

From: Dr Rob Purssey
To: [medboardconsultation](#)
Subject: 'Public consultation on Good medical practice'
Date: Wednesday, 1 August 2018 9:30:17 PM
Attachments: [Medical-Board---Consultation---Draft-revised-Good-medical-practice---A-code-of-conduct-for-doctors-in-Australia.DOCX](#)

Dear Sir/Madam

Thank you for the invitation to provide feedback on the draft revised code of conduct. The aspects of the code of conduct which I would like strengthened/made more clear are unfortunately not within the current revision remit, however relate to the following, and in particular in relation to psychiatry:

3.3 Effective communication

An important part of the doctor–patient relationship is effective communication. This involves:

- 4. Discussing with patients their condition and the available management options, including their potential benefit and harm.*
- 5. Endeavouring to confirm that your patient understands what you have said.*
- 6. Ensuring that patients are informed of the material risks associated with any part of the proposed management plan.*
- 7. Responding to patients' questions and keeping them informed about their clinical progress.*

Unfortunately in my extensive clinical experience item 4 is very often honoured in the breach more than compliance by psychiatric and general practitioner colleagues. There appears to be no aspect of the current code of conduct which allows any complaint/redress of such failure to adequately discuss potential benefits and harms of available management options. Am I incorrect in considering this to be the case? If not, please advise what are the appropriate administrative avenues for complaint in regard failure of informed consent.

And also:

3.5 Informed consent

Informed consent is a person's voluntary decision about medical care that is made with knowledge and understanding of the benefits and risks involved. The information that doctors need to give to patients is detailed in guidelines issued by the National Health and Medical Research Council (NHMRC).⁸ Good medical practice involves:

- 1. Providing information to patients in a way that they can understand before asking for their consent.*

Once again, unfortunately in my extensive clinical experience this item and particularly the NHMRC guidelines are very often honoured in the breach more than compliance by psychiatric and general practitioner colleagues. There appears to be no aspect of the current code of conduct which allows any complaint/redress of such failure to adequately provide informed consent. Am I incorrect in considering this to be the case? If not, please advise what are the appropriate administrative avenues for complaint in regard failure of informed consent.

Many thanks for your kind consideration of this matter, and response in due course

Rob

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P: [REDACTED]

F: [REDACTED]