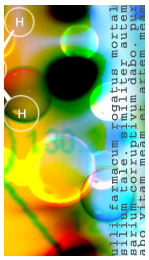
medicinewithmorality.org.au

defending human life
defending liberty of conscience

lachlan@medicinewithmorality.org.au
PO Box 68 Morley WA 6943



4 May 2010

Dr Andrew Pesce
President
AMA ama@ama.com.au

Dear Dr Pesce,

Re Medical Professionalism – 2010

We want to congratulate the AMA on the appropriateness of this document's content and timing. It has been very well done.

As evident by our letterhead *Medicine With Morality* is concerned with liberty of conscience in practice this being one of our core values ***…to preserve the liberty of medical professionals… to practise medicine according to their conscience*** www.medicinewithmorality.org.au

We acknowledge that the document touches on this indirectly in several areas and has *integrity* as one of its core values (3.2). Integrity includes being true to our own convictions and conscience. This may include working through the challenge of a patient's perception of their needs where this is in conflict with good medical practice or where it is considered that acceding to a request is inadvisable for a best health outcome.

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 an inappropriate investigation or mutilating surgery or assisted suicide should this become legal – then the doctor must be under no obligation to cooperate in such a demand.

External challenges relating to this that have not been specifically mentioned – yet are of increasing importance – are consumer group demands for doctors to be mere providers of service delivery i.e. at patient (consumer) demand. We congratulate the AMA working party responding to this threat in working through the Australian Medical Council's *Draft Code of Professional Conduct*.

Medical professionalism is so much more than mere service delivery at patient request or that desired by health bureaucrats. It also relates to the doctor's responsibility to the health care system and the gate-keeper role and includes fair access within financial constraints.

The liberty to not be involved or complicit in matters considered to be unethical or inadvisable, to have liberty of conscience in medicine, is critical for individual doctors and for the integrity and independence of the medical profession as a whole, both now and in the future.

It is for these reasons that we suggest the following three minor amendments as tracked.

4. Challenges to putting patients first

4.1 Within the health care system, there are factors outside the profession as well as within the profession that may challenge and even compromise the primacy of patient care.

4.2 When responding to these challenges, the medical profession and its individual members have a duty to advocate that the health care environment remains patient-centred at all times and a responsibility to ensure that the health needs of patients remains the doctor's primary duty. This may include the challenge of reconciling a patient's expectations with good medical practice.

External challenges

4.3 These may include:

- undue influence and constraints on medical practice by third parties such as governments, insurers, the legal system, employers, and fundholders; for example, where unreasonable resource constraints compromise patient access to health care;
- consumer group demands and cultural demands in conflict with good medical practice and ethics;
- private enterprise's promotion of health products directly to the public either by advertising or via the internet including presentations labelled as "information";
- shifting societal attitudes to health care, including a greater emphasis on consumerism and self-medication, where many patients risk their health by self-diagnosing and self-medicating instead of seeking timely medical advice (or delaying medical advice);
- inappropriate workforce substitution; for example, where allied health professionals are used to perform medical duties outside their scope of expertise, risking patient safety.

Internal challenges

4.4 These may include:

- potential for a doctor's commercial interest conflicting with the interests of the patient;
- maintaining individual doctor integrity when patient expectations conflict with the doctor's ethical stance
- responding to a colleague's unprofessional conduct or performance; and
- dual loyalties that conflict; for example where the interests of the doctor's employer is not consistent with patients' interests.

(end of amendments)

Yours sincerely,

Lachlan Dunjey.
Dr Lachlan Dunjey MBBS FRACGP DObstRCOG General Practice (contact person)
33 Bunya St Dianella WA 6059
mob 0407 937 513