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PUBLIC CONSULTATION ON GOOD MEDICAL PRACTICE: SUBMISSION

TO THE MEDICAL BOARD OF AUSTRALIA
BY ENDEAVOUR FORUM INC.

<http://www.endeavourforum.org.au/>

The proposed Code of Conduct includes a new provision on “cultural beliefs and practices” that is highly problematic.

Firstly there is a concern with the ambiguity of terminology involved, such as “culturally safe”. It is not synonymous with “respectful”. While it is certainly hoped that all doctors be respectful

of patients and their beliefs, this does not mean that medical practitioners should accept cultural beliefs at variance with good professional practice. The clauses listed under sections 4.8 do nothing to clarify this term in relation to what is expected of a doctor.

The “care” of a patient to be determined by the cultural beliefs could be antithetical to what is medically required for appropriate treatment. A doctor should exercise his or her medical skills for the good health outcome of every patient regardless of race or other characteristics of the patient which are listed. But in all cases treatment must be based on medical science,

and unrelated to cultural diversity. Economic, and particularly behavioural factors, certainly may be relevant, but the role of a doctor is the alleviate as far as possible economic constraints and

to recommend behaviour directed to the health of a patient, e.g. giving up smoking, excess weight and other harmful behaviours. It is difficult to understand how “supporting an inclusive environment” could benefit the treatment of a patient. Rather it is indicative of identity politics jargon, which is invading all aspects of life to the detriment of scientific method.

In the light of the proposed guidelines what is to be a doctor’s response to, for instance, the cultural practice of female genital mutilation, or issues stemming from indigenous cultural practices?

Likewise the inclusion of sexual orientation and gender identity is highly problematic.

There has been much debate over “treatment” for children “transitioning to a different gender”, which can

be medically harmful and initiate life-long changes for such a “patient”. Imposition of an ideology has outpaced any attempt at research into the effects of such a course.

Is the culture to supersede the professional judgement of a medical practitioner? A claim that such beliefs could be “medically irrelevant” is an assumption divorced from reality. This illustrates that sections of the revised guidelines appear to be influenced by socio-political, rather than medical, considerations.

A claim that “The Board is not proposing significant changes to the current code” belies the facts. The proposed changes could hardly be more significant. It would effectively silence doctors from challenging or debating the merits or otherwise of medical

treatments. The freedom of conscience of doctors would also be under threat.

Every doctor needs to be committed to decision-making based on objective scientific medical practice, which is totally unrelated to subjective cultural beliefs of a patient or a patient's family.

The term "culturally safe" is inconsistent with medical practice, which requires medically safe options in every case.

The existing code is sound and should remain in place.

Thank you for an opportunity to participate in this consultation.

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For Endeavour Forum Inc.

Editor of EF Email News