From:	Camil Gereis
To:	medboardconsultation
Subject:	Submission - Public Consultation on Good Medical Practice
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Dear Medical Board of Australia

I would like to make a submission outlining my concerns over the changes to the code of conduct. The option I disagree with is the statement below (i.e. 2):

"The revised code will continue to provide guidance to medical practitioners and will make explicit the standards of ethical and professional conduct expected of doctors by their professional peers and the community. The proposed revisions expand on and link with existing guidance. Other revisions are mostly editorial in nature to make the Board's expectations clearer."

The code of conduct in its current form has served medical practitioners well, allowing the flexibility to treat patients according to their own beliefs and values but having the necessary mechanisms to detect negligent doctors. One such mechanism is through the implementation of the Professional Performance Framework mandating Continuous Professional Development Programs. Another mechanism is the recent implementation of mandatory reporting measures through the Australian Health Practitioner Regulation Agency. In short, bad medical practice is being regulated and is working effectively.

Further to this, considering that 'bad' medical practice can be easily identified and regulated, what constitutes ethical and professional conduct cannot easily be defined, especially when there are multiple treatments available. This is because if treatments are 'deemed' as contentious by a certain group of 'professional peers or community,' the ethical and professional conduct can be changed to accommodate their view to treat a patient.

One such example I am referring to is Dr David van Gend case. This doctor is currently under investigation for retweeting two comments from conservative politicians expressing a different view on treating 'gender dysphoria.' The point I would like to raise is that this investigation was not concerned about the possible maltreatment of the patient but rather the doctor's private views. There was no evidence that Dr van Gend had maltreated a patient neither was there a patient to begin with. It is important to note that Dr van Gend was retweeting an opinion based on medical research.

I have full confidence that Dr van Gend can argue his case well in front of the Board as the code of conduct does not regulate personal views. Furthermore, in its current form, it provides sufficient scope to leave doctors enough room to choose from a variety of treatments. However, by clarifying the ethical and professional conduct, this will not only criminalise certain treatments that are deemed contrary to the ethical and professional conduct based on the views of a certain group of 'professional peers or community' but it will regulate the doctor's private life and views. This will thus leave no chance for Dr van Gend to argue his case despite the evidence simply because the ethical and professional conduct has specifically ruled out certain treatments.

Therefore, I prefer option 1 and to keep the code of conduct as in its current form.

Regards

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