

08/223

Mr Ian Frank
AMC Good Medical Practice Working Group
PO Box 4810
KINGSTON ACT 2604

Dear Mr Frank

Thank you for providing the AMA with an opportunity to make a submission on the Australian Medical Council's (AMC) *Good Medical Practice: A Code of Conduct for Doctors in Australia* (Final Consultation Draft, April 2009).

Firstly, I would like to commend the AMC on the significant effort you have put into developing a Code of Conduct for doctors based on extensive consultation from both the community and the medical profession.

I am heartened by the fact that the AMC has recognised that the earlier public consultation draft of August 2008 required significant amendment in order to facilitate good medical practice, support the doctor-patient partnership, and respect and support the medical profession. It is apparent from our involvement in the AMC's *Good Medical Practice Working Group* that both the community and the profession support the change in tone and format of the revised Code.

Doctors undertake a unique commitment when entering the medical profession – to put the health needs of individual patients first. Our patients and the wider community trust us to fulfil this commitment. In order to do this, the medical profession expects the highest ethical and professional standards of its members, even higher than the law provides. Regardless of individual beliefs and values, doctors must commit to the values and standards that characterise the medical profession itself such as respect, trust, compassion, altruism, integrity, competence, accountability, collegiality, and a commitment to continuous education and self-improvement.

As you can appreciate, we must ensure that our regulatory system, including codes of professional conduct, reflects the values and standards of the profession and supports doctors in fulfilling their duties to patients.

The AMA strongly recommends that when *Good Medical Practice* is to be released publicly, it should be accompanied by relevant education campaigns, targeted at the profession as well as the public, explaining the status, purpose, and intended application of the Code.

Further, we believe that the Code should be subject to a regular 3-5 year review cycle, incorporating extensive consultation, to ensure that it remains contemporaneous and continues to support the profession and the community.

Whilst we commend your efforts in undertaking this very important task, we feel the document requires further refinement and make the following suggestions for revising *Good Medical Practice: A Code of Conduct for Doctors in Australia* (Final Consultation Draft, April 2009):

Terminology

Use either ‘doctor-patient partnership’ or ‘doctor-patient relationship’ throughout the Code rather than interchanging the terms.

Section 2.4.6

Replace ‘treatments that are legal’ with ‘other health care providers’. As written, the sentence sounds as if a doctor should not invoke a conscientious objection to providing a treatment that is legal; therefore, to avoid confusion, we recommend that this be changed so that the conscientious objection does not impede access to another health care provider.

Section 7.2.3

Replace ‘public’ with ‘community’ as the latter is used throughout the Code.

Section 8.11

This section is too long, repetitive, and prescriptive and casts doubt on the integrity of the individual doctor to put patients’ interests first. It is important that the Code be consistent with current reflections on doctors’ conflicts of interest, where the existence of multiple interests are a fact of modern life. A conflict of interest is not necessarily a sign of unethical behaviour but rather a situation that may arise and needs to be appropriately dealt with.

This section needs to reduce repetition and remove the negative tone relevant to conflicts of interest, replacing it with advice about how such situations should be managed. We recommend combining the first three paragraphs (the introductory paragraphs before 8.11.1) into two paragraph as follows:

Multiple interests are a common part of modern life. Doctors may have multiple interests including financial, professional, or personal interests. These interests may, on occasion, be perceived to conflict, or have the actual potential to conflict, with a doctor’s primary duty to patients if not managed appropriately.

Doctors must seek to recognise and manage their multiple interests in accordance with the best interests of the patient. Appropriate management of perceived or potential conflicts of interest should be based on openness, transparency, appropriate disclosure, and accountability. Good medical practice involves.....

We also recommend combining statements 8.11.2 and 8.11.5 with 8.11.1 as follows:

8.11.1 Recognising potential conflicts of interest that may arise in relation to patient care; in particular, when making referrals, recommending medicines, or when using or recommending medical devices.

We look forward to the ongoing development of *Good Medical Practice: A Code of Conduct for Doctors in Australia*.

Yours sincerely

Dr Rosanna Capolingua
President

rc:ks

18 May 2009