

Medical Board of Australia

AHPRA

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To Whom it May Concern

I wish to contribute to the public consultation process in regards to proposed amendments to the medical board code of conduct 2014.

I would first like to state my gratitude for being given the opportunity to contribute. I will be as brief as possible and limit myself to discussing the points of particular concern.

I would like to bring attention to section 3.2.8:

“Good medical practise involves: Acknowledging the profession’s generally accepted views and informing your patient when your personal opinion and practise does not align with these.”

I fear that this section will lead to censorship of doctors by the profession and should be omitted.

This section states that expressing an opinion as well as practise that is not “generally accepted” is the offense. This is a very stifling provision which its implementation could easily lead to a stagnation in novel medical therapies. I also note that there is no limitation in this subsection that the views be related to the practise of medicine. It is possible that this section may be brought against a doctor who has views outside of what would typically be consider medical practise (politic, societal or religious) that may be unfashionable and may incur action from the AHPRA against them as a consequence.

I would also like to draw attention to the question of who would decide what a “generally accepted” view may be and also ask of the medical board to have humility in the historical knowledge that novel ideas that are severely criticized can become mainstream therapy in only a short period of

time and vice-versa. This applies equally to ideas of politics and society. I would see it as a poor use of AHPRA's resources and discrediting to the profession to act as a weather cock, which turns in whichever direction the wind happens to be blowing. Section 3.2.8 places the board at risk of this.

I also note that there is no need for this not "generally accepted" opinion or practise to lead to someone being at risk or experiencing harm. Once again placing doctors that may fall outside of the field of what may be considered "generally accepted", but otherwise a good doctor and quite harmless, at risk of disciplinary action by AHPRA.

Most doctors having witnessed practises that are irregular and some of which are concerning. I have also witnessed practises that were initially irregular and criticized that are now becoming main stream. I am certainly not against the Medical Board passing judgement upon whether a practise is dangerous and whether a particular doctor is fit to practise medicine, but I am against the Medical Board operating under such an ill-defined reference that could suppress genuine medical innovation and not limit itself to adjudicating on matters of medical practise.

Secondly I would like to pay attention the section 4.7.1.

"In supporting the health of Aboriginal and Torres strait islander Peoples, good medical practise involves 4.7.1 Providing care that is holistic, free of bias and racism, challenges belief based upon assumption and is culturally safe and respectful of Aboriginal and Torres strait islander Peoples."

Upon reading this I am not sure what part of this section means and it may be a matter of poor grammar or possibly epistemology.

I refer to the "Providing care that ....challenges belief based upon assumptions". I struggle to understand what this means and I will refrain from trying to second guess the author's intentions. I can only point out that from an epistemological standpoint it is hard or impossible to believe anything without making foundational assumptions and these assumptions can be well founded. Secondly is unclear how the action of providing healthcare challenges any belief regardless of its foundation. I expect that this is simply an example of poor wording which a re-writing might make the author's intention clear.

Finally I would like to take issue with the wording of Section 4.8.1 and 4.8.2.

Section 4.8.1 states that only the individual or patient can determine whether they have been provided with culturally safe and respectful care. This certainly makes for a moving target for medical professions who rightly aim at providing culturally appropriate care. It also redefines culture from being a shared group experience to one in which an individual can adjudicate what their particular cultural needs are. I do not deny that individuals do not have individual needs but rather these needs are so individual that they cannot be recognised as part of a culture then such needs should not be framed within the idea of "culture".

Section 4.8.2 requires a medical professional to be "Respecting diverse cultures, beliefs, gender identities, sexualities and experiences...". The same exhortation to "respect" is present in section 4.8.4. Inherent in the word respect is to esteem or hold in high regard. The nouns culture, belief, gender identity, sexuality and experience, and the adjective diverse are both neutral in value. Therefore obliging medical professionals to indiscriminately respect these things, which may be

good or bad is nonsensical. By way of example I would ask if a medical professional should be required to respect an unhealthy drinking culture or a rape culture? In regards to “respecting diversity” I would ask if a medical professional be required to respect a multiple of a thing rather than a single item? By way of qualification I am not saying that we should not respect the people behind these cultures, beliefs etc. A more fitting word to frame this in would be acknowledge, as the word acknowledge is also a neutral word in regard to value judgement. Another approach would be to be more direct and state it is the person who holds the culture, belief et al rather the culture, belief et al itself.

In a strange contradiction section 4.8.2 apparently requires us to respect diversity of beliefs in our colleagues but section 3.2.8 is quite opposed to diversity beliefs among colleagues. This document must at least be internally consistent to claim to be worthy of subscribing to.

Once again I am grateful that I have been given the opportunity to contribute and I wish to thank the many behind the scenes that contribute as I know that such a document involves a large amount of work. I hope that my contributions are incorporated in the final document.

Kind Regards

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