**From:** Mike & [redacted] Browne
**To:** medboardconsultation
**Subject:** Public Consultation on Good Medical Practice
**Date:** Wednesday, 1 August 2018 8:46:44 AM

## Dear Sirs/Mesdames,

I support the submission below regarding proposed changes to the 'code of conduct' some of which are deleterious in my view.

Thank you for your consideration in this matter.

## Public Consultation on Good Medical Practice

## Submission re draft revision 2018

## *Good Medical Practice: A code of conduct for doctors in Australia*

**We write as a group of doctors concerned for the future of Medicine in Australia. We support ethical standards as adopted by the AMA and WMA and we view with concern some of the changes in the 2018 draft version of Good Medical Practice. Details are below with our responses in italics.**

---

**1.4 Professional Values and Qualities of Doctors (2009 Code) has become**

**2.1 (2018 Code) with insertion of paragraph 4**

**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.**

***Our concern is that this paragraph can be used against free speech and free debate on medical matters and social/cultural matters that impact Good Medical Practice. Great advances in medicine and social action have been made as a result of doctors "going against the flow".***

*(Interestingly, AHPRA wrote to one of us, Lachlan Dunjey, 12 Sept 2012* ***"****The Board determined that the views expressed… would appear to fall within the realm of the right to freedom of speech… and it does not impinge on individual doctor/patient relationships to have public debate on such topics." This conclusion could be set aside by the new Code.)*

---

**1.4 Professional values and qualities of doctors (2009)**

**paragraph 5**

Good medical practice is patient-centred. It involves doctors understanding that each patient is unique, and working in partnership with their patients, adapting what they do to address the needs and reasonable expectations of each patient. This includes

cultural awareness: being aware of their own culture and beliefs and respectful of the beliefs and cultures of others, recognising that these cultural differences may impact

**on the doctor–patient relationship and on the delivery of health services.**

***Has been replaced by…***

**2.1 Professional values and qualities of doctors (2018)**

**paragraph 6**

Good medical practice is patient-centred. It involves understanding that each patient is unique, working in partnership with them and adapting what you do to address their needs and reasonable expectations. This includes culturally safe and respectful practice: being aware of your own culture and beliefs and respectful of the beliefs and cultures of others; and recognising that these cultural differences may impact on the doctor–patient relationship and on the delivery of health services.

***…with "cultural awareness" having been replaced by "culturally safe and respectful practice"***

*We are concerned with the possible interpretation of "culturally safe" that it should not impact on good health outcomes and good medical practice. We consider the 2009 version to be superior. Likewise, we are concerned that "respectful practice" is significantly different to "respectful of the beliefs and cultures of others" and that this change also could impact on good health outcomes.*

*Respect for a patient does not equate to respecting cultural beliefs and practices that may be antithetical to good medical practice.*

***No change is needed. The 2009 Code should be retained.***

---

**2.4 Decisions about access to medical care**

**2.4.3** Upholding your duty to your patient and not discriminating on medically irrelevant grounds, including race, religion, sex, disability or other grounds, as described in antidiscrimination legislation.

***Has been replaced by…***

**3.4 Decisions about access to medical care**

**3.4.3** Upholding your duty to your patient and not discriminating on medically irrelevant grounds, including race, religion, sex, gender identity, sexual orientation, disability or other grounds, as described in anti-discrimination legislation.

***…with the addition of "gender identity" and "sexual orientation".***
***We submit that the term "medically irrelevant" is not appropriate for the additional grounds. Gender identity is relevant in so many ways including age, experience, psychological factors and last but not least any possible therapeutic intervention both medical and surgical with life-long outcomes and consequences.***
***Likewise, sexual orientation is also medically relevant preventively and therapeutically with regard to past and current sexual practices, consistent with current standards of practice.***
***The 2009 wording is ethically sound. The 2018 wording is not. The 2009 Code should be retained.***

---

**3.7 Culturally safe and sensitive practice**

Good medical practice involves genuine efforts to understand the cultural needs and

contexts of different patients to obtain good health outcomes. This includes:

**3.7.1** Having knowledge of, respect for, and sensitivity towards, the cultural needs of the community you serve, including those of Indigenous Australians.

