

Dear Medical Board,

I am not in favour of the proposed new code of conduct.

I am particularly mindful of this introductory statement from section 1.2 of both the 2014 version of the code and the 2018 draft:

If your professional conduct varies significantly from this standard, you should be prepared to explain and justify your decisions and actions. Serious or repeated failure to meet these standards may have consequences for your medical registration.

This makes it very clear that the code is much more than a guideline or advisory. There is a very big stick being waved.

There are two sections of the draft which provide real cause for concern.

1. At 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.*

It is not at all clear why this section has been added to the code since 2014. The Board fails to explain exactly what sorts of views it would consider of concern or unacceptable. No examples are given to provide guidance. Furthermore, it is not immediately apparent what the profession's generally accepted views are much of the time. Clearly adoption of this provision will tend to inhibit discussion of controversial matters in the public sphere by individual medical practitioners. Doctors will feel less confident in stating their views on contentious issues in all forums. It is hard to see how the public good is served when expressions of opinion from the clinical coalface are stifled by the prospect of severe sanctions including the loss of one's livelihood.

2. At 4.8: *Good medical practice is culturally safe and respectful. This includes:*
4.8.1 Understanding that only the patient and/or their family can determine whether or not care is culturally safe and respectful.

The problem with this is that it would seem that the patient's or family's concept of cultural safety (whatever that is- it is not defined in the draft) can overrule other important considerations. Foremost amongst these is the doctor's duty to provide advice based on the best available evidence (which is at the heart of good medical practice). This provision seems to give the patient or their family carte blanche to insist on any therapeutic or other intervention (or omission thereof) despite whether the attending medical practitioner considers that to be futile, inappropriate or dangerous. It suggests the doctor should be no more than a subservient robot. How can this be in the patient's best interest?

The above two provisions are anathema to good medical practice. They should be removed and the draft revised. Failing that, the 2014 version of the code should be retained.

Yours sincerely,

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