

Without Prejudice – Right against Might

Independent Regional Mothers

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August 8, 2013

Medical Board of Australia

Via email

Submission in response to Consultation – Draft revised Good Medical Practice: A Code of Conduct for Doctors in Australia 1 August 2013

We are an advocacy group for women campaigning for accountability of past medical practitioners' barbaric, horrific and heinous sexual crimes and abduction of newborn babies during the birthing process or a short time thereafter so today's young generation and future generations of young girls **never experience what we did as minors at the hands of medical practitioners. We therefore call for A MAJOR REVISION of Good Medical Practice – A Code of Conduct for Doctors in Australia so that present generation and future generation of girls are not exploited and sexually abused like our generation was.**

Medical practitioners oath was never to harm their patients but between 1958-1975 they harmed tens of thousands young patients. Malpractice – by act or omission regarding reasonable care of a patient and damages due to recklessness. Human rights recognize everyone's right to have the highest possible standard of physical and mental health. Doctors and other medical professionals are held to higher ethical and professional standards. We were not respected nor treated with dignity by medical practitioners.

We endorse the inclusion of *Specific guidelines on sexual boundaries* developed by the Medical Board of Australia under the National Law under 8.2.2 Professional Boundaries – Independent Regional Mothers campaigned for 35+ years for Professional and Sexual Boundaries to be put into place.

Our permission is given for our submission to be published to encourage discussions and inform the community and stakeholders. It does not contain any of offensive or defamatory comments and a reference outside the scope of the reference especially under "*Is there any content that needs to be changed, added or deleted in the revised code*". We seek better medical treatment for women especially minors and seek accountability for past medical sexual crimes.

At present the Medical Board has the power to impose conditions on the doctor's registration, require the medical practitioner to undergo counseling, supervision, undertake further education, caution the practitioner or accept an undertaking from the practitioner.

These powers and systems are no different to what religious institutions have in place – apparently ignoring the victim and only focusing on their own profession's reputation. We strongly believe that an independent body should be put into place to hear all complaints against medical practitioners and not be dealt with *in house*.

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Sexual Crimes committed by men wearing white collars are no more serious than sexual crimes committed by men wearing white coats and the present *A Code of Conduct* NEEDS A MAJOR OVERHAUL NOT A MINOR REVISION as a consequence of the volumes of evidence presented at Commonwealth and State Inquiries over the past 10 years against the medical profession.

PRESENT REVISIONS - Section 3 *Sexual Misconduct*

Under 3.5 Informed Consent – possibly overcomes hiding past illegal actions by the medical practitioners' but does not give them exemption from past barbaric, horrific and heinous sexual crimes and malpractice.

3.5.2 Obtaining informed consent or other valid authority before you undertake any examination investigation or provide treatment (except in a n e emergency) or before involving patients in teaching or research.

Informed consent still needs to be defined as today's medical practitioners especially working in public hospitals STILL DO NOT OBTAIN INFORMED CONSENT from patients when it comes to medical treatment as per Medical Code of Conduct.

Medical profession need to define their definition of *informed consent* (see later comments re President Obama presently studying a precise consent for USA patients to sign). Informed consent must be *freedom of mind*.

Under 8.2.2 *Professional boundaries - The Draft Proposal for consultation is to include*

*Specific guidelines on sexual boundaries have been developed by the Medical Board of Australia under the National Law.*¹

These specific guidelines state

*Sexual assault ranges from physical touching (or examination without consent) to rape and is a criminal offence that should be investigated by the police.*²

Under 3.10 *Adverse events this consultation process for amendments to A Code of Conduct for Doctors in Australia* includes the addition of the words under

3.10.5 Complying with any relevant policies, procedures and reporting requirements, *(the following words to be added) – subject to advice from your medical indemnity insurer.*

Why is it necessary for a medical practitioner to seek advice from their medical indemnity insurer *when adverse events occur*³ –

*You have a responsibility to be open and honest in your communication with your patient, to review what has occurred and to report appropriately*⁴

The present Code of Conduct must include accountability of past crimes with them referred to the medical indemnity insurer for redress. What is disturbing are recently published medical statistics – sexual misconduct is still occurring.

¹ Section 39 of the National Law and Sexual boundaries, Guidelines for doctors issued by the Medical Board of Australia

² No 3 – Understanding and defining sexual boundaries 28 October 2011 Sexual Boundaries Guidelines for Doctors.

