

From: [REDACTED]
To: [medboardconsultation](#)
Subject: Public consultation on Good medical practice
Date: Friday, 17 August 2018 7:41:03 AM

Dear Medical Board,

I write to you in concern over the direction of laws pertaining to medical practice in our country. History has proven that good intentions through hasty action do not always result in desirable long term outcomes.

Examples are the use of Thalidomide, placing outback Aborigines into western culture and a host of CSIRO attempted fixes for the control of pests, including the use of the Myxomatosis virus. Too often insufficient time and consultation are sought when making changes that affect society as a whole.

The explicit ethical standards clarification referred to in the document also assumes that the community and profession are of one mind, when this is in fact not the case. A person of Christian faith, who is of the understanding that they come under ultimate judgement for their actions and words, will very likely have a differing perspective to those who reference a changing moral standard.

The potential for discrimination against these workers of religious conviction, particularly by governing authorities, is increasing drastically through laws that should be protecting caregivers as well as patients. Patients should be able to make informed choices based on all available information and laws, by threatening disciplinary action, are limiting opportunities to have alternative perspectives given.

Consumerism in society has been promoted to the point where parents of unborn babies are making life and death decisions based on preference and convenience factor. I personally know a couple who aborted more than one baby because they showed levels of deformity through scans, yet we have laws that protect and care for the same once they are born. How are these laws consistent? We are all becoming aware of the delayed psychological damage caused by many who've made such decisions. I recently heard of an old woman in her last days writing of her deep regret in having terminated her pregnancy early in life. Where was her access to counselling at the time? Society has failed her.

There is much more to be said in regard to this, but for now I urge you to delay any changes to the current laws so that proposals can be thoroughly discussed and all viewpoints considered.

Sincerely,

Duane McGraw

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[16 Discrimination occurs when a person, or a group of people, is treated less favourably than another person or group because of their background or certain personal characteristics.](#)

[Australian Human Rights Commission \(AHRC\) \(2014\)](#)

Culturally safe

ethical and professional conduct expected of doctors

Potential benefits and costs of the proposal The benefits of the preferred option are that the draft revised code: 1. Maintains the balance between protecting the public and the impact on medical practitioners 2. More clearly sets out the principles that characterise good medical practice and makes explicit the standards of ethical and professional conduct expected of doctors by their professional peers and the community 3. Has been revised to address specific recommendations to strengthen guidance 4. Has editorial revisions and has been re-ordered to

improve readability.

Questions for consideration The Board is inviting general comments on the draft revised code as well as feedback on the following questions. 1. From your perspective, how is the current code working? 2. Is the content and structure of the draft revised code helpful, clear, relevant and more workable than the current code? 3. Is there any content that needs to be changed or deleted in the draft revised code? 4. Is there anything missing that needs to be added to the draft revised code? 5. Do you have any other comments on the draft revised code?

5.2 Respect for medical colleagues and other healthcare professionals Good patient care is enhanced when there is mutual respect and clear communication between all healthcare professionals involved in the care of the patient. Good medical practice involves: 5.2.1

Acknowledging and respecting the contribution of all healthcare professionals involved in the care of the patient. 5.2.2 Communicating clearly, effectively, courteously, respectfully and promptly with other doctors and healthcare professionals caring for the patient.

16 Discrimination occurs when a person, or a group of people, is treated less favourably than another person or group because of their background or certain personal characteristics.

