Dear Medical Board

I commend the board for opening public consultation on the Code of Conduct for Doctors

Any code or Guideline are living documents and do require revision from time to time to remain relevant.

I am however concerned that I was emailed on the 29/6/2018 about this with only 1 month to respond (over the national school holiday period) and then after looking on your website (accessed today 29/7/2018) the following statement is made:

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

And in the consultation paper:

The Board's proposed revisions do not significantly change the principles that characterise good medical practice. Any impact on practitioners, business and other stakeholders are expected to be minor.

The statement in the consultation paper give a markedly differing assessment:

An approved registration standard, code or guideline is admissible in proceedings under the National Law or the law of a co-regulatory jurisdiction regarding a medical practitioner as evidence of what constitutes appropriate professional conduct or practice of the profession. This is also reiterated in section 1.2 of the draft code.

I submit that any change to this Code needs the time and consideration of the whole profession. It has components that represent significant change from the current code that has significant implication for medical practitioners in its current form. The board's approach doesn't seem to address the time needed or the complexity of a process of true consultation with the following statement in the consultation document:

The Board has identified two options in developing this proposal.

Option 1 - Retain the status quo
Option 1 is to continue with the current code.
Option 2 – Proposed revised code

It would appear to suggest a take it or leave it approach. It appears to be missing the 3rd option of further refining draft changes after consultation.

Addressing the proposed additions to the code itself

NEW 2.1

Community trust in the medical profession is essential. Every doctor has a responsibility to behave ethically to justify this trust. 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, on your professional standing and on the reputation of the profession. 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 is a significant addition to the code without being highlighted. It essentially give the board power over free speech and debate in the public sphere. It is essential that we see public comment and any disagreement or conflicts as positive. It is this conflict that ensures better medical practice because it results in improved learning and innovation, it breaks down traditional hierarchies allowing better patient care. **I believe the inclusion of the above statement would embed poorer medical practice and it needs removing from the draft code or significant clarification.**

NEW 3.2.7, 3.2.8

1. 3.2.7 Only recommending treatments when there is an identified therapeutic need and a reasonable expectation of clinical efficacy and benefit for the patient.
2. 3.2.8 Acknowledging the profession's generally accepted views and informing your patient when your personal opinion and practice does not align with these.

I have difficulty interpreting these new inclusions. Anything new becomes the new standard I have to align my practice too. Is it generally accepted if 70% of doctors do it that way or is it 60%? Is it generally accepted in a rural centre because of lack of resources and other options available is the standard "generally accepted" in the centre of Sydney or Melbourne where the population has access to arguably to many doctors? **I believe the Medical Board is placing unreasonable demands on doctors withi these additional statements as currently written.**

NEW 4.5.2

1. 4.5.2 Obtaining informed consent or other valid authority (such as a medical power of attorney) and taking into account any advanced care directive (or equivalent) before you undertake any examination, investigation or provide treatment (except in an emergency), or before involving patients in teaching or research.

I am unsure that there is consistent legislative power given to advance care directives around the country. Is the medical board making it an effective legislative requirement to find out about and the locate a non binding document before starting an examination and investigation to determine what condition a patient has. This seems onerous. **I think this should be separated from informed consent.** The sentiment could be captured elsewhere within the code with the words "Patients may have written documents outlining there wishes if they are unable to effective communicate these (for example advance care directives). Good medical care would take into account these wishes when delivering medical care."

4.8, 4.9 - Major revision
I do not think these revisions belong in the new code. I do no disagree with the sentiment but it should not be included in my view. The previous 3.7 (2014) covered this requirement without adding unattainable requirements of Medical Practitioners. The section that defines that the patient or family as the only people to determine whether or not care is culturally safe and respectful is unworkable. Care options and treatments need to be discussed with patients even

if they are not liked or something they would choose because of “culture” and understanding of the consequences of the care/treatment chosen also understood. Taken to the absurd - I with my personal cultural values believe that the proposed 4.8 does not apply to me because it is not culturally safe thus is doesn’t apply, so I don’t need to abide by it.

NEW Section 5
This is a valued addition to code

NEW 10.4
This is a valued addition to the code

NEW 12.2.4
I do not agree with the word culturally safe until we define what is expected by this term.

I am happy to further engage with the Medical Board to understand and redraft this code which would benefit from incremental changes from 2014 but needs significant consultation and revision before being accepted in its current form

Best Regards

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