³ A Code of Conduct for Doctors in Australia

⁴ <http://www.safetyandquality.gov.au>

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DOCTORS WITH A DARK SIDE – November 6, 2011

*One in 15 medical practitioners registered to work in NSW has a criminal past, new figures reveal.*⁵

*Of the 13,421 medicos checked by NSW police at the request of the Australian Medical Association, 9360 or 7 per cent – were found to have “disclosable court outcomes” such as convictions for theft, fraud and **SEXUAL OFFENCES**”.*⁶

*Three per cent of medical professionals in Victoria were found to have a criminal record but the agency (AHPA) said police there (in Victoria) had a comparatively narrow definition of criminal history. Nationwide, 2992 of the 52,445 medicos checked in the 12 months to July 2011 had a criminal history.*⁷

The words *and SEXUAL OFFENCES* are devastating to read yet the medical professions still will not address the medical sexual crimes WE HAVE BEEN STANDING ON MOUNTAIN TOPS YELLING OUT FOR 35+ YEARS.

THE PRESENT CODE OF CONDUCT FOR DOCTORS IN AUSTRALIA IS FAILING and does not include any information where patients’ complaints of sexual assault and other medical crimes can be dealt with similar to *Towards Healing* developed by the Catholic Church. The medical profession has not set up a similar body for those sexually abused by medical practitioners to seek redress.

HOW IS THE CURRENT CODE WORKING?

Whilst the current code written on paper appears to work – in reality it does not. Patients are not protected from present day medical professionals especially those employed in public hospitals. As an example - the present current code states medical practitioners communicate with family members and that is totally incorrect. That is incorrect as they have the power to place a patient in a nursing home against the patient’s and family members’ protests threatening to apply for a *guardian* to be appointed by the *Guardianship Board* so the medical practitioner’s directions are adhered to.

Medical practitioners still believe they can act above the law and the majorities do not adhere to the present *Good Medical Practice – A Code of Conduct of Doctors of Australia*. In Victoria if a patient reports an incident to the Health Commissioner – the word of the medical practitioner or nurse or social worker is taken over the word of the patient – another area where medical practitioners are protected.

The Commonwealth Government put into place a *reporting mechanism for persons in nursing homes who are unhappy with treatment etc.* but that too, is just another group to appease persons in nursing homes – as they have no authority or power to investigate medical practitioners or owners of nursing homes – they are only an arbitrary group arranging reconciliation meetings. No matter where persons turn – they hit walls protecting medical practitioners as it still appears they are above the law as stated in their own medical journal in 1960.

The current code should delete reference to *family* as medical practitioners’ today do not communicate with family members in a respectful manner they are required to do so.

The Code of Conduct for Doctors in Australia cannot be in conflict with Human Rights. The *Code of Conduct for Doctors in Australia* must protect especially elderly or incapacitated persons and not place their rights in conflict with *human rights*.

⁵ Doctors with a Dark Side www.smh.com.au/national/health/doctors-with-a-dark-side-20111195-1n11m.html

⁶ The figures are contained in the Australian Health Practitioner Regulation Agency’s first annual report 2011 and covered in detail by industry journal *Medical Observer November 2011*.

⁷ ditto

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Unfortunately these circumstances have arisen because the medical practitioners are allowing social workers to become too involved in their medical work knowing full well social workers and nurses will abide by a medical practitioner's direction over a patient's and family members' wishes – history repeating itself.

[REDACTED] a family member a victim of the present day medical profession's unacceptable *Code of Conduct* with nowhere to turn for protection. The medical practitioners' behavior and attitude shows no improvement to that they displayed towards minors in their care during the 1950-1970's.

IS THERE ANY CONTENT THAT NEEDS TO BE CHANGED, ADDED OR DELETED IN THE REVISED CODE? DO YOU HAVE ANY OTHER COMMENTS ON THE REVISED CODE?

The introduction in the Medical Board of Australia revised Consultation document states

The code complements the Australian Medical Association Code of Ethics⁸ and is aligned with its values and is also consistent with the Declaration of Geneva and the International Code of Medical Ethics⁹ issued by the World Medical Association. This code does not set new standards. It brings together, into a single Australian code, standards that have long been at the core of the medical practice.

Those words have cleverly been written but need to be amended stating the *Australian Medical Association Code of Ethics was not consistent with the Declaration of Geneva and the International Code of Medical Ethics to up to 1973* under Honorary Medical System's ethics and practices.

Prior to 1973 the medical profession operated under the perception that the Declaration of Geneva – Nuremberg Code was an over reaction of the Nazi Doctors atrocities. German doctors apologised for the crimes perpetrated by Nazi doctors¹⁰

The Nation's medical profession published this apology in their own medical journal¹¹ yet they acted under the perception the Nuremberg Code was an over reaction to Nazi Doctors atrocities¹² carrying out their own atrocities against humanity. What does the Medical Board of Australia say now to the German Medical Group contradicting the Nation's medical profession's comment re the Nuremberg Code?

