

# **GOOD MEDICAL PRACTICE**

Good Medical Practice: Professionalism, Ethics and Law brings together the information central to the professional, ethical and legal requirements of being a doctor. It covers a core curriculum for medical students, doctors in training and international medical graduates preparing for the Australian Medical Council examinations. It will also be useful for busy doctors looking for answers to issues that arise in practice, and for approaches that meet professional standards.

The book's central premise is that effective and compassionate practice depends not only upon sound medical knowledge and clinical competence, but also upon good communication skills, an empathetic attitude and respect for all patients, truthfulness, self-reflection and an awareness of the responsibilities arising under the law. *Good Medical Practice* encapsulates these attributes and includes practice management, inter-professional relationships, sexual misconduct, complaints processes, the Australian health care system and doctors' health within its broad and comprehensive purview. Complex perennial topics such as the allocation of resources, abortion and mental illness are also thoroughly explored.

Written by specialist practitioners representing both the medical and legal professions, each with vast teaching experience, this is a unique, timely and accessible text that reinforces and redefines a contemporary focus on professionalism in medical practice.

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# GOOD MEDICAL PRACTICE PROFESSIONALISM, ETHICS AND LAW





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### **FOREWORD**

This imposing book has grown to full maturity, following its childhood and adolescence as two precursors published respectively in 1994 and 1997. The successive alterations in the title are a reflection of its maturation and growth. Law and Ethics in Medicine for Doctors in Victoria, published in 1994, grew from its conception as an innovative professional practice program, a short course to help young doctors in the transition from hospital training to independent medical practice, developed by three of the authors of the current book, Drs Breen, Cordner and Plueckhahn. It was a concise description of aspects of law and ethics that related to medical practice. They were presented as 'add ons' to be accessed and applied when they became necessary. Ethics, Law and Medical Practice, published in 1997, recognised by its title and its emphasis that ethics and law influenced many aspects of medicine and the book integrated these facets more comprehensively into the context of medical practice. The title of the current book, Good Medical Practice: Professionalism, Ethics and Law, gives a clue to its much more ambitious scope. It recognises that good medical practice requires the knowledge and application of law and ethics and that there is a range of additional components that have come to be depicted by the term 'professionalism'. It is also significant that a fourth author has been added to the three well-qualified authors of the two earlier volumes. Colin Thomson brings his extensive background as an academic lawyer with a particular expertise in the legal and ethical aspects of medical practice and health research to this edition. Like Kerry Breen he has been Chair of the Australian Health Ethics Committee of the National Health and Medical Research Council.

The change in title and scope of the book reflect four complementary developments.

The first is that the authors have quite heroically expanded the content of the book to include all aspects of medical practice that are additional to the knowledge of medical science and its application to the diagnosis and treatment of patients. Some of these components, such as communication skills and dealing with distressed or dying patients, overlap with skills that are normally taught in clinical education. Others, such as the complex ethical issues that often confront medical care and the expanding legal environment that provides the boundaries within which such care must be practised, are not usually addressed in medical texts but are central to good medical practice.



vi Foreword

The second development is a change in medical practice itself over the last two decades, a change that has seen much greater emphasis paid to medico-legal issues, ethical judgments and respect for patient autonomy. No longer is it possible to practise medicine in a cosy, traditional, paternalistic two-way relationship between the doctor and the patient. Legal parameters set absolute boundaries, but professionalism demands a more sophisticated knowledge and practice, applying ethical principles in difficult situations calling upon wisdom and judgment. Moreover, the patient's right and frequent wish to be included in the decision-making process is now recognised and must be respected. This book deals extensively and sensitively with all these issues.

The third development is the much greater power of medicine to save or preserve life using sophisticated technology. While this has brought monumental benefits to people with acute illnesses often accompanied by multiple organ failure, it also raises ethical dilemmas in the management of people with chronic illnesses whose expectations of that technology may exceed the utility of even the most sophisticated interventions. Where does a patient's right to autonomy end and when do sound clinical judgment and common sense become more important? Is it appropriate to preserve the life of a very premature infant with a high risk of permanent disability? When does withholding or withdrawing life support differ in nature from euthanasia? Decisions like these that seek to balance the power and promise of medical technology, the heightened expectations of seriously ill patients and their families, and the ethical and legal constraints of good medical practice require an understanding of legal boundaries as well as a sound ethical framework to guide decision making.

