

Medical Board of Australia Public consultation:

Draft revised Good medical practice: A code of conduct for doctors in Australia 2018

Thank you for the opportunity to respond to the public consultation seeking feedback on a draft revised code of conduct, Good medical practice: A code of conduct for doctors in Australia (GMP). The Christian Medical and Dental Fellowship of Australia (CMDFA) is a representative organisation for Christian doctors and dentists of all denominations and currently has over 600 members.

Our members appreciate the availability of a transparent code of behaviour. We appreciate the efforts of the board to make the new version of GMP less ambiguous, and feel that this is important due to its purpose. However, while this is clearly the case for some changes, we are concerned that new meanings may be implied from others. Please find below our comments on the sections of the draft revised code that cause us concern.

2.1 Professional values and qualities of doctors

We are concerned that the rewording of this section to 'comply' with relevant laws (para 2) may imply that there is no room for doctors to refuse to engage with medical practices which may be legal and requested by the patient, but which they believe are inappropriate for the particular patient, or ethically troubling on a personal basis. If the purpose of this sentence is to ensure that doctors work within the law, we suggest that the words 'comply with relevant laws' be replaced with 'always be aware of relevant laws and ensure they are not transgressed.'

Paragraph 4 of this section seems to imply that 'ethical' behaviour for a doctor and behaviour which justifies patient trust involves avoiding any public comment or action outside professional work which could be construed as diverging from 'generally accepted views' and where the divergence is not acknowledged. Apart from the fact that this directive appears to make the unprecedented attempt to control the behaviour of doctors outside of their professional context, it concerns us that in areas of contentious or developing medical management, debate may be stifled, at the disadvantage of patients.

It is also unclear how any individual doctor can ensure what the 'generally accepted view' is. We fear that many doctors may be reluctant to contribute to debate for fear of accidentally breaking this guideline and being disciplined as a result. It will hardly encourage public trust if doctors do not engage in debate on contentious issues. We are not clear what this clause is intended to mean, and therefore cannot suggest an alternative. Suffice to say that if doctors speak up about what they think is best medical practice, it should not be deemed unprofessional medical practice.

4.8 Culturally safe and respectful practice

Our members are particularly conscious of the need to be aware of variation in culture and beliefs of patients. However, the wording of this section is ambiguous. It is stated that 'Good medical practice is culturally safe and respectful.' (para 1), but then it is stated that only the patient/family can determine whether care is culturally safe and respectful (4.8.1) and that these should be respected (4.8.2). This section should be reworded so that 'safe and respectful cultural practices' (according to the patient/family) do not need to be followed if they are either (a) against the law (eg female circumcision) or (b) not clinically indicated. It is important to ensure that efforts to protect patient individuality do not disempower the doctor from acting according to best medical practice.

Thank you again for the opportunity to make these comments. We are happy to expand on these points if required

Dr. Ross Dunn AM
National Chair

on behalf of Christian Medical and Dental Fellowship of Australia