GERMAN MEDICAL GROUP APOLOGY FOR NAZI PHYSICIANS' ACTIONS – WARNING FOR FUTURE¹³

BODY ADMITS MANY DOCTORS UNDER NAZI-RULE DURING WW11 WERE GUILTY OF SCORES OF HUMAN RIGHTS VIOLATIONS¹⁴

The body has admitted that many doctors under Nazi-rule during Second World War were guilty of human rights violations. German doctors performed pseudo-scientific experiments on inmates etc.

⁸ <http://ama.com.au/codeofethics>

⁹ <http://www.wma.net/en/30publications/10policies/c8/>

¹⁰ Medical Journal of Australia 2013 – 198 (3) 162-163

¹¹ ditto

¹² Document NMHR – copy included in Victorian Government's Draft and Confidential Report November 1997 – investigation into medical mistreatment and malpractice of children in institutional care.

¹³ Edward H Livingstone MD – JAMA 2012.308(7) 657-658

¹⁴ Published 17.44 GMT 25 May 2012 Mail Online

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Evidence against medical profession 1950-1970's is consistent with documents issued by the National Medical and Research Council late in 1960 and with Victoria the medical heartland of medical experiments WITHOUT CONSENT on young children residing in institutional care, non pregnant girls residing in institutional care and young pregnant girls and their babies in utero in 1950-1970's including barbaric, horrific and heinous medical sexual crimes – an ethics committee in line with Declaration of Geneva and the International Code of Medical Ethics was not put into place in Victoria until 1973 in an attempt to stop members of the honorary medical system from continuing to ignore the Declaration of Geneva.

The above was confirmed in a Victoria's Government Draft and Confidential Report – November 1997 – never released – following an inquiry into the medical professional's medical experiments on babies and children residing in institutional care WITHOUT CONSENT.

REASONS FOR CALLING FOR MAJOR REVISION

Medical practitioners in the past broke criminal law and through a major revision of *A Code of Practice of Doctors in Australia* it would enable the present Medical Board of Australia to face the past. The medical profession still refuses to hold discussions with regards to the National Apology delivered by the former Prime Minister in Canberra and Leader of the Opposition on 21 March 2013 stating

Mothers and their babies were subjected to manipulation, mistreatment and malpractice.

During the Victorian Parliamentary Apology on 25.10.12 it was stated

"Cruelty lived ...and in our hospitals. We failed that test. We failed it when doctors would lull young women into medicated delirium, press them into submission and undertake the procedure with a cold and clinical urge."

Daniel Andrews Victorian Leader of the Opposition stated

"We say sorry for the moral arrogance, for the flawed justification, for the heartless approach of authorities and institutions."

Correspondence received from Kate Costello on behalf of the Office of the Honourable Jenny Macklin MP dated 25 June 2013) stated following the National Apology 23.3.2013

Is for Governments and or organisations to correctly identify what wrong was done at the time. Having named it (referring to the Prime Minister and Leader of the Opposition's formal National Apologies on 21.3.201) they need to acknowledge it without qualification otherwise the integrity of the apology is undermined and its healing power diminished.

Why is the medical profession clouding the integrity of the National Apology?

Many politicians around the Nation have called for the medical profession to be held accountable for their past mistreatment and malpractice against minors with many Commonwealth politicians delivering personal speeches in *Federation Chamber following the National Apology on 21 March 2013* and many State politicians' calls for accountability recorded in individual State Hansard documents.

Nursing and social worker professions have offered their National apologies – why and where is the medical professionals apology and their redress scheme?

We once again call for a major revision of *A Code of Practice of Doctors in Australia* is urgently required so that no future generations of minors will ever suffered the same barbaric, horrific and heinous medical sexual crimes, mistreatment and malpractice by the medical profession.

What is the definition of less serious unprofessional conduct?

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A clear definition of less serious unprofessional conduct needs to be published. Unprofessional medical conduct can still be dealt with *in house tribunal* with complaints against medical practitioners no different to religious institutions systems. Medical practitioners are not above the law and any unprofessional conduct should be dealt under the Nation's Crimes Act – Rule of Law and National Law not *in house*.

MEDICAL PROFESSION PRESCRIBING AND INJECTING BANNED DRUGS

The Code of Conduct does not cover medical practices of prescribing and injecting banned drugs as during the 1960's [REDACTED] (clear written directions on 13 February 1960) was prescribing and injecting young pregnant girls and their babies in utero with the Australian banned drug *heroin* – so therefore appears nothing has changed over the past 50+ years when it comes to medical practitioners prescribing and injecting banned drugs.

The medical profession introduced on 28 May 1948 *new modern medical outlook towards unwed motherhood* – for the purpose of using young pregnant girls and their babies in utero as part of their *dash* to find a cure for infertility.

