

From: Rosalind Bullock
To: [medboardconsultation](#)
Subject: Public consultation on Good medical practice
Date: Monday, 30 July 2018 9:19:01 PM

Dear Medical Board

Thank you for inviting public response to the proposed changes to the Good Medical Practice: a code of conduct for doctors in Australia. I was interested to see the proposed changes, as I refer to this resource as part of an orientation of new GPs to rural practice. I'd like to teach and understand what are the current guidelines for AHPRA.

I am concerned about the list of things deemed 'medically irrelevant' in 3.4.3, as many of these are truly medically relevant. Good practice, to me, includes seeing the person in the whole context in which they live and move and make decisions, so to sign away my determination not to consider these as relevant to their health seems counter intuitive. Could it not read something like "good practice involves sensitively considering someone's health within the whole context of their life, including race, religion, gender ... etc.?"

A few examples come to mind. The risk algorithm for determining cardiovascular risk is underestimated for people of certain races, so we can't consider if medically irrelevant and truthfully discussing their risk. What if a biological man who identifies as a women would like to try HRT for mood swings? Surely there her gender identity also becomes medically relevant. I don't like the accusation that I am discriminating against them if I consider some of these to actually be medically relevant.

Another slight issue I have is the wording of 4.8. The expansion of this section and the changing of the wording from 'sensitive' to 'respectful' carries the overall implication that cultural safety is only one way. I think entering into the clinical context sensitive to different cultures and beliefs is a far more accurate description of what we do – we then treat people with respect, out of this sensitivity.

Thank you for hearing me out.

Ros