

From: Graham Quinn
To: [medboardconsultation](#)
Subject: Public Consultation on Draft Revised Code of Conduct - Good Medical Practice: A Code of Conduct for Doctors in Australia.
Date: Wednesday, 15 August 2018 10:09:03 PM

Based on the he following points, I respectfully request the you reject the proposed changes to the Code of Conduct for Doctors in Australia:

- The wording of the draft code inherently curtails free speech, which in turn prevents someone holding a counter opinion from challenging the prevailing views of the alleged majority; which is in turn intrinsically undemocratic, and opposes the scientific method in which hypotheses are formulated, argued and tested.
- Code of Conduct compliance reaches beyond scientific argument into the spheres of personal ethics and religious beliefs. The purpose of the paragraph is likely to be focussed on societal values, thus preventing doctors from speaking plainly on matters that challenge their conscience. These matters include euthanasia, late term abortions, childhood gender dysphoria, legalisation of recreational marijuana, outcome of children adopted by same sex partners etc.
- ‘Community trust’ can be a somewhat nebulous concept. Moreover, AHPRA’s assertion that limitation of comment engenders ‘community trust’ is nonsensical, as the real-life experiences citizens historical show that where debate is curtailed, trust is eroded.
- Vocal minorities appear to be disproportionately represented and placated in certain topics of public debate. If this situation continues, it will become increasingly more difficult to determine what the ‘generally accepted views’ might be in contrast to the most vocalised view. As an example, an official Nursing organisation recently declared itself in favour of euthanasia, but a survey of nurses involved in providing palliative care found their majority was not in favour of euthanasia.
- Who will comprise the ‘judging committee’ of doctors deemed unprofessional? How will they judge ‘the crime’? How will they know the opinion of the ‘majority’ of the profession? How will they evaluate loss of ‘community trust? In terms proof of an “offence’, with whom does the burden rest, and to what degree? How will they grade the severity of the ‘crime’? How will they judge appropriate punishment?

Regards,
Graham Quinn