Australian Human Rights Commission (AHRC) (2014)

Good medical practice involves: 5.4.1 Being fair and showing respect for peers, colleagues, co-workers and students on healthcare teams and patients. 5.4.2 Not discriminating against, bullying or sexually harassing others. 5.4.3 Providing constructive and respectful feedback to colleagues, trainees, international medical graduates and students, including when their performance does not meet accepted standards. 5.4.4 Being open to receiving constructive feedback. 5.4.5 Doing or saying something about discrimination, bullying or sexual harassment by others when you see it and reporting it when appropriate. Good medical practice in the management of discrimination, bullying or sexual harassment requires a timely, proportionate and fair response, including: 5.4.6 Having zero tolerance for discrimination, bullying and sexual harassment

7.3 Health advocacy There are significant disparities in the health status of different groups in the Australian community. These disparities result from social, economic, cultural, historic, geographic and other factors. In particular, Aboriginal and Torres Strait Islander Peoples bear the burden of gross social, cultural and health inequity. Good medical practice involves using your expertise and influence to identify and address healthcare inequity and protect and advance the health and wellbeing of individual patients, communities and populations. 7.4 Public health Doctors have a responsibility to promote the health of the community through disease prevention and control, education and screening. Good medical practice involves: 7.4.1 Understanding the principles of public health, including health education, health promotion, disease prevention and control and screening. 7.4.2 Participating in efforts to promote the health of the community and being aware of your obligations in disease prevention, screening and reporting notifiable diseases.

8 Patient safety and minimising risk 8.1 Introduction Risk is inherent in healthcare. Minimising risk to patients is an important component of medical practice. Good medical practice involves making patient safety your first priority and understanding and applying the key principles of risk minimisation and management in your practice. Good medical practice involves: 8.1.1 Working in your practice and within systems to reduce error and improve patient safety, and supporting colleagues who raise concerns about patient safety. 8.1.2 Taking all reasonable steps to address the issue if you have reason to think that patient safety may be compromised. 8.2 Risk management Good medical practice in relation to risk management involves: 8.2.1 Acknowledging that all doctors share responsibility for clinical governance. 8.2.2 Being aware of the importance of the principles of open disclosure and a non-punitive approach to incident

management. 8.2.3 Participating in systems of quality assurance and improvement. 8.2.4 Participating in systems for surveillance and monitoring of adverse events and 'near misses', including reporting these events. 8.2.5 If you have clinical leadership and/or management responsibilities, making sure that appropriate systems are in place for raising concerns about risks to patients.

10 Professional behaviour 10.1 Introduction In professional life, doctors must display a standard of behaviour that warrants the trust and respect of the community. This includes observing and practising the principles of ethical conduct.

10.4 Vexatious complaints Legitimate complaints are motivated by genuine concerns about patient safety. Vexatious complaints lack substance and have other motivations. They are often characterised by an intention to protect commercial interests and/or cause harm to another health practitioner, instead of a genuine concern about patient safety. Good medical practice involves: 10.4.1 Raising genuine concerns about risks to patient safety to the appropriate authority (locally and/or the Medical Board) and complying with mandatory reporting requirements. 10.4.2 Not making vexatious complaints about other health practitioners. The Board may take regulatory action against a medical practitioner who makes a vexatious notification about another health practitioner.

10.12 Conflicts of interest Patients rely on the independence and trustworthiness of doctors for any advice or treatment. A conflict of interest in medical practice arises when a doctor, entrusted with acting in the interests of a patient, also has financial, professional or personal interests, or relationships with third parties, which may affect their care of the patient. Multiple interests are common. They require identification, careful consideration, appropriate disclosure and accountability. When these interests compromise, or might reasonably be perceived by an independent observer to compromise, the doctor's primary duty to the patient, doctors must recognise and resolve this conflict in the best interests of the patient. If in doubt, seek advice from colleagues, your employer, professional organisation or professional indemnity insurer. Good medical practice involves: 10.12.1 Recognising potential conflicts of interest that may arise in relation to initiating or continuing a professional relationship with a patient. 10.12.2 Acting in your patients' best interests when making referrals and when providing or arranging treatment or care. 10.12.3 Informing patients when you have an interest that could affect, or could be perceived to affect, patient care. 10.12.4 Recognising that pharmaceutical and other medical marketing influences doctors, and being aware of ways in which your practice may be being influenced. 10.12.5 Recognising potential conflicts of interest in relation to medical devices and appropriately managing any conflict that arises in your practice.