From: Glynn Kelly
To: medboardconsultation
Subject: 'Consultation – Good Medical Practice'
Date: Saturday, 24 August 2013 11:57:49 AM

I have read the document released for public consultation and offer the following comments:

drs don't keep people well – we can only assist people to stay well

1.5Australia and Australian medicine

Australia is culturally and linguistically diverse. We inhabit a land that, for many ages, was held and cared for by Aboriginal and Torres Strait Islander Australians, whose history and culture have uniquely shaped our nation. Our society is further enriched by the contribution of people from many nations who have made Australia their home.
Doctors in Australia reflect the cultural diversity of our society, and this diversity strengthens our profession.
There are many ways to practise medicine in Australia. The core tasks of medicine are caring for people who are unwell and seeking to assist people staying well . This code focuses primarily on these core tasks. For the doctors who undertake roles that have little or no patient contact, not all of this code may be relevant, but the principles underpinning it will still apply.

2.4.7 Not allowing your moral or religious views to deny patients access to medical care, recognising that you are free to decline to personally provide or participate in that care (unless an emergency)

2.4.2 and 2.4.4 can be at times conflicting

2.4.2 Not prejudicing your patient's care because you believe that a patient's behaviour has contributed to their condition.
2.4.4 Giving priority to investigating and treating patients on the basis of clinical need and effectiveness of the proposed investigations or treatment

Need a statement eg a doctor who has had a number of drinks may have the skills but not the competence to respond

2.5 Treatment in emergencies

Treating patients in emergencies requires doctors to consider and balance a range of issues, in addition to the patient's best care. Good medical practice involves offering assistance in an emergency that takes account of your own safety, your skills, your competency at the time, the availability of other options and the impact on any other patients under your care; and continuing to provide that assistance until your services are no longer required

3.4.4 not always applicable eg if 3.4.2 applies and is confusing unless eg below
3.4.4 Using consent processes, including forms if required, for the release and exchange of health information (unless 3.4.2 applies)

3.6.2 Ensuring that you consider young people's capacity for decision making and consent.

Need eg reference to capacity of minire to meake decisosn eg

http://www.alrc.gov.au/publications/68.%20Decision%20Making%20by%20and%20for%20Individuals%20Under%20the%20Age%20of%2018/capacity-and-health-info

Need something in for 3.10.3 and 3.10.5 – I understand all indemnity insurers report such disclosure but also recommend how it is disclosed with no admission of liablity

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3.10.3 Explaining to the patient as promptly and fully as possible what has happened and the anticipated short-term and long-term consequences. (as per any recommendations by your medical indemnity insurer)

3.10.5 Complying with any relevant policies, procedures and reporting requirements. (as per any recommendations by your medical indemnity insurer)

3.11.5 Complying with relevant complaints law, policies and procedures.

Need 3.11.6 Seeking advice from your medical indemnity insurer

I believe this is included in good medcial practice to ensure that the complaints iisue is appropriately dealt with and to avoid escalation as such is not in the interest of either the patient or the dr

9.2.6 Being aware of the doctors' health program in your state or t erritory if you need advice on where to seek help.

Appropriate to provide references eg to Doctors Health Advisory Service