

From: Rob Pollnitz
To: [medboardconsultation](#)
Subject: FW: Public consultation on Good medical practice
Date: Friday, 3 August 2018 12:20:55 PM

From: Rob Pollnitz [REDACTED]

Sent: Friday, 3 August 2018 11:50 AM

To: [REDACTED]

Subject: Public consultation on Good medical practice

Submission on the 2018 draft revised Good medical practice: A code of conduct for doctors in Australia

To medboardconsultation@ahpra.gov.au

I write as a specialist doctor of 50 years experience, concerned for the future of medicine in Australia. I am a Life Member of the Australian Medical Association (AMA) and support their ethical standards. However, I have some concerns with your 2018 draft revision of the code for good medical practice.

Section 2.1.4 of the draft provides that doctors must be careful making comments outside work, including online, and avoid any conduct that may be considered unprofessional, with the implied threat of loss of their registration to practise medicine. This can be seen as an attempt to deny doctors normal freedom of speech and freedom of expression. The draft code would allow activists to seek to punish doctors for having opinions that are not politically correct. The AMA statement of 28 July 2018 notes that the medical profession is a broad church and its members hold a range of views on ethical issues.

Sections 2.1.6 and 4.8 of the draft provide that doctors shall provide culturally safe and respectful practice, tending to be mere service providers of what patients want. I submit that respect for a patient does not equate to respecting cultural beliefs and practices that may be contrary to good medical practice. Respecting can be taken to mean accepting potential areas of conflict such as domestic violence and child abuse in indigenous cultures, or female genital mutilation and child marriage in Islamic people.

Section 3.4.3 of the draft provides that doctors must not discriminate on the grounds of gender identity and sexual orientation. I submit that these new grounds are not "medically irrelevant". Determining what is best practice for a child/teen/adult with gender dysphoria will vary with age, past history and psychological factors within the family, bearing in mind that both medical and surgical interventions have life-long consequences. Similarly, sexual orientation is also medically relevant with regard to past and present sexual practices and the risks involved.

In all of these areas I see no reason to alter the proven 2009 code for good medical practice.

Doctors appreciate that the Medical Board has a vital role in regulating the medical competence of doctors. With respect, I submit that the Board should have no role in regulating doctors' moral and political views and no role in inhibiting free discussion on matters of public importance.

Yours sincerely,

Dr Robert Pollnitz

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