

From: Richard Norris
To: [medboardconsultation](#)
Subject: Public consultation on Good medical practice
Date: Thursday, 16 August 2018 6:02:31 PM

Dear members of the Australian Health Practitioners' Regulatory Authority

I wish to express my concern at and opposition to proposed changes to the "Good Medical Practice: A code of conduct for doctors in Australia".

My concerns relate to:

- an inherent limitation of the right to free speech. This is because of the ability of the Australian Health Practitioners' Regulatory Authority (AHPRA) to prevent medical practitioners from contributing to public discussion of health issues which involve aspects of science as well as ethics and religious beliefs, because of the ability of the AHPRA to deregister any practitioner which does not conform to the views of the AHPRA;
- the basis on which the AHPRA decides what are the "generally accepted views" of the community. By what authority and by which (democratic) process does the AHPRA decide on the "generally accepted views" of the community? Up to now, the accepted process to decide the generally accepted views of the community is to hold an election or referendum on which various parties/individuals present their policies, and the community votes under the auspices of the Australian Electoral Commission as authorised under the Constitution.
- the process to select members of the "judging committee" and the basis on which to judge the conduct of any doctor deemed unprofessional, particularly in matters that involve aspects of science, ethics and (often) religious belief. It is widely known and understood in the scientific community that what is generally accepted science today may be overturned by new evidence/understanding subsequently. A well known example in the medical field involved the discovery that the primary cause of gastric ulcers was infection and not the long-held belief that such ulcers were caused by stress and/or consumption of spicy foods.
- How will the AHPRA deal with public discussion of obviously contentious issues such as euthanasia, late term abortions, childhood gender dysphoria and so on? Why should medical practitioners be prevented from contributing to public discussion/debate of such matters?

Finally as a (retired) veterinarian with a PhD, I could choose to express an opinion/view in the written media about a contentious issue with health overtones using the "Dr" prefix. Members of the public may well believe that I am a medical practitioner. Similarly, the use of the "Dr" prefix is widely used these days by health professionals such as dentists, veterinarians and others whether or not they hold a PhD. They could also contribute in writing to such a debate/discussion. In the face of this obvious fact, it would seem unwise of the AHPRA to attempt to silence dissent from its own views on such matters among members of the medical profession.

Yours sincerely

Richard Norris BVSc, PhD