

From: Christopher Rowe
To: [medboardconsultation](#)
Subject: Public consultation on Good medical practice
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The Medical Board of Australia

RE: Public consultation on draft revised code of conduct, Good medical practice: A code of conduct for doctors in Australia.

Thank you for inviting consultation on your proposed revisions to the Code of Conduct.

I would strongly caution the Medical Board on implementing any modification to the Code of Conduct which could be used to sanction freedom of speech and freedom of conscience amongst doctors. Although I am sure this would not be the intention of the Board, the vague and broad language of the proposed modifications, along with a lack of any corroborating safeguards, is highly concerning.

In particular, the newly introduced Paragraph 4 of section 2.1 is extremely broad in its ability to sanction doctors who may hold a different opinion from the apparent majority.

For example, the statement that *"The boundary between a doctor's personal and public profile can be blurred"* could easily be interpreted that registered medical practitioners are not entitled to maintain registration while holding views that differ from the profession's "generally accepted views".

Additionally, the statement *"Behaviour which could undermine community trust in the profession is at odds with good medical practice and may be considered unprofessional"* is extremely wide-ranging, and could be used to sanction, silence, or deregister an extremely wide range of behaviours in the private life of a doctor which do not confirm to *"the profession's generally accepted views"*.

The proposed paragraph opens with the line *"Community trust in the medical profession is essential."* I would argue that trust is promoted by authentic human interactions, where persons (doctors and patients) are able to speak honestly without fear of recrimination or censure. Doctors are people - not machines who regurgitate protocols (although artificial intelligence driven medicine is coming). The best of human medicine (as opposed to artificial intelligence) will lie in genuine empathy, deep understanding of a person's needs, and a willingness to advocate against the logic of machine-algorithms driven by averages and probabilities in favour of the living, breathing human in your consulting room.

Creating a workforce which is silenced into parroting the prevailing view of the loud opinion leaders of the High Street; who fear to speak out at risk of their employment; and whose professional life is a protocol-adhering, sheep-like acquiescence to dogma will not create a society which moves towards compassionate care for the vulnerable.

The Medical Profession has a long and proud history of encouraging debate, encouraging diversity of opinion and belief, and in holding the prevailing view of society to account when it is harming the health of people. The proposed protocol is right to state that *"The boundary between a doctor's personal and public profile can be blurred"*, for the very reason that the best doctors practice with integrity, and their life experiences, their character and their personal convictions are allowed to shape compassionate, patient-centred care.

I respectfully suggest that any Code of Conduct should promote integrity of practice, and long-safeguard the right of doctors to speak freely and to publically hold positions of conscience with conviction and passion.

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