

From: 
To: [medboardconsultation](#)
Subject: Doctor's code implies endorsing harmful cultural beliefs
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Attachments: [image001.gif](#)
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Importance: High

A proposed Code of Conduct, which is open for public submissions until August 3, could force doctors to accept 'cultural beliefs and practises' that are opposed to good medical practise, according to a group of doctors.

The Medical Board of Australia draft code of conduct that will apply to all Australian doctors requires doctors to be "culturally safe" and comply with a patient's beliefs about gender identity and sexuality, with no provision given for a doctor to differ in their professional judgement.

A doctors' group convened by Dr Lachlan Dunjey of Perth, has expressed concern for the future of medicine in Australia in light of the changes.

"We are concerned with the possible interpretation of 'culturally safe', that it should not impact on good health outcomes and good medical practice", the group stated.

"We are concerned that 'respectful practice' is significantly different to 'respectful of the beliefs and cultures of others' and that this change also could impact on good health outcomes.

"Respect for a patient does not equal respecting 'cultural beliefs and practices' that may be antithetical to good medical practice."

Dr Dunjey hopes language of the 2009 Code of Conduct remains unchanged in the new version: "'Culturally safe' does not necessarily equate to medically safe ... 'Respecting' can be taken to mean agreeing with, affirming, and accepting that we cannot challenge false medical belief and inappropriate treatment."

"To actually achieve good medical outcomes for patients, doctors have to be free to challenge difficult problems that patients might seek to avoid, such as "excess weight, excess alcohol, dangers of sexual behaviours – at the very least to tell medical truth", he said.

Other possible areas of conflict relate to treating Body Dysmorphic Disorder, dealing with patients affected by Islamic cultural issues such as female genital mutilation and child marriage, and with issues stemming from indigenous cultural practices, such as sub-incision and pay-back.

The other point of contention is around access to medical care, and making sure doctors do not discriminate against patients on "medically irrelevant grounds", which in the new set of guidelines includes "race, religion, sex, gender identity, sexual orientation, disability or other grounds, as described in anti-discrimination legislation."

The group has expressed concern over the addition of gender identity and sexual orientation to this list.

One of the reasons for questioning this provision, Dr Dunjey says, is that the term "medically irrelevant" is not appropriate for the additional grounds.

"Gender identity is relevant in so many ways including age, experience, psychological factors and last but not least any possible therapeutic intervention both medical and surgical with life-long outcomes and consequences. Likewise, sexual orientation is also medically relevant preventively and therapeutically with regard to past and current sexual practices."

The group believes the wording of the 2009 version of the Code is ethically sound and should therefore not be changed.

The doctors insist that “a good health outcome is what we are about. It is intrinsic to good medicine and Good Medical Practice.”

It is also unclear whether doctors will be compelled to act contrary to their own conscience regarding patient requests for referrals. Labor MPs in Queensland including Deputy Premier Jackie Trad have demanded that Queensland doctors be compelled to refer women for an abortion, and thus violate the conscientious beliefs of many doctors.

What is clear is that the new guidelines will have a chilling effect on the freedom of doctors to publicly debate the merits of medical treatments.

Section 2.1 of the code warns doctors, “you need to acknowledge and consider the effect of your comments and actions outside work, including online, on your professional standing... you should acknowledge the profession’s generally accepted views... when your personal opinion differs”

The Medical Board is already bringing an Australian GP before the Medical Board for retweeting on Twitter. If the Code of Conduct is changed, this would stifle free speech and debate. The threat of deregistration would silence dissenting doctors who speak out — or even retweet — on debatable topics.

According to the Code of Conduct (1.2), “serious or repeated failure” to meet its standards may result in a doctor losing their right to practise medicine.

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