AHPRA. An overly strong centralisation in any system leads to monopoly which will stifle innovation and open discussion. The monopoly here occurs in a nuanced way because social media is a fluid and subjective space to express one's views. When authority is given to clamp on this space, we set a precedence and open pandoras box to punish effective doctors with fundamental rights to express themselves. Social media is largely self-regulating by nature as society chooses how to punish or affirm those who express their views. A patient can choose, upon observing the opinion of the doctors who expresses themselves on social media whether they would like to be treated by this doctor or not. As other doctors will express their views as well, patients will self-select and approach doctors which align with their own beliefs. There will come a day where a new set of beliefs will emerge, as our culture constantly changes. The introduction of increased regulatory power on social media will set precedence for the enforcement of opinion of a select few. I am for protecting a culture of openness that the 2018 code seems to stifle. Please reconsider sections of the 2018 code that might intentionally or unintentionally impinge on this.

Secondly, giving interpretive power to a patient is dangerous. This is especially embodied in clause 4.8.1 in the 2018 code where '... *only the patient and/or their family can determine whether or not care is culturally safe and respectful*'. If I am a patient with my own diverse range of experiences, I can foresee that I will need to be humbled by the opinion of the doctor who is taking care of me despite my experiences as I might be prone to harming myself. To empower me and give me rights to define what I believe is right over the doctor's advice is to encourage me to harm myself. I would like the doctor to consider my cultural beliefs, but I want the doctor to impart the medical truth they have been trained for if this will save me and my family. Do not empower me. Empower them (with sufficient boundaries!). I understand that this is a balancing act when it comes to writing a regulatory code, but the suggested 2018 code certainly does not embody this.

Thirdly, although the issues of gender identity and sexual orientation is a sensitive one that doctors with strong differing personal beliefs must certainly be aware of, the clause given in 3.4.3 seems to assume that these are medically irrelevant. As a non-medical practitioner, even I can see that this is directly connected to my physiological well-being. If a day comes where I choose to change my sexual orientation or gender identity, I need the doctor to tell me the consequence of my choosing to change this. This clause seems to be reactive to strong inclusivity arguments trending today but is not sound for the long-term role of doctors in the wellbeing of this group. Sensitivity to today's cultural practice is different to scientific revelation of what constitutes good, relevant medical advice to me and my choices. The doctor ought to be able to give medical advice without fear of being shot-down, or even revoked of their medical license on these grounds. I need my doctor empowered to protect me, but I can see them stifled in the broadening of what is considered '*punishable for being discriminatory*' embodied in this clause. This ought to be reconsidered.

I look forward to the decision of the board and hope these concerns are addressed. I support empowerment of my doctors and the upholding of their personal beliefs as I think this leads to robust long-run outcomes. I understand the balancing act AHPRA faces in drafting this and support their work to uphold good medical practice. Please reconsider the 2018 draft code to achieve your objectives to protect us, the patients and to protect our medical practitioners.

From,

Bob Rick Looi