

Plunkett Centre for Ethics

A joint centre of Australian Catholic University, St Vincent's Health Network Sydney and Calvary Healthcare.

Submission to

Public consultation on *Good medical practice*

Thank you for the opportunity to make a submission on the draft revised code of conduct, *Good medical practice: a code of conduct for doctors in Australia*. In the main the revisions seem reasonable.

I have several suggestions to make, some relatively minor, the others of more substance.

- 1 In several places, specifically 4.5 and 4.13 in the new version, the term 'advance care planning' is called 'advanced care planning'. It's a common error, but an error nonetheless: the planning is in advance !
- 2 In 2.1 Professionalism, the set of values which are taken to comprise 'professionalism' contain nothing that marks the profession of medicine off from other professions such as the profession of law or engineering. Commitment to clinical competence is not sufficient, since the term 'clinical' does not convey that special role that society entrusts to doctors. I suggest that you need to add a value such as 'commitment to healing' or 'commitment to fostering health' or 'commitment to the good of the sick person' or some such.
- 3 At various places, the Code talks of 'culturally safe' practice. I think it is unhelpful language. Every culture contains 'the good and the bad'. Practices which are inconsistent with respect for human dignity (eg child marriage, female genital mutilation, failures to respect indigenous peoples, etc) can be found in any culture, white Anglo-Saxon culture included. So the Code should not seem to imply that doctors must endorse 'culture' in and of itself. Perhaps what they need to be is 'culturally aware' ?

4 In 2.1 Professionalism, you have inserted a new paragraph which begins ‘Community trust in the medical profession ...’ It goes on to say: ‘If making public comment, you should acknowledge the profession’s generally accepted views and indicate whether your personal opinion differs.’ However:

- a. **Generally accepted views are not a reliable guide to right and wrong in the profession.** The whole profession can get things wrong. The attitude of the profession in the early twentieth century to the desirability of eugenics, selective breeding, etc, is just one notable example of an ‘ethical mistake’ made by the *profession as a whole*.
- b. **There are many issues in contemporary medicine in which there is no single ‘generally accepted’ view in the profession.** Take, for example, the following issues:
 - a. How should a doctor respond to gender dysphoria in youngish children?
 - b. Once a jurisdiction legalizes ‘assistance in suicide’ or ‘euthanasia’, should doctors (*qua* doctors) should provide these services?
 - c. Should a doctor amputate the healthy leg of a young man with ‘body integrity identity disorder’?
 - d. Should a doctor circumcise a baby boy who has a disorder of the skin that impairs normal healing ‘so that he will look like his dad’?
 - e. Should a doctor acquiesce to the request of a woman whose weight is within the normal healthy range who asks for a prescription for a slimming aid?

I recommend that you delete the entire sentence. Otherwise you run the risk of providing a tool for a part of the profession to attempt to force its view of the matter on the rest of the profession. If you are trying to address an issue like vaccination, I think the only avenue available is, patiently and courteously, to try to identify the precise nature of the fear that some parents have, attempting to address it by producing the evidence of safety and attempting to convey to them that their option is not risk free: they simply choose to run a much bigger risk than they would if they had their child vaccinated.

Bernadette Tobin, AO
Director
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