**3.7.2** Acknowledging the social, economic, cultural and behavioural factors influencing health, both at individual and population levels.

**3.7.3** Understanding that your own culture and beliefs influence your interactions with patients.

**3.7.4** Adapting your practice to improve patient engagement and health care outcomes

***Has been replaced by…***

### 4.8 Culturally safe and sensitive practice

Culturally safe and respectful practice requires you to understand how your own culture, values, attitudes, assumptions and beliefs influence interactions with patients and families, the community, colleagues and team members. Good medical practice is culturally safe and respectful. This includes:

**4.8.1** Understanding that only the patient and/or their family can determine whether or not care is culturally safe and respectful.

**4.8.2** Respecting diverse cultures, beliefs, gender identities, sexualities and experiences of people, including among colleagues and team members.

**4.8.3** Acknowledging the social, economic, cultural, historic and behavioural factors influencing health, both at the individual, community and population levels.

**4.8.4** Adopting practices that respect diversity, avoid bias, discrimination and racism, and challenge belief based on assumption (for example, based on gender, disability, race, ethnicity, religion, sexuality, age or political beliefs).

**4.8.5** Supporting an inclusive environment for the safety and security of the individual patient and their family and/or significant others.

**4.8.6** Creating a positive, culturally safe work environment through role modelling, and supporting the rights, dignity and safety of others, including patients, colleagues and team members.

***…with "sensitive practice" being replaced by "respectful practice";***
***"good health outcomes" replaced by "culturally safe and respectful";***
***and apart from 3.7.2 being almost the same as 4.8.3 has been completely revamped.***

***See earlier comments on 2018 Code 2.1 re "respecting", and "culturally safe" being potentially in conflict with good medical practice.***

*"Respecting" can be taken to mean agreeing with, affirming, and accepting that we cannot challenge false medical belief and inappropriate treatment.*

*As part of good medical practice we must be able to challenge excess weight, excess alcohol, dangers of sexual behaviours etc – at the very least to tell medical truth.*

*Possible conflict areas relating to good medical practice:*

- *Transgenders and Body Dysmorphic Disorder (BDD)*
- *Cultural issues of female genital mutilation, child marriage*
- *And for the indigenous culture sub-incision and pay-back.*

*4.8.1 with the use of word "only", this statement is just simply not true. Doctors with similar cultural backgrounds and others who do understand may be in a far better position to make such determinations. "Culturally safe" does not necessarily equate to medically safe. The inclusion of "and/or" would allow family to potentially influence or coerce the patient in medically unsafe directions. Female genital mutilation or child brides may be accepted culturally. 4.8.1 is not compatible with good medical practice.*

***4.8.2 again confuses respect for the patient with respecting and going along with beliefs that maybe antithetical to good medical practice***
***4.8.3 grammatically, "both" needs deletion if "community" is to be included but this is covered by 3.7.2 of 2009 Code.***
***4.8.4 would seem to be covered by 2.4.3 of 2009 and 3.4.3 of 2018, the latter with deletion of* gender identity, sexual orientation**
***4.8.5 and 4.8.6 are both unclear with many possible interpretations and potential conflicts and should be deleted. This section would be covered by 3.7.4 of the 2009 Code.***
***4.8 of the draft 2018 Code is unsound. It should be completely replaced by 3.7 of the 2009 Code.***

*In the context of cultures and beliefs, the opening of 3.7 of the 2009 Code, "Good medical practice involves genuine efforts to understand the cultural needs and contexts of different patients to obtain good health outcomes," is an excellent summary of what is required.*
*A "good health outcome" is what we are about. It is intrinsic to good medicine and Good Medical Practice.*

---

***Good Medicine is the heart and soul of Good Medical Practice. It requires and demands skill, knowledge, sensitivity, respect for people and their backgrounds to ensure good health outcomes. It involves understanding, assessing what is happening and what is needed, education and explanation, and working respectfully with the patient to ensure the best possible good health outcome.***
***In conclusion, we believe the 2009 Code is comprehensive and vastly superior in terms of good medicine than the 2018 Draft Code. The 2009 Code should be retained.***

**Yours sincerely,**

**Dr Michael G Browne FRACGP**

[redacted]