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The Health Care Consumers' Association (HCCA) welcomes the opportunity to comment on *Good medical practice: A code of conduct for doctors in Australia*.

HCCA is a health promotion charity and is the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on health issues and provides opportunities for health care consumers to participate in all health services planning, policy development and decision making.

The Code of Conduct is an important document for consumers as it sets out what consumers and carers can expect from doctors. We regularly refer to the Code and promote it with consumers in information sessions.

We have considered the draft and have a few comments for your consideration.

Good patient care (3.2)

Consumers need medical practitioners to be inclusive of other medical and health practitioners when seeking advice and providing care. This practice is an essential element of good medical care from the consumer perspective. Section 3.2.11 refers to this but we are not sure it is expressed strongly enough. We often hear stories where doctors, commonly specialists, discount the views of other health practitioners, including general practitioners and nurse practitioners.

Medical records (10.5)

We are surprised that this section does not contain reference to the My Health Record. This is a significant change to the health care landscape and has the potential to transform care for people, especially those living with chronic conditions. There have been relatively low levels of engagement from private specialists, and consumers are looking for mechanisms to encourage them to embrace the digital age. The Code can play a role to advance this.

Other comments

Delivering high value care

In the past four years HCCA has been involved with Choosing Wisely Australia initiative and more recently Wiser Health Care research collaboration. Our participation in these initiatives is a result of our commitment to the judicious and appropriate use of healthcare and our interest in exploring ways to reduce waste and duplication in the health system.

We are also familiar with the other initiatives looking at minimising the delivery of low value care, including the RACP Evolve program and the MBS Review. It would be useful to have more explicit reference this. We want to ensure doctors practice in a way that does not include delivering low value care.

Supported Decision Making

The Code of Conduct is silent on supported decision making and we consider this to be an omission that requires attention. Supported decision making is a central principle of the United Nations Convention on the Rights of Persons with Disabilities. People with disability should receive the support necessary to enable them to make and implement the decisions that affect them. This is particularly relevant to people with cognitive impairments or mental illnesses that affect their decision-making. HCCA works with ADACAS, an ACT based individual advocacy organisation, to promote the value of supported decision making in health care.

Advance Care Planning

The Code refers to advance care planning in terms of end of life care but there appears to be limited reference to Advance Care Directives for other aspects of care other than in the section on informed consent (4.5.2). In the ten years since the Code was released Advance Care Directives have become more common and are recognised as a way that consumers can give guidance to health practitioners about how we want to be treated in the future if we lose capacity to make healthcare decisions. This can be due to age, illness or injury. It is particularly important for people living with mental illness.

If you require any clarification of our response please do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Darlene Cox', is written over a faint, light-colored background that looks like a watermark or a very light stamp. The signature is fluid and cursive.

Darlene Cox
Executive Director

17 August 2018