The fourth factor is that, with the greater capability of medical technology together with the cost of that technology, the questions of distributive justice become more pressing. Who should have priority to what resources and on what grounds? How should the cost be fairly apportioned? These questions can be considered on many levels. For example, how much of our resources should be used for the acute care in hospitals of patients with low quality of life and with little prospect of real improvement, compared with preventive measures in the wider community? In an era where donor organs are becoming increasingly harder to access, what criteria do we use to decide who should receive one? What degree of 'queueing' is appropriate for chronic but not life-threatening conditions? The issue of distributive justice becomes even more troublesome when we look at the different health outcomes in different communities in our own country, especially among Aboriginal and Torres Strait Islander people. And since ethics is not confined by national boundaries, how should we respond when we see, in poor countries in our region and beyond, the terrible effects of diseases that are preventable, or easy to treat using resources we have in abundance?



Foreword vii

The authors, with their extensive and diverse backgrounds, are ideally equipped to deal with these complex topics. They have created an important work that provides an invaluable guide to good medical practice for new medical graduates and established practitioners alike.

RICHARD LARKINS, AO
Vice-Chancellor and President
Monash University



# **CONTENTS**

Foreword v	
List of tables xxi	
Preface xxii	
Preface to the 1997 edition	$xx\iota$
Acknowledgments xxvii	
About the authors xxix	
Table of cases xxxi	
Table of statutes xxxii	

#### 1 Ethical principles for the medical profession 1

1.1	Some	historical	context	1

- 1.2 What are ethics?
- 1.3 An introduction to ethical thinking **2**
- 1.4 A modern framework for discussing medical ethics 4
- 1.5 Qualities of an 'ethical' doctor; virtue ethics 5
- 1.6 Other desirable qualities 8
- 1.7 Modern codes of medical ethics 9
- 1.8 The rights of patients
- 1.9 Upholding ethical codes of conduct 12
- 1.10 The mutability of medical ethics
- 1.11 The law and medical ethics in conflict 13
- 1.12 Conflicts between ethical principles 13
- 1.13 Ethics beyond the doctor–patient relationship 14
- 1.14 Ethics and limited resources 15

References 15

Additional reading 17

#### 2 Ethical and legal responsibilities of medical students 18

- 2.1 Considerations before enrolment 18
- 2.2 Criteria for enrolment: selection procedures 19
- 2.3 Registration of medical students 20
- 2.4 Objectives of the medical course 21
- 2.5 Professional ethics for students 21

ix



Χ	Contents

	2.6	The student and the health-care team <b>26</b>
	2.7	Student health 27
	2.8	Responsibilities of and professional ethics for medical teachers
	2.0	and supervisors 28
	Refer	rences 30
		tional reading 32
	Addi	tional reading 32
3	Com	munication skills 33
9	Com	
	3.1	Obstacles to effective communication <b>34</b>
	3.2	The use of communication skills in medical practice <b>36</b>
	3.3	Appreciating psycho-social factors in patients who seek
		medical help 38
	3.4	The physical examination <b>39</b>
	3.5	Transcultural issues and the use of interpreters <b>39</b>
	3.6	Concluding the consultation 40
	3.7	Communicating when things go wrong 41
	3.8	Coping with angry patients 41
	3.9	Medico-legal examinations 42
	3.10	Touching patients 42
	3.11	Talking about sex and sexuality 42
	3.12	Talking with the dying 43
	3.13	Doctors and other health-care professionals as patients 44
		The importance of written communication 44
	3.15	Intra- and inter-professional communication and relationships 44
	Refer	rences 45
	Addi	tional reading 47
_		
4	Cons	sent and informed decision making 49
	4.1	Elements of valid consent <b>50</b>
	4.2	Implied, oral or written consent <b>50</b>
	4.3	Consent for surgical or other major invasive procedures <b>52</b>
	4.4	Therapeutic privilege and withholding information <b>56</b>
	4.5	Patients who may not be legally able to consent <b>57</b>
	4.6	Consent of children and teenagers <b>57</b>
	4.7	Children who are intellectually disabled <b>60</b>
	4.8	Substitute decision makers 61
	4.9	Consent for special procedures <b>63</b>
	4.10	Treatment without consent <b>64</b>
	4.11	Consent and the mentally ill <b>65</b>



