

From: Kault, David
To: [medboardconsultation](#)
Subject: Ammendments to the code of practice
Date: Monday, 9 July 2018 5:08:29 PM

To whom it may concern
re Consultation
Australian Medical Board Code of Practice

I disagree with two sections in the code of practice which I consider to be motivated by an extremist ideology (liberal-libertarian). These are the sections below:-

3.3 Shared decision-making

Making decisions about healthcare is the shared responsibility of the doctor and the patient. Patients may wish to involve their family, carer or others. See Section 1.4 on substitute decision-makers.

4.2.2 Treating each patient as an individual.

Regarding 3.3

I believe that it is appropriate to be guided by the patient's wishes when the rational choice between treatment options will be affected by the patient's values.

I believe that it is inappropriate to take any account of a patient's wishes when they are irrational and run counter to my duty as a doctor to maximise quality and length of life. I give two examples:-

1 [REDACTED]
[REDACTED]
[REDACTED] according to your shared care paradigm. I would normally be happy to personally explain to anyone why I was changing their prescription. However, as the [REDACTED] [REDACTED] was grossly understaffed, I believed that there was a high chance of death amongst patients with significant physical disease who would then be forced to wait months longer to see a GP. In any case whilst I am happy to inform a patient in person that the drugs he is on are inappropriate, I believe that the suggestion that an addict has as much responsibility as a prescriber to decide whether inappropriate drugs should be continued, degrades the position of the prescriber. Your item here in the code of practice was quoted [REDACTED] [REDACTED], at the expense of what I regarded as probable loss of life from avoidable complications of chronic disease.

2) I believe it is inappropriate to pay attention to a patient's utterly trivial complaints, eg. warts, when at the same time they are refusing medical attention for conditions, which, whilst currently asymptomatic, will be life threatening perhaps in the short term eg. malignant hypertension. Your declaration of "shared responsibility" could be taken to imply that in such situations (I have encountered similar situations not infrequently), the doctor should be deferential and pay attention to the patient's minor problem, even though this is irrational (assuming the patient does not value dying soon but wart free).

I believe a declaration of "shared responsibility" with the patient should be deleted and replaced by a sentence like the first one in the paragraph above.

Regarding 4.2.2

Without recognising that no-one is a unique individual in terms of basic anatomy, physiology and biochemistry, there could have been no such thing as scientific medicine. Whilst individual patients may have a variety of values which should be respected, this is not the same as treating each patient as an individual. For example, all patients who are not allergic should receive the same vaccine dose regardless of individual dose preferences, all cancer patients with a particular tumour type should receive the same dose adjusted only by physiological measurements, not individual wishes. Your statement here is informed by a dangerous and extremist individualism. It should be removed.

Yours Sincerely

David Kault (MBBS)

