

## Public Consultation on Good Medical Practice

### Submission

#### 3.8.18 Anne M. FitzGerald

##### Code of Conduct

2.1 This is vast overreach. It is endorsing muzzling of freedom of opinion, thought and speech. All good scientific progress is based on robust debate, questioning & testing. It seeks a worrying uniformity of opinion/view/ethos and control; even into Drs. personal lives.

##### Decisions About Access to Medical Care

##### 3.4.3 Medically irrelevant grounds.

In my opinion Gender identity & Sexual orientation are very Medically relevant: in terms of a range informed treatment options, health outcomes of sexual behaviours etc as it is with heterosexual patients.

Race also can be very Medically relevant eg certain ethnicities are more prone to Diabetes; Asians are prone to particular lung diseases.

If patients are not informed of all the treatment options available, it can be a form of medical abuse. I myself have on occasion sought a second opinion.

4.8.2 I believe it is not necessary to specifically itemise “gender identities & sexualities” here as they would be covered under “experiences of people & beliefs”.

##### 4.8.3

4.6.3 Recognizing the role of Parents of a Child or Young person in their treatment is too vague, as is “*When appropriate* encourage them to involve their Parents”. Minors are under the care, protection & guardianship of their Parents. Parents & Guardians **must** be involved in decisions about their care. Otherwise it is potentially abuse of a minor.

4.8.4 “Belief based on assumption” seems to imply that all beliefs are based on unsubstantiated assumptions. Who among us is always free from any personal agendas, mind sets, value systems, beliefs eg world views, philosophies etc.