

From: Boyd Murray
To: [medboardconsultation](#)
Subject: Medical Board of Australia Attempting to Quash Free-Speech of Medical Doctors
Date: Thursday, 19 July 2018 6:13:48 PM
Attachments: [2018-07-19b,Medical Board of Australia,"Public Consultation Paper".pdf](#)

ATTACHMENTS:

[1] 2018-07-19b,Medical Board of Australia,'Public Consultation Paper'.pdf

Dear Medical Board of Australia,

It seems that the Medical Board of Australia is currently proposing to quash the free-speech of medical doctors by vaguely threatening them if they dissent with any of the Medical Board of Australia's orthodoxy. If their proposal is adopted, it will affect all registered doctors in the country and breaches of codes of conduct can result in disciplinary action being taken. Of course, this would have a decided chilling effect on free-speech from the medical profession on a whole range of topics.

Section 2.1 of the Medical Board of Australia's 'Public Consultation Paper' [1] deals with 'professionalism' and paragraph 4 reads as follows:

"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.**"

The problems with this are:

1. It FAILS TO EXPLAIN WHY should one acknowledge the profession's generally accepted views if the discussion is not about clinical medicine.
2. It FAILS TO SHOW HOW dissenting views adversely affect the profession.
3. It FAILS TO SHOW why the doctor whose views are different to the profession as a whole but they provide evidence to support their views should be deemed 'unprofessional'.
4. It FAILS to show HOW a doctor who holds a view that is in opposition to that of the majority undermines community trust in the profession.
5. It FAILS to clearly define terms and FAILS to provide practical examples.
6. It FAILS to show why the personal views of a doctor that they express outside of their practice affects their conduct INSIDE their practice.
7. It FAILS to show WHY this is not just blatant OVERREACH into the personal conduct of an individual by a body that is supposed to be concerned with the professional conduct of that individual.

Please be aware that various media commentators have now been made aware of the proposal above & you may expect to receive some strong criticism of it.

I strongly request that the Medical Board of Australia retracts Section 2.1 paragraph 4 from any future proposals.

Best Regards,
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