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To: [medboardconsultation](#)
Subject: Public consultation on Good medical practice
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Submission to the Public Consultation

I am a Medical Practitioner with a long background in General Practice and for the last several years working in Clinical Forensic Medicine with victims of Sexual Assault, Domestic Violence and in some cases Child abuse and Elder abuse. Partly as a result of this work, I am very aware of the strong feelings that can be aroused by serious and important issues and the risk of statements of objective medical evidence even when made by sensitive and respectful Medical Practitioners. I am concerned at the proposed changes in the code and particularly about the manner of the consultation.

I am concerned that although the Board states "the Board is not proposing any significant changes to the current code" that there could in fact be significant and deleterious changes which result. In my opinion it is necessary for the Board, having sought initial public input, to then follow this with focus groups of medical practitioners from a broad range of practice and thoughtful non-medical people to work through the possible implications in the sort of scenarios that could arise. I think these scenarios need to be worked through followed by legal commentary before Doctors can feel confident to see these changes brought in particularly if they practice in the areas where there is significant public disquiet or uncertainty.

I very much support ethical practice but I am concerned that the statement that Doctors must be "honest ethical and trustworthy and comply with relevant laws" needs further amplification by some *recognition* of freedom to practice according to conscience. As a Forensic physician I am very aware of the current and historic clashes between ethical practice and complying with relevant laws in many jurisdictions across many first world and other countries in the last 40 years. Where there are significant variations in the understanding of 'ethical' a blanket statement of this nature could allow the coercion of doctors to obey implied or explicit law to the great detriment of vulnerable groups such as prisoners, those on remand and refugees. Political prisoners are at particular risk.

2.1 "As a Doctor you need to consider the effect of your comments and actions outside work". I do disagree with any implication that a Doctor should always get this right or that their lives should be constrained by whether other people particularly those who are advocating a cause are offended.

Here are some scenarios

- If a Doctor who is well known in a country town, is seen to smoke or drink alcohol at a party with children present, is this likely to make others present and particularly teenagers think that smoking or drinking to excess is OK and medically safe
- If a Doctor joins a political party is this likely to offend many people who do not agree with various views.
- If a doctor speaks up to defend the vulnerable eg if children or elderly or women in a cultural or religious group are suffering high rates of domestic violence and this causes grave offence to certain persons is the Doctor to be disciplined?

Many advances in Health care have come only after causing great offence either within the profession or to the public or to very large commercial interests which can easily manipulate public opinion. If Doctors are not willing to risk causing offence then more people will suffer or have dangerous or unnecessary treatments. When people are suffering or great needs they can sometimes interpret sensible medical discussion on the value of certain procedures as an offensive disregard of their pain rather. Information and discussion that is intended to

respect and help may be seen as a withholding of some sort of wonderful procedure. Any patient may interpret a cautious and measured approach with suitable safeguards is an attempt to undermine their autonomy or deprive them of a cure to which they have attached unrealistic hopes of success or unrealistic disregard for adverse effects. Example that spring to mind related to my own are the unrealistic hopes and expectations sometimes attached to commercial genital plastic surgery and the very varying approaches to Gender dysphoria and reassignment treatments and surgery when important issues such as history of sexual abuse are often not considered.

The field of physician assisted suicide is another concerning area. I do not want to live in a society where the risks of physician assisted suicide cannot be freely and robustly discussed . I see too much Elder abuse not least financial abuse which can make the demise of the elderly welcome.

Cultural safety. I support culturally informed respectful practice. However, no culture including Indigenous culture is always safe either culturally or medically. It is important that Indigenous and other Australians have the full protection of the Law and access to good medicine even when this contradicts certain long held traditions.

I do not feel I have done justice to what I want to say and I also feel I have not done justice to the excellent intentions of the Board in commencing this work. However I strongly believe that a paper and pencil (or email) consultation is not adequate. The Medical Practitioners and the members of the public who have very real concerns are an important resource who should be brought in to fine tune this document preferably face to face in working groups or by a careful and staged consultation.

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