BIOLOGICAL PRINCIPLES – LEGACY OF ILLEGAL REMOVAL OF HUMAN CELLS FOR GENETIC RESEARCH - CODE OF CONDUCT MUST INCLUDE PROTECTION OF HUMAN TISSUE SAMPLES.

The present Code of Conduct does not cover *biological principles* with clear understanding for patients to understand the meaning of **CONSENT** with the question raised

When you sign consent to undergo a biopsy, blood tests, removal of tissues for examination does a patient sign away their rights?

The answer is NO – a patient does not sign away their rights to their body tissues and the medical profession has no legal rights to reuse removed human cells without the person's written consent.

In the 1950-1970's Victorian medical practitioners were removing *ovum and human tissues* from non pregnant girls residing in institutional care without **CONSENT** as part of their efforts to find a cure for infertility – so what has happened to their ovum and human tissues they removed from innocent non pregnant girls WITHOUT **CONSENT** as detailed in the Commonwealth Inquiry into Institution Care 2004? Code of Practice must include **Biological Principles**.

The recent case in America where it has been discovered the tissues and human cells of *Henrietta Last* removed from her body in the 1950's **WITHOUT CONSENT** are still in existence in 2013 as they have continually been grown in laboratories without her permission and now without the permission of her children, grandchildren and great grandchildren.

Breach of privacy and confidential of Henrietta has now flowed into the breach of Henrietta's children, grandchildren and great grandchildren privacy. The American medical profession are possibly facing a massive lawsuit for not obtaining Henrietta's consent in the 1950's and for their ongoing usage of her human cells for genetic research WITHOUT **CONSENT** AND **CONSENT** OF HER FAMILY MEMBERS till the present day is pending.

This is a serious breach of the privacy of not only herself but members of her family and presently

The President of the United States Barack Obama is working with medical profession and scientists to prepare a precise consent so that precise consents must be obtained before any

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*ongoing medical research can be conducted on human cells removed from a patient – unrelated to the original biopsy reasons.*¹⁵

A copy of this precise consent should be available within the next 3 months. The Australian medical profession needs to examine the same serious issues that have now arisen in America.

The question arises:

when a person gives blood for testing – once the blood leaves a patient's body who owns the blood? Can it be used for other tests or medical research without CONSENT – the answer is NO.

Non pregnant girls residing in institutional care had ovum *removed illegal and unlawfully (without consent)* from their bodies and used in medical laboratories to find a cure for infertility in Victoria during medical experimentations with ovum included in the work of [REDACTED] as he stated in a recent television interview. Where are they now – is it another case of Henrietta Last in Australia?

CONCLUSION

A further letter has been recently sent to President of National AMA, to meet and discuss past barbaric, horrific and heinous sexual crimes and until accountability and resolution is reached – credibility of the present *Code of Conduct for Doctors in Australia can only been seen as a blatant breach of National Law by covering up and including past medical sexual crimes.* Our advocacy along with other advocacy groups finally won through with the introduction of *Medical Sexual Boundaries on 28 October 2011 and Commonwealth Government's agreement to conduct a Royal Commission into child sexual abuse.*

A copy of our *Transcript* presented to the Victorian Inquiry into Criminal Abuse along with submissions can be sighted on their official website and a copy of an email recently forwarded to **all members of the Victorian Committee and many other Victorian politicians in support of our evidence will be tabled at a forthcoming meeting, Victoria Inquiry's final report will now be tabled in Victoria Parliament on 15 November 2013 – deferred from 30 September 2013.**

Below is a photograph of the medical tortuous treatment of young pregnant girls held in shackles whilst in labour – experiencing inhumane medical treatment and acts against humanity – held down during nature's greatest gift – the miracle of giving birth to your own flesh and blood [REDACTED] [REDACTED] The medical crimes are covered under the Crimes Act and *under Sexual Boundaries* implemented by the Medical Board of Australia 28.11.2011 states several circumstances non pregnant girls and young pregnant girls and babies in utero endured.

Please contact the writer on either one of the above telephone numbers to arrange a suitable time and date for a meeting with a University Professor and three mothers - survivors of past medical sexual and illegal and unlawful medical crimes of abduction of their newborn babies during the birthing process or a short time thereafter during 1950-1970's.

Medical sexual crimes and abduction of newborn babies are also major crimes of negligence and these acts must be compensated in the same manner religious institutions are compensating their survivors.

¹⁵ The recent interview with Dr. Francis Collins, Director, Institute of Health Centre USA – discussed the serious medical situation that has now arisen including risk of privacy of future family members.

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We conclude with the powerful words of Lt. General David Morrison when allegations of sexual assault and abuse surfaced within the Defence Forces - *“The standards you walk passed are the standards you accept”*.

Yours faithfully,

Brenda Coughlan
Spokesperson for Independent Regional Mothers

