

From: Dr Jason Lam
To: [medboardconsultation](#)
Subject: proposed changes to code of conduct
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To whom it may concern:

Regarding proposed code 2.1: “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 ... may be considered unprofessional.”

Superficially this sounds reasonable, however, I am concerned the paragraph could be used to stifle free speech and debate on contentious topics.

Medicine is not a typical job. Most doctors sacrifice decades to prioritise their pursuit of medical training. This is not just a sacrifice for the doctors themselves, but also for their families, and in some cases includes forgoing the opportunity to have a family to begin with.

Deregistration, therefore, should be reserved for those who truly deserve it – i.e. those who endanger their patients by showing up to work under the influence of alcohol, that sort of thing.

It certainly should not be used to punish those doctors who privately or publically express philosophical views that are not held by the majority.

Australia is a pluralistic society with many different worldviews. This is one of the great strengths of our democracy. I believe this is also a strength in the medical community.

The medical community is a broad church of widely dissenting views, as we would expect. However, it is this very practice of questioning the status quo that has been so invaluable in the progress of both the science and the politics of medicine. And it is necessary to continue the robust practice of medicine.

Let me give you some examples.

Lets say you have two excellent doctors, who both recognise their role in treating addiction as an illness.

Let’s say Doctor A publically advocates for decriminalisation of recreational drugs and increased injecting rooms.

Let’s say Doctor B publically advocates for the state to continue to criminalise recreational drugs and opposes injecting rooms.

Which one is right?

Let’s say you have 2 excellent doctors who work in a state where abortion on demand is not legal after a certain gestation.

Let’s say Doctor A publically advocates for abortion on demand up until term.

Let’s say Doctor B publically advocates the law remain as is and late-term abortions only be conducted under highly regulated conditions.

Which one is right?

Let's say you have 2 excellent doctors who both practice refugee health.

Let's say Doctor A publically advocates for the government to reform its refugee policy for the sake of refugee welfare.

Let's say Doctor B publically supports the government's approach in trying to "stop the boats" to indirectly improve refugee welfare.

Which one is right?

The answer is not which one is right but that ALL should have THE right to speak out in favour of their philosophical and political points of view without losing their livelihoods and vocations for the privilege.

Now let's go back 50 years. At the time the commonly and medically held view was that homosexuality was a psychiatric disorder. Which doctor would you have threatened with deregistration then- the one who publically promoted the commonly held view, or the one who publically dissented against it?

Medicine and its associated topics are not always black and white. Social reform and medicine progress on the back bones of free thought and public criticism. And as both a doctor and a private citizen I would oppose any moves from AHPRA to limit that.

yours faithfully

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