

**From:** Charbel Sandroussi  
**To:** [medboardconsultation](#)  
**Subject:** New Medical Code of Conduct.  
**Date:** Friday, 17 August 2018 12:50:48 PM

---

To Whom it may concern.

I am writing in regards to the proposed medical practitioner code of conduct. There are several areas which are problematic in their wording and several which will make the practice of medicine almost untenable if implemented.

1. In the introduction the code has been transformed from a guide to practitioners conduct to a document that mandates adherence to it's contents. It seems as though failure to adhere will result in sanction of the doctor involved.

*If your professional conduct varies significantly from this standard, you should be prepared to explain and justify your decisions and actions. Serious or repeated failure to meet these standards may have consequences for your medical registration.*

2. There are elements in the main document which indicate that a doctors own ethical opinions and conscience can not be used when discussing matters involved in patient care and that there are limitations on the ability of a practitioner to not participate in the care of patients on the basis of a conscientious objection. This discriminates against practitioners who may object to certain activities (e.g Euthanasia) on the basis of their own conscience and ethical standpoint. Moreover any limitations on speech prevent robust discussion and are inappropriate in a scientific discipline. There is no aspect of medicine where the prevailing ideas can not be challenged and hence be proven wrong. This is the whole basis of scientific enquiry, thesis and antithesis and the new code prevents this.

*2.1: Community trust in the medical profession is essential. Every doctor has a responsibility to behave ethically to justify this trust. The boundary between a doctor's personal and public profile can be blurred. As a doctor, you need to acknowledge and consider the effect of your comments and actions outside work, including online, on your professional standing and on the reputation of the profession. If making public comment, you should acknowledge the profession's generally accepted views and indicate when your personal opinion differs. Behaviour which could undermine community trust in the profession is at odds with good medical practice and may be considered unprofessional.*

3. Practicing in accordance with a patients culture sounds wonderful but mandating it is completely inappropriate and may prevent acceptable ethical practice. Certain cultures think female genital mutilation is fine and practitioners may be faced with questions and requests for such abhorrent practices – On the basis of the new code these can not be refused. It is inappropriate and the following section should be removed from the code.

*4.8: Good medical practice is culturally safe and respectful. This includes:*

*4.8.1 Understanding that only the patient and/or their family can determine whether or not care is culturally safe and respectful.*

The code of conduct should be a guide for practitioners – It should not represent a set of laws that are untenable that we need to follow and if we do not then we face severe sanctions. Doctors should be allowed to practice within their own ethical and moral framework if that falls within the law and we should be allowed to have freedom of thought, speech and conscience in the course of our practice. This should not be limited.

Regards

Charbel Sandroussi

Clinical Associate Professor, University of Sydney

Head UGIT/HPB Surgery. RPAH. Sydney.

1. 4.8: *Good medical practice is culturally safe and respectful. This includes:*
  - 4.8.1 *Understanding that only the patient and/or their family can determine whether or not care is culturally safe and respectful.*