

**From:** Roma Hosking  
**To:** [medboardconsultation](#)  
**Subject:** Public consultation on Good medical practice  
**Date:** Tuesday, 31 July 2018 12:10:00 PM

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31/7/2018

To: 'Public consultation on Good medical practice'

[medboardconsultation@ahpra.gov.au](mailto:medboardconsultation@ahpra.gov.au)

Dear Members Medical Board of Australia

RE: The Medical Board of Australia draft code of conduct that will apply to all Australian doctors.

I write to express my concern about the proposed changes to the 2009 Code of Conduct which many

doctors consider ethically sound and adequate to service the medical profession and the public without any need for change.

I am particularly concerned about:

1. The proposed stifling of freedom of speech by medical practitioners (and possibly others)

*Note: Section 2.1 of the code warns doctors, "you need to acknowledge and consider the effect of your comments and actions outside work, including online, on your professional standing... you should acknowledge the profession's generally accepted views... when your personal opinion differs"*

2. The draft code. could force doctors to accept 'cultural beliefs and practises' that are opposed

to good medical practise such as, *dealing with patients affected by Islamic cultural issues such as female genital mutilation and child marriage, and with issues stemming from indigenous cultural practices, such as sub-incision and pay-back.*

3. The addition of gender identity and sexual orientation to the draft code “*Gender identity is relevant in so many ways including age, experience, psychological factors and last but not least any possible therapeutic intervention both medical and surgical with life-long outcomes and consequences. Likewise, sexual orientation is also medically relevant preventively and therapeutically with regard to past and current sexual practices.*”

It is my view that any gender change administered to a minor is a form of child abuse. People develop their identity, including sexual identity and maturity over varying time periods, and time is needed, in addition to sympathetic help and advice from a range of people, including the medical profession before such an important step is taken. Emotional and sexual identity may not be ready for such a decision until age 21 in some case.

My conclusion which I request you take into consideration is that **the wording of the 2009 version of the Code is ethically sound and should, therefore, not be changed.**

Yours faithfully

Roma Hosking