	Contents	хi
4.12 Refusal of treatment <b>66</b>		
4.13 Refusal of blood transfusion <b>66</b>		
4.14 Informed consent and the performance record of the doctor	67	
References 67		
5 Confidentiality, privacy and disclosure 69		
5.1 Confidentialist distinguished from pairs of 70		
5.1 Confidentiality distinguished from privacy <b>70</b>		
5.2 The ethical basis of confidentiality <b>70</b>		
5.3 Confidentiality in the doctor's surgery 71		
5.4 Confidentiality and medical reports and certificates 72		
5.5 Sharing information in the health-care team 73		
5.6 Exceptions to the duty of confidentiality 74		
5.7 The legal basis of confidentiality <b>75</b>		
5.8 Statutory authorisation of disclosure <b>75</b>		
5.9 Disclosure in court <b>76</b> 5.10 Public interest and disclosure <b>78</b>		
5.11 Disclosure to the police <b>78</b> 5.12 The legal basis of privacy <b>79</b>		
and and an Farmer,		
5.13 Enforcement provisions 84 5.14 Other considerations 84		
References <b>85</b>		
References		
6 Medical records, reports and certificates 87		
6.1 The importance of medical records <b>87</b>		
6.2 What is a medical record? <b>88</b>		
6.3 What should be recorded? <b>88</b>		
6.4 Guidelines for making medical records <b>91</b>		
6.5 Medical records and the computer <b>92</b>		
6.6 Safety and security of records <b>92</b>		
6.7 Ownership of medical records 93		
6.8 Access to medical records <b>94</b>		
6.9 Medical records and privacy legislation <b>95</b>		
6.10 Patient access under privacy law 95		
6.11 Retention and destruction of medical records <b>96</b>		
6.12 Retention of medical records when a doctor retires or dies	97	
6.13 Medical records and the courts <b>98</b>		
6.14 Medical records and research <b>98</b>		
6.15 Medical reports 99		
6.16 Medical certificates 99		
References 102		



xii Contents

7	Negl	igence, professional liability and adverse events 103
	7.1	Causes of action against doctors 104
	7.2	Actions for negligence 105
	7.3	The doctor's duty of care 106
	7.4	The required standard of care 109
	7.5	The circumstances of negligence 110
	7.6	Assessment of damages 114
	7.7	Statutes of limitations 115
	7.8	Vicarious liability 115
	7.9	The medical indemnity crisis and its outcomes 116
		Adverse events and their prevention 117
		Preventing claims for negligence/risk management 118
		Open disclosure 119
		The role of medical indemnity organisations 120
		rences 121
	Addi	tional reading 123
8	The	regulation of the medical profession 124
	8.1	Historical background 126
	8.2	The establishment and membership of boards 127
	8.3	Functions of medical boards 127
	8.4	The Australian Medical Council 128
	8.5	Medical registration 129
	8.6	Registration/recognition as a specialist 132
	8.7	Mutual recognition of registration 132
	8.8	Registration of medical students 133
	8.9	Complaints and disciplinary hearings 133
		Complaint-handling processes 134
		The investigation of complaints 134
		Disciplinary hearings 135
		Formal hearings 135
		What constitutes unprofessional conduct? 136
		Codes of conduct 139
		Nature of complaints subject to formal hearings 139
		Trust and the medical practitioner 140
		Sexual misconduct 140
		The impaired practitioner 140
		Illnesses leading to impairment 141
		Notification and handling of possible impairment 142
	8.22	The poorly performing doctor 143



