

From: Anna Mullins
To: [medboardconsultation](#)
Subject: Public consultation on Good medical practice
Date: Saturday, 18 August 2018 9:32:12 AM

Good morning,

I am writing this submission in response to 2 sections of the draft proposal, specifically section 2.1 and section 4.8.

section 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

I have serious concerns that this section will undermine a doctors ability to speak freely about controversial issues in the public space and is an attempt to sanction doctors who express a divergent opinion. I acknowledge the very important issue of maintaining trust in the medical profession, however this section is open to significant abuse. There have been many instances in the history of medicine when the generally accepted views were wrong and required doctors to speak out and have their voice heard in the public sphere.

The sentence highlighted in red is also very vague and open to significant interpretation which is troubling when dealing with the professional standing of an individual doctor.

section 4.8:

Culturally safe and respectful practice requires you to understand how your own culture, values, attitudes, assumptions and beliefs influence interactions with patients and families, the community, colleagues and team members. 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.

Firstly, there is no definition provided with regards to “culturally safe” practices and what this entails. secondly, it is unclear from the wording of section 4.8.1 exactly what is being referred to here. I am unsure what the purpose of this section is and how an individual doctor is expected to navigate such an expectation. it would be helpful to clarify the meaning of this section further.

kind regards,

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