

From: WPG
To: [medboardconsultation](#)
Subject: Public consultation on Good medical practice
Date: Friday, 17 August 2018 2:48:18 PM
Attachments: [image001.gif](#)

Medical Board of Australia

Dear Sir/Madam,

I write in reference to proposed changes to the **Good Medical Practice: A Code of Conduct for doctors in Australia**.

One of the proposed revisions reads as follows:

"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... 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".

It seems to me that unless an individual purports to represent the profession as a whole when making public comment, his/her freedom of speech should not be impeded by the Code. The assumption is, or should be, that when an individual comments, he/she is speaking for him/herself, unless otherwise indicated.

Individuals are entitled to preface their name with the appropriate honorific, without busy-bodies seeking to place strictures upon their freedom of speech. For example, if I have a knighthood, I should be entitled to sign myself as "Sir..." with including a disclaimer for the benefit of the Sovereign. Likewise, if I have a tertiary degree (I do have a BSc), I should be free to place those letters after my name without having to include a disclaimer that my views do not necessarily represent those of the University of Melbourne! I believe that practitioners with an MB and BS should not have their freedom of speech curtailed by the proposed Code. If there is to be a provision, it should simply say that if a practitioner purports to speak on behalf of the profession as a whole, s/he needs to include any relevant disclaimer.

It may also be worth pointing out that an individual may not know what are "the profession's generally accepted views." What percentage is to be regarded as "general," for instance? And what if this information is in fact inaccessible entirely? The wording is rubbery and nebulous, if indeed these attributes coexist...

I trust that these considerations will be of help to the redrafting committee.

Yours faithfully,

W P Gadsby, BSc.