The Executive Officer,
Medical Board of Australia.

I am a General Practitioner working in rural GP obstetrics and family and emergency medicine for 33 years.
My commitment has contributed continuous and ongoing service to Bellingen Hospital inpatient care, 24/7 emergency care, intrapartum obstetrics (to 2010)
and general practice family medicine. My commitment is grounded in evidence-based medicine.
The current Code of Conduct is working adequately.

The proposed Option 2 has major failings:

1. **The proposed Code of Conduct (Option 2) would potentially oblige doctors to endorse 'cultural beliefs and practices' which may be in conflict with good medical practice.**

It is possible and appropriate under the current code (Option 1) to respect and to be sensitive to patients' beliefs without being complicit in practices which may be harmful or medically disadvantageous.
That constitutes true professionalism and authentic medical care. That is what experienced GPs do every day. We listen carefully. We explain. We discuss and respond.

This applies to many areas where the clients we see have different approaches, different beliefs and differing practices.
Whether it be a reliance on homeopathy, a trust in naturopathy, involvement in homebirthing ideology, cosmetic surgery or gender identity, our role is to explain evidence based medicine.
It is this which makes us already 'culturally safe' under the existing Code and indeed a vital source of cultural safety.
A culture may not, of itself, provide medical safety.
It may conflict with medical safety.
Explaining evidence based medicine and its relevance to the needs and culture of the patient is a prime safeguard to health of those within all cultures.
Clients are subsequently free to make a better-informed decision, the essence of true informed consent.

'Respectful practice' is already naturally embodied in the Current Code because of adherence to this principle of informed decision-making and consent.
Changes in the new proposed Code present an alarming shift in this medical responsibility.
The change in wording to 'respecting cultural beliefs and practices of others' suggests something more than respect for the patient. It suggests an unqualified affirmation or endorsement, a compliance with beliefs and practices which are not subject to considerations of evidence-based medicine.
What is thought to be safe or desirable within a culture or beliefs may not be medically safe or appropriate: more obvious example being genital mutilation and body dysmorphic disorder.
Affirmation of 'cultural beliefs and practices' is contained in the specific language alteration - moving from 'respectful practice' to a more exacting requirement relating to the beliefs and behaviours present in any culture regardless of their health outcomes.

Achieving good medical outcomes and aiming for evidence-based 'best practice' is a painstaking process that may require challenging and educating in relation to unsafe or uninformed practices.

2. **The proposed Code of Conduct (Option 2) includes gender identity and sexual orientation with 'medically irrelevant' client characteristics.**

These situations are highly medically relevant to the patient. The decision to use hormone blocking and cross hormone treatment will have irrevocable sequelae. Such decisions require a high evidentiary level for informed consent. All information must be presented. This responsibility is incumbent on the doctor, and more so if there is information relevant to their health which the client does not seem to wish to hear. Our responsibility should not be diminished by the desires, perceptions or beliefs of the client. This is not discrimination.
Age, co-morbidities and social pressures etc create differing vulnerabilities that are highly relevant to these persons' characteristics.
It would be discriminatory and culpable to withhold evidence-based medical input from the medical discussion required in their decision-making process because of a client' s gender identity or sexual orientation. These situations should not be cast as 'medically irrelevant' (Option 2).

3. **The proposed Code of Conduct (Option 2) does not protect Freedom of Conscience.**

Freedom of conscience is a human right which requires respect within a Code of Conduct. This is particularly so where the 'generally accepted views' may be lagging behind current evidence such as the current research into fetal pain, and up to date research concerning applied palliative care. It is also relevant to those opposed to violence towards the unborn. Personal rights must be upheld, especially to be free to uphold the rights of others.

4. **The proposed Code of Conduct (Option 2) does not respect Freedom of Speech.**

Doctors must remain free to input to public discourse. 'Generally accepted views' of the profession have failed the medical profession before, notably in the widespread acceptance of 'thalidomide' and 'vioxx' and more recently the acceptance of mesh surgery by RANZCOG with attendant disasters.
It is so often the first courageous voices which have seen the problem which lead to its correction. Threatening dissenting doctors with deregistration on the grounds of 'unprofessional conduct' for speaking outside the current status quo would disinform public debate and potentially limit progressive change within the future of medicine.

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