Contents XIII

	8.23	Advertising by doctors <b>143</b>
	8.24	Doctors who practise alternative medicine 143
	Refere	
9	Healtl	h care complaints systems 145
	9.1	Health complaints commissions 147
	9.2	Health-care professionals covered by legislation 147
	9.3	Who may lodge a complaint? 148
	9.4	'Sharing' of complaints 148
	9.5	What constitutes a complaint? 149
	9.6	How complaints are handled and resolved 149
	9.7	The nature and source of complaints against doctors 151
	9.8	Preventing complaints and responding to them 154
	Refere	nce <b>155</b>
10	The d	octor and sexual boundaries 156
IU	ine a	octor and sexual boundaries 156
	10.1	What constitutes sexual misconduct 157
	10.2	The incidence of sexual misconduct 158
	10.3	Reasons for under-reporting or failure to complain 159
	10.4	The psychodynamics of the breach of professional sexual
		boundaries 159
	10.5	Why sexual misconduct by doctors is ethically unacceptable 161
	10.6	Reporting complaints – the doctor's ethical duties 162
	10.7	Handling complaints of sexual misconduct 162
	10.8	Disciplinary outcomes 163
	10.9	False accusations 163
		Benzodiazepines and sexual fantasy 164 Prevention of sexual misconduct by doctors 164
		Prevention of sexual misconduct by doctors 164 Intimate examinations and the use of chaperones 165
		Sexual abuse and sexual harassment outside the
	10.13	doctor–patient relationship 165
	Refere	
		onal reading 167
	riaditi	ona rouning
11	Perso	nal health of the doctor: illness and impairment 169
	11.1	Ethical and legal responsibilities 169
	11.2	The extent of health problems for doctors 170
	11.3	Why doctors become unwell 172
	11.4	Early warning signs 173
	11.5	Assisting colleagues 174



xiv	Contents	
	11.6	Treatment and rehabilitation 175
	11.7	Caring for yourself and your family 176
	11.8	Treating other doctors 177
	11.9	Doctors who carry a transmissible disease 177
	11.10	Sexual misconduct and impairment 179
	11.11	The elderly doctor 179
	Refere	
	Additi	ional reading 183
	12 Maint	tenance of professional competence 184
	12.1	The terminology of maintaining professional competence <b>185</b>
	12.2	Existing outcome evaluation/audit programs 190
	12.3	Other accreditation or certification programs 190
	12.4	Quality assurance in private medical practice 191
	12.5	Future directions and contentious areas 192
	Refere	ences <b>193</b>
	13 Ethics	s and the allocation of health-care resources 195
	13.1	Levels of decision making in the allocation of resources 196
	13.2	New approaches to resource allocation 197
	13.3	Competing conceptions of justice in allocating health-care
		resources 198
	13.4	Other ethical values in the allocation of health-care resources 199
	13.5	Ethical issues in applying evidence to health-care resource
		allocation <b>201</b>
	13.6	The doctor and resource allocation <b>201</b>
	13.7	The law and resource allocation <b>204</b>
	Refere	
	Additi	ional reading 206
	14 The A	australian health-care system 208
	14.1	An overview of the health-care system <b>208</b>
	14.2	Government health departments 210
	14.3	Medicare Australia (formerly the Health Insurance
		Commission) 211
	14.4	Medicare regulations relating to doctors 212
	14.5	Specialist recognition for Medicare purposes 215
	14.6	The Pharmaceutical Benefits Scheme 215
	14.7	Private health insurance 217
	14 8	The role of universities and colleges 217

14.9 Teaching hospitals **218** 



> 14.10 The Australian Medical Association and other associations 219 14.11 Australian Council on Healthcare Standards 14.12 The Australian Commission on Safety and Quality in Health Care 14.13 Registration of other health-care providers 220 14.14 Alternative health-care providers 14.15 The National Health and Medical Research Council 221 References 222 Additional reading 222 15 The doctor and interprofessional relationships 223 15.1 The legal and ethical context 224 15.2 Nurses 224 15.3 Pharmacists 228 15.4 Ambulance officers/paramedics 233 15.5 Advice to doctors about requesting an ambulance 234 15.6 Clinical psychologists 235 15.7 Dentists 235 15.8 Dietitians 236 15.9 Occupational therapists 237 15.10 Optometrists 238 15.11 Physiotherapists 239 15.12 Podiatrists 15.13 Prosthetists and orthotists 241 15.14 Radiographers 242 15.15 Social workers 242 243 15.16 Speech pathologists 15.17 Chaplains and pastoral-care workers 244 245 15.18 Interpreters 15.19 Lawyers 15.20 Medical librarians 247 15.21 Police 248 15.22 Complementary and alternative medicine practitioners 249 15.23 Chiropractors 252 252 15.24 Osteopaths References 253 256 Additional reading 16 Entering and leaving practice and practice management 257

