

**From:** Renee Peereboom  
**To:** [medboardconsultation](#)  
**Subject:** Submission re public consultation draft revision 2018  
**Date:** Friday, 27 July 2018 11 07 51 AM  
**Attachments:** [Redacted]

Good morning,

As a concerned member of the public and a user of the services of AHPRA members I would like to offer my views to the suggested changes AHPRA is intending on making. In particular to 2.1 (2018 Code) with insertion of paragraph 4.

I am worried about loss of free speech for AHPRA's members through the current wording. If a minority holds different views to the "majority" the proposed wording indicates that they are not allowed to express it.

This can range from treatments for patients to moral dilemmas of treating physicians, the debate around any or all ideas, and more.

How is the medical profession to improve patient care or treatment if issues surrounding prescribed treatments are not to be debated publicly? What is the point of asking another physician for a "second opinion" if the doctors have been gagged from having an opinion that falls outside of the approved "majority" consensus? How will that improve patient care or the procedures surrounding treatments?

Who is the "majority"? What is their background? Is it just those who shout loudest?

Who truly believes that just because the "majority" believe something is good, it means it truly is good, or right, or ethical? Take for example the practice of frontal lobotomy which was inflicted on tens of thousands of mentally disturbed patients with the approval of major medical institutions. Approved by the "majority", it was never the right procedure by any standard.

A gagged profession, which is what the wording of with insertion of 2.1 (2018 Code) with insertion of paragraph 4 will bring, is likely to reduce rather than strengthen the "community trust" you are wanting to build.

Doctors, therefore, need to maintain personal honesty and integrity. They should be able to voice both sides of questions.

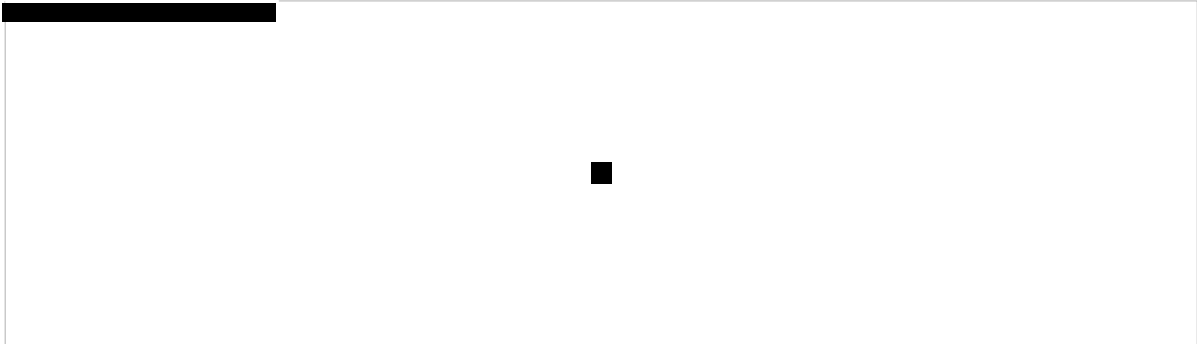
Regards --Rene

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