

From: natasha yates
To: [medboardconsultation](#)
Subject: Public consultation on good medical practice
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To whom it may concern,

Thank you for inviting comment on the draft revised code of conduct for doctors.

I am sure I am one of many voices that have concerns about several aspects of the new code.

As a GP and Medical Educator I am concerned that this has been rushed through too quickly and would urge the Board to take more time to consult broadly before any changes are made.

In answer to your specific questions:

From your perspective, how is the current code working? -

My personal experience of the current code is that it is working well, I have not had any issues or concerns about it.

Is the content and structure of the draft revised code helpful, clear, relevant and more workable than the current code? -

The structure of the new code is helpful, however there are several concerns I have about the wording where I feel it is unclear and could be interpreted a number of different ways.

Is there any content that needs to be changed or deleted in the draft revised code? -

I have specific concerns about the following content in the draft revised code:

"2.1 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."

- Superficially this sounds reasonable. However this paragraph could be used to stifle free speech and debate - AHPRA could use the threat of deregistration to silence dissenting doctors who speak out, or even just retweet, on contentious topics. I do not believe this is an overstatement on my part, in the light of the recent treatment of Dr David VanGend's tweets. Regardless of what we think of Dr VanGend or what he was tweeting, I believe that AHPRA should not have the right to silence him, or any other Doctor, under threat of de-registration.

Science and Social Reform has necessarily advanced ONLY by people questioning the status quo. I think dissention is a really important part of us moving forward as a community and as a profession.

My belief is that the 'professional standing' of our profession is less important than allowing others the freedom to think differently to the status quo.

In addition, I believe that if we silence doctors from speaking out, this will cause more damage to the public perception of Medicine and potentially erode community trust.

"3.2.14 Ensuring that your personal views do not adversely affect the care of your patient."

- While I understand the sentiment here, this is incredibly difficult to apply in practice. My personal views are largely unconscious biases which by definition are unknown to me. In addition, my personal views often cross over into professional views and drawing a line between what is personal and what is professional is arbitrary. You have already alluded to this in your own writing under point 2.1 where you state: "The boundary between a doctor's personal and public profile can be blurred." I am concerned that the vague and ambiguous nature of this concept and statement could be used to discipline doctors whose personal views do not line up with the views of the people in political power at the time. I think of a number of colleagues who have been highly motivated by their personal views on the treatment of asylum seekers, and have taken action to attempt to bring what they feel is more humane treatment to individual asylum seekers. As per my point in 2.1, doctors who have strong personal views on a variety of moral and ethical issues should be free to pursue these, within the bounds of the law of our land.

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

- Again I understand the sentiment here, but I am concerned that the need for the Doctor to also feel safe and respected is not being taken into account. I teach students from a range of different faith and cultural backgrounds, and I am distressed to see the rise in depression and suicide in medical students and junior doctors. When a doctor is being disrespected because of their race or their religion they often feel powerless, and if we are only considering the needs of patients to feel culturally safe and respected, then we do both doctors and patients a great dis-service.

Is there anything missing that needs to be added to the draft revised code? -

No

Do you have any other comments on the draft revised code? -

Please take time to consult more broadly and give the profession more time to discuss and debate any changes you are making.