medicinewithmorality.org.au

Australian Doctors concerned with the drift
of ethics away from moral absolutes

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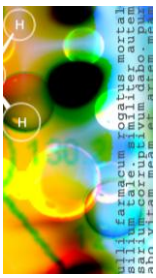

Good Medical Practice:

A Draft Code of Professional Conduct

Submission to the Australian Medical Council

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by Medicine With Morality

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The principal concern of the doctors of *Medicine With Morality* is to do with section 1.4 "Core ethical principles and qualities of good doctors."

Primarily our concern relates to the significant failure to spell out the right of doctors to refuse to participate in treatments they believe to be un-ethical or that they consider not to be in the best interests of patients.

The view of the doctors of *Medicine With Morality* is well expressed in their vision statement:

> To preserve, in an age of rapid scientific and technological change, traditional medical ethics consistent with absolute values and to preserve the liberty of medical professionals holding these values to practise medicine according to their conscience. www.medicinewithmorality.org.au

The recent Victorian legislation in relation to overriding doctor's liberty of conscience in referring for abortion has brought this into sharp focus. One sincerely hopes this legislation will be overturned but that is a matter for another jurisdiction. What the AMC needs to do is incorporate liberty of conscience into section 1.4.

It could be argued that the draft code already protects liberty of conscience in the ethical pillars

> *beneficence* – the duty to do the **best**
> *non-maleficence* – to do no **unnecessary** harm

both of which make some allowance for a doctor's clinical judgment.

The last paragraph of 1.4 also emphasises *clinical judgement* and *ethical appreciation*.

With respect to the paragraph on patient-centredness, the last sentence is problematic:

> Patient-centredness involves perceiving and evaluating health care from the patient's perspective and then adapting care to meet the needs and expectations of that patient.

Our concern with that statement could be alleviated by the addition of

> …consistent with the doctor's ethics and integrity.

Now it might be argued that such is not necessary. We would respond it is essential not only because liberty of conscience has been overridden in the Victorian legislation but because this is a trend promoted by prominent ethicists such as University of Oxford Professor Julian Savulescu, Director of the Oxford Uehiro Centre for Practical Ethics

> "if people are not prepared to offer legally permitted, efficient, and beneficial care to a patient because it conflicts with their values, they should not be doctors." (BMJ 2006;332:294-297 February).

This was also evident in the article by de Crespigny L and Savulescu J. *Pregnant women with fetal abnormalities: the forgotten people in the abortion debate* [MJA Vol 188 No.2: 21 January 2008] in which they argue

> "moral objections to beneficial, desired, legal and just medical interventions… cannot compromise patient care."

Clearly there are different views on patient care and on what may compromise that care but good and beneficial medicine involves much more than that which may be desired and legal. Further, that which may be considered legally permissible should never compromise the ethical independence of the medical profession.

This issue goes far beyond abortion. It is foundational to *Good Medical Practice*. It is foundational to everyday medicine. It even involves the gatekeeper role of the GP. We cannot, and must not, simply acquiesce and be subject to patient's demands. Part of the doctor's traditional role is to educate and inform and if, at the end of the day, the patient insists on a course of action considered inadvisable or unethical by the doctor – whether this be a request for an inappropriate investigation or for mutilating surgery or for assisted suicide – then the doctor must be under no obligation to cooperate in such a demand.

The implications are serious for the future of medicine. We need to get it right now. We cannot rely on our governments to get medical ethics right. The *Physician Assisted Dying* Bill recently defeated in Victoria could also have included the overriding of doctors liberty of conscience.

In the media release of 28/09/2006, *AMA Adopts WMA Declaration of Geneva*, the AMA President, Dr Mukesh Haikerwal, said he was

> "…confident that Australian doctors would welcome the Declaration at a time when there are great challenges to the *integrity and independence* of the medical profession… It reinforces the independence of the medical profession and it spells out clearly our duty and dedication to our patients and our respect for all human life" (italics mine).

Good Medical Practice must necessarily incorporate the right of doctors to practise medicine according to their conscience. Hence we recommend a complete re-working of section 1.4. Some possible changes have been detailed as an appendix.

Appendix: Section 1.4 revisions and insertions underlined

Core ethical principles and qualities of good doctors

There are many qualities that make a good doctor who is trusted, who has the confidence of patients and colleagues, and who practises medicine effectively and safely.

Traditionally, doctors have been expected to base their practice of medicine on four ethical pillars, typically defined as follows:

- *respect* — for the intrinsic value of all human life; respect for patient autonomy, the right of individuals to make informed decisions on their own behalf
- *beneficence* — the duty to do what is best for the individual patient
- *non-maleficence* — to first, do no harm
- *justice* — the duty to treat your patients who have similar conditions equitably taking into account responsibilities to the community.

The practice of medicine is complex and multifaceted. Professional judgments are made about the application of these principles, and at times these principles may conflict.

Doctors have also been expected to base their practice of medicine on some fundamental qualities:

- *Integrity*, which means being honest and trustworthy at all times, never misusing the doctor–patient relationship for improper purposes (financial, sexual or social) and respecting the rights of patients in matters such as confidentiality and privacy.
- *Liberty of conscience*, which means the doctor should be true to his own convictions and must be free to practice medicine according to his conscience, not engaging in services he considers unethical or not in the best interests of the patient
- *Truthfulness*, which should characterise the doctor–patient relationship. Patients expect their doctors to tell them the truth. You should deal honestly with your patients and seek to nurture a doctor–patient relationship in which the patient may fully disclose all relevant information.

- *Fidelity*, which means placing the interests of patients ahead of personal interests, and not abandoning the patients under your care.
- *Compassion*, which means having a sympathetic understanding of others' suffering and distress, and a desire to alleviate it.
- *Confidentiality*, which means not disclosing information about patients without their consent.

Three other principles are key to good medical practice: patient-centredness, good communication and clinical judgement.

Patient-centredness is a way of characterising how doctors interact and communicate with patients on a more personal level. Core features include understanding the patient as a unique person, exploring the patient's experience of illness, finding common ground about treatment through shared decision making, and placing an emphasis on building the doctor–patient relationship. Patient-centredness involves perceiving and evaluating health care from the patient's perspective and then adapting care to meet the needs and expectations of that patient consistent with the doctor's ethics and integrity

Good communication is highly valued by patients and other health workers, and is an important skill for maintaining a good doctor–patient relationship.

Clinical judgement brings together clinical knowledge, clinical skills, communication skills and ethical appreciation.

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[Signatories follow]