CHANGES	COMMENTS
1.1 added list of guidelines	It is helpful to list associated documents.
1.2 use of the code	It is helpful to clarify context of the code's use
1.3 what the code does not do	We understand this is the case, but the code should provide guidance for any decisions that are made in a complaints tribunal or a court of law. Therefore the wording of this document is legally important and requires clarity for application.
1.6 substitute decision makers	This clarifies what currently occurs.
2.1 Professional values and qualities of doctors '(*Doctors) must be honest, ethical and trustworthy and comply with relevant laws'*.	• Diversity within the profession regarding best medical practice should be recognised. The guidelines should not coerce a doctor to act against their conscience or to comply with patient wishes, which they believe are not consistent with best medical practice. • While we agree with the statement, we note the term 'comply' may have broader implications and would need qualification in regards to the context of its application. This is consistent with recommendations made for self-reflection. • We recommend the Medical Board also include here a statement that the Code recognises and supports basic freedoms for doctors, including freedom of conscience.

2.1 Professional values and qualities of doctors ***'As a doctor you need to "consider the effect of your comments and actions outside work"***	• This is a very broad comment and should be placed in context regarding purpose and audience, for example, it may challenge comments made by doctors stimulating ethical discussion with students or public debates. • It may also limit sound opinion being offered in regards to controversial, societal or research agendas or competing interests being applied to medical systems. • It may contravene the civil rights of the doctor to respectfully express diversity of views. • If a doctor's personal opinions expressed online or in public does not affect the way they treats their patients, and they still practices in a safe and non-discriminatory way, it should not be held as an example of unprofessional medical practice.
2.1 Professional values and qualities of doctors '*If making public comment, you should acknowledge the profession's generally accepted views and indicate when your personal opinion differs'*	• This statement is concerning as it does not identify what constitutes the profession's generally accepted view, and does not allow for valid and significant minority views. Just because a doctor or other health professional does not hold "the profession's generally accepted views" on a particular matter, such as a particular social matter, this is may not be reflective of a lack of professionalism or bad medical practice. • An example of this is the NSW Nurses' Association's Position statement on voluntary assisted dying. This statement was not reflective of the majority view of palliative care nurses throughout the state as surveyed by Palliative Care NSW. This position statement had not

	sought a broad consultation or view from other significant nursing bodies before publicising the position statement of the Association. (References available on request.) • It also creates problems if professional societies differ in their public statements or position papers. Some of these statements do not reflect significant minority views, nor recognise legitimate diversity within the societies. • Further, during the period of debate around changes of law, articulation of opposing views is helpful to the public debate. • It fails to recognize some position statements are not necessarily consensus statements, nor guidelines for professional practice. • It is also unclear what constitutes a public comment, and it is unprecedented for codes of medical conduct to attempt to control a doctor's public expression of opinion, in a context which may not impact on the standard or quality of direct patient care, nor reflect a lack of professionalism of that doctor's care of their patients. Further, some legally approved medical & societally accepted practices may not be in line with what a doctor knows to be a best practice approach.
2.1 Professional values and qualities of doctors *'GMP...involves...culturally safe and respectful practice'*	• This statement infers that culturally safe and medically safe practices are synonymous. As one example, female genital mutilation is widely recognised as not being good medical practice. Further, there is no legal framework in many jurisdictions to control this activity.

	• Likewise, procedures used in reproductive technology, such as the use of sex selection for abortion or reproductive technology for cultural reasons, may be actually foster discriminatory activity against women in that cultural or ethnic group. There therefore needs to be room for the individual medical practitioners to give considered, non-judgmental medical advice without it being labeled as discriminatory or considered disrespectful.
2.1 Professional values and qualities of doctors '*Doctors have a duty to...act in a way that justifies community trust.'*	Community trust in the profession is an important aspect of GMP, but there can be competing aspects such as the physician's right to inform their patients of the pros and cons of treatment based on best evidence, the physician's right to free conscience, belief and speech and as a citizen of the community, that should also be respected. This clause suggests that community trust is elevated above these other aspects.
3.2.8 Providing good care *'acknowledging the profession's generally accepted views and informing your patient when your personal opinion and practice does not align with these'.*	• This statement concerns us as it does not make clear what is a generally accepted view and as it also ignores how a minority, experienced view may be quite valid. A current example of this is the trend toward increased use of prescribed cannabis (or seeking of cannabis clinical trials) for chronic pain patients, in the absence of past evidence demonstrating its efficacy for chronic pain, and contrary to opinions or advice of experienced/concerned practitioners who may anticipate the problems that can arise from this practice, and which also may delay more appropriate treatments for these patients. Another example of this is the change in opinion around opiate use in the chronic pain group after a decade's generally accepted trend in prescribing practice, and now subsequent societal and public health issues that have arisen.

3.4.3 Decisions about access to medical care '*GMP involves upholding your duty to your patient and not discriminating on medically irrelevant grounds.'*	• Distinction needs to be made between discrimination against a patient and disagreement with your involvement with particular treatments. • Room needs to be made for sensitively expressed personal conscientious objection for particular treatments. Doing so does not deny a particular patient from accessing a service that they will be able to seek elsewhere. • Therefore consistent with this and in line with 3.4.7, we suggest that 'directly' be removed in 3.4.6 to make it consistent with 3.4.7. . • We believe that this sentence needs re-organization as it is ambiguous in in application. Note that sex, race, religion, age, etc. are actually medically relevant to how one would manage a patient appropriately in a medical setting. • Deleting the phrase "medically irrelevant grounds " and substituting it with "not discriminating on the basis of..." is not only clearer, but also more accurate.
4.8 Culturally safe and respectful practice	• See comments above on 2.1. It should be acknowledged that culturally safe and respectful practice (as determined by the patient), may not necessarily be synonymous with best medical practice. • Again as in 2.1, some legally approved and societally accepted practices may not be in line with what a doctor knows to be a best practice approach or treatment.

4.3.1 Informed consent	• We note that valid authority is subject to legal regulation that may differ based upon the state and this needs to be recognized in this document. • Similarly there needs to be allowances for situations when the patient is unable to communicate, there can be problems identifying what legal documents exist, or it unclear who the person responsible may be.
• **7.3, 7.4.1, 7.4.2**	• As for 7.4.3, and in line with public health awareness, the codes wording and implications may result in the suppression of individual doctors or minority groups ability to express opinion publically or on line, in areas controversial practice or driven by societal agendas, or where there may be other competing agendas (e.g. drug company promotion of medications for clinical trials). • This actually contributes to an interference of appropriate health advocacy, or may inhibit review of policies on areas needing greater evidence and formulation, which therefore may also interfere with good medical practice and public health agendas.
• **4.13.1 Taking steps to manage a patient's symptoms and concerns in a manner consistent with their values and wishes**	• We believe this point should be expanded to include a recognition that good medical practice involves the recognition that patient requests at the end of the life are complex and often made under duress or for psychosocial reasons, and that these need to be addressed by a specialist palliative medical service.

• **General comment on the draft revised Code**	• Our overall concerns are not just for the rights of individuals doctors but that without further refinement of this public consultation draft, there may result a more defensive medical practice which can in fact adversely affect patient care, safety and appropriate advocacy, as the Code would produce a silencing effect on a professional potentially expressing appropriate medical views. • Another concern is that the paper does not seem to recognize that professionalism in the doctor/patient relationship is usually not affected by opinions expressed outside of the relationship. • We also note that it needs to be also recognised that some complaints may be based on specific interest groups and orchestrated to interfere with appropriate advocacy debate or public awareness.

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