From: Sherna Walters
To: medboardconsultation

Subject: Public consultation on Good medical practice

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Dear Medical Board of Australia

I am seriously concerned that the proposed changes to the wording of the code mean that doctors could be deregistered for expressing personal opinions. Particularly:

"The boundary between a doctor's personal and public profile can be blurred. As a doctor, you need to acknowledge and consider the effect of your comments and actions outside work, including online...If making public comment, you should acknowledge the profession's generally accepted views and indicate when your personal opinion differs. Behaviour which could undermine community trust in the profession is at odds with good medical practice and may be considered unprofessional".

This proposed draconian change to the code seeks to silence any dissent to the view expressed by AHPRA. It threatens the livelihoods of doctors who do not subscribe, for example, to the scientifically backed view that gender dysphoric children should be quickly pushed down the path of puberty blockers and cross-sex hormones or who have a conscientious objection to abortion, (I have never understood how a doctor who vows to do no harm can murder an unborn child... sorry to digress), to name but two.

Please confine yourselves to regulating the medical competence of doctors, not their political correctness.

How can you state "The Board is not proposing significant changes to the current code. The proposed revisions expand on and link with existing guidance. Other revisions are mostly editorial in nature to make the Board's expectations clearer" when you know the far reaching implications for the freedoms of doctors? It would appear that activists have infiltrated your ranks, to the point that the truth has been abandoned.

Please reconsider carefully how far you are reaching. Adherence to the code will extend beyond arguments about science to the realms of personal ethics and religious beliefs. Indeed, the whole purpose of the paragraph is likely to be focused on societal values. The new code would prevent doctors from speaking plainly on matters that challenge their conscience. These matters include euthanasia, late term abortions, childhood gender dysphoria, legalisation of recreational marijuana, outcome of children adopted by same sex partners etc.

A few questions you might consider:

- How does AHPRA know what comprises 'generally accepted views' on any
 particular subject? Vocal minorities can seem to be more representative than they
 are. For example, the official Nursing organisation recently declared itself in favour
 of euthanasia but a survey of nurses involved in providing palliative care found their
 majority was not in favour of euthanasia.
- How can AHPRA judge the nebulous concept of 'community trust'? And can AHPRA ensure the small committee of its judges will not be influenced subjectively by pressure groups.
- Who will comprise the 'judging committee' of doctors deemed unprofessional? How will they judge 'the crime'? How will they know the opinion of the 'majority' of the profession? How will they evaluate loss of 'community trust? How will they grade the severity of the 'crime'? How will they judge appropriate punishment?

Thank you for your consideration. Please act with integrity and in accordance with the truth.

Kind regards Sherna Walters