

From: Elena Jackson
To: [medboardconsultation](#)
Subject: Public consultation on Good medical practice
Date: Monday, 30 July 2018 9:08:50 PM

Dear medical board,

The new draft code of conduct is completely inappropriate and has clearly been hijacked by those wanting to push particular ideologies without due consideration of the full implications of what the changes would mean, and without proper acknowledgement of the rigorous standards of evidence based medical practice. Either doctors are allowed to be doctors and practice evidence based medicine without prejudice, or they are forced to support potentially scientifically and medically dangerous and incorrect ideologies as per the proposed code of conduct.

For instance, culturally appropriate/safe is not always medically appropriate/safe or actually acceptable - e.g. child marriage, female genital mutilation are unacceptable in Australia, but are cultural norms elsewhere. "Culturally safe" is a nebulous and ideological term which has no place in a medical code of conduct.

Suggesting that sexual orientation and gender identity are medically irrelevant could not be further from the truth- and while patients may not understand the reasons for the medical relevance of these factors, shying away from exploring these factors is ultimately compromising the standard of excellence of clinical care of patients who most need it- eg risk of thromboembolism in transgender patients on hormone therapy and risk of particular infections in men who have sex with men. Doctors need to be able to decide what is medically relevant and in the best interests of their patients without fear of recrimination under politically driven codes of conduct.

Similarly section 2.1 of the code relating to Doctors' actions outside of work is completely outrageous. Doctors should be allowed to express personal opinions freely when off-duty without being censored. The medical board must consider whether this proposal is actually discriminatory against those who hold particular/minority cultural, political and religious beliefs. Furthermore, there are countless examples in medical history when medical breakthroughs were initially against the generally accepted views of the profession (eg Prof Marshall and h.pylori causing stomach ulcers, speaking out about cigarettes causing cancer etc) and if we censor the ability of doctors to enter debate and suggest contradictory theories these we risk killing the very thing that drives medical discovery and excellence of care. We absolutely cannot allow Medicine to be politicised and controlled in the way that is proposed in this code. We must allow doctors to speak out what may be unpopular, because it may in fact later be proven scientific fact. Certainly there are at present some areas of Medicine, particularly politicised ones, where the evidence is for supposedly 'generally accepted views' is not as concrete as has been represented, and there are a significant number of specialists who have grave concerns. It would be unethical and detrimental to patients if we gag debate and discussion in these areas as would occur under the proposed guidelines.

There is no reason to change the code from the completely adequate 2009 version. Doctors should be respectful of all people at all times but the very nature of their work demands at times addressing sensitive topics and we must not compromise this.

Kind regards E. Jackson

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Elena Jackson

