## Response to Draft Revised Code of Conduct

We are concerned by the Medical Board of Australia's proposed changes to the current code of conduct for doctors- Good Medical Practice. We are concerned that the proposed changes could stifle free speech and see doctors punished for holding a view which is contrary to the politically correct view.

Section 2.1 of the proposed changes states that "Behaviour which could undermine community trust in the profession is at odds with good medical practice and may be considered unprofessional." The paragraph explains that even holding a different opinion from that of the wider medical community could be considered unprofessional. However, difference of opinion has been essential to the development of modern medicine. Two examples which spring readily to mind are John Snow and Ignaz Semmelweis, both of whom rejected the generally accepted wisdom of their day and implemented controversial changes which were later vindicated. Our profession is richer for the diversity of practitioners and their varied opinions. If the proposed changes were to go ahead, it would restrict doctors from holding an opinion contrary to view of the day. We risk losing the innovators, such as Snow and Semmelweis. Doctors need to be able to hold independent opinions.

In addition to the potential implications for innovation, we fear the wording of the proposed code of conduct would prevent doctors from holding different opinions on ethical issues. As doctors, we face many issues which are described as "ethical challenges," where the strong differences of opinion within our profession reflect the differences of our society. A recent example of this is the debate regarding same-sex marriage and subsequent postal survey. Almost 40% of the responders to the survey disagreed with permitting same-sex marriage, a sizeable minority. There would be similar differences on other issues such as abortion or euthanasia. As members of society, doctors should be allowed to have opinions on these controversial issues and shouldn't be muzzled just because it is against the majority of opinion.

We are also concerned by the implications in section 4.8 of the new code. Whilst we agree that we need to treat all our patients and colleagues with respect, this doesn't mean we condone all their behaviour. As doctors, we need to be free to challenge risky behaviours our patients are engaging in, such as smoking, excess alcohol consumption or failure to have safe-sexual practices. In challenging these risky behaviours, we need to be backed up by our code of conduct, which allows us to explain to patients why these behaviours are risky, but still in a respectful manner. Furthermore, there are some cultural practices which the medical profession should condemn. An example is female genital mutilation. This is a practice which is culturally encouraged around the

world, but has no known health benefits. Instead, it is often harmful, with side effects such as fatal

bleeding, difficulty child-bearing and development of chronic pain.

To conclude, we are concerned that the proposed changes to the code of conduct would have the

effect of removing dissenting opinions from within our profession and create unnecessary

difficulties and risk when discussing unhealthy behaviours.

Thank you for allowing us to make a submission.

Dr Jesse Durdin, MBBS

Dr Danielle Durdin, MD, BSc