Choosing your career

Entering private practice

16.1 16.2

16.3

Importance of good practice management

259

Contents

ΧV



xvi Contents

Contents
16.4 Setting up a medical practice <b>259</b>
16.5 Recognition by Medicare Australia <b>261</b>
16.6 Medical indemnity <b>261</b>
16.7 Selecting, employing and training staff <b>262</b>
16.8 Caring for staff and staff safety <b>262</b>
16.9 Infection control and patient safety <b>263</b>
16.10 After-hours arrangements <b>263</b>
16.11 Financial, business and legal advice <b>263</b>
16.12 Marketing the practice <b>263</b>
16.13 Planning for a healthy approach to work <b>264</b>
16.14 Closing a medical practice <b>264</b>
16.15 Planning for retirement <b>264</b>
References 265
Additional reading 265
17 Clinical research 266
17.1 Codes of ethics in clinical research <b>266</b>
17.2 Research governance <b>267</b>
17.3 What constitutes clinical research <b>268</b>
17.4 Requirements for ethically acceptable research <b>268</b>
17.5 Special areas in medical research <b>270</b>
17.6 Standards for responsible research conduct <b>273</b>
17.7 Patenting of medical procedures <b>275</b>
17.8 Research undertaken in private medical practice <b>275</b>
17.9 Misconduct in medical research <b>275</b>
17.10 Biomedical research using animals <b>276</b>
References 276
Additional reading 278
18 Prescribing and administering drugs 279
To Frescribing and administering drugs 275
18.1 Standard schedule of drugs and poisons <b>280</b>
18.2 Some relevant terminology <b>282</b>
18.3 Prescribing drugs – general advice <b>283</b>
18.4 Computer-generated prescriptions <b>284</b>
18.5 Authority prescriptions <b>285</b>
18.6 Prescribing drugs of dependence <b>285</b>
18.7 Storage and record keeping of drugs of dependence <b>287</b>
18.8 Relationships of doctors with pharmacists <b>288</b>
18.9 Prescribing in an emergency <b>288</b>
18.10 Prescribing for patients travelling abroad <b>288</b>
18.11 Prescribing in hospitals and nursing homes 289
18.12 Prescribing or dispensing unregistered drugs <b>289</b>



Contents xvii

	18 13	Prescribing drugs outside their specific indications 289
		Prescribing benzodiazepines 290
		Generic versus trade names 290
		Responsibilities of patients 290
		Relationships with pharmaceutical and medical device
		companies 291
	Refere	*
19	Diagn	osing and certifying death and the role of the coroner 295
	_	
	19.1	Recent developments in the diagnosis of death 295
	19.2	Responsibilities of doctors attending a person thought to be dead <b>296</b>
	19.3	Responsibility for completing the death certificate 297
	19.4	The cause of death 298
	19.5	The different types of death certificates 299
	19.6	Providing the Death Certificate <b>300</b>
	19.7	Deaths reportable to coroners 301
	19.8	Surgical, anaesthetic and adverse event-related deaths <b>304</b>
	19.9	Death related to fractured neck of femur in the elderly <b>305</b>
	19.10	Cremation 306
	19.11	The diagnosis of brain death 308
	19.12	Brain death and transplantation <b>309</b>
	19.13	The use of tissues removed at autopsy 311
	Refere	nces <b>311</b>
	Additi	onal reading 312
20		, reproductive technology, family law and child
	prote	ction 313
	20.1	Notification of births (including stillbirths) 313
	20.2	Reproductive technology 314
	20.3	Parentage issues in AID and IVF 317
	20.4	Surrogate motherhood 318
	20.5	Family Law Act 1975 (Cth) <b>319</b>
	20.6	Child abuse and child protection <b>320</b>
	Refere	nces <b>322</b>
21	Termi	nation of pregnancy and related issues 323
	21.1	Abortion – historical background <b>323</b>
	21.2	Abortion law in Australia 324
	21.3	The law in Australian Capital Territory and Victoria <b>326</b>
	21.4	Abortion and conscientious objection 327



	_
X//III	Contents

Contonto	
Contents	
21.5	Proportionality of risk <b>327</b>
21.6	Late term (third trimester) abortion 328
21.7	Child destruction 329
21.8	Concealment of birth <b>329</b>
Refere	ences <b>330</b>
Additi	onal reading 330
22 Withh	nolding or withdrawing treatment in the seriously
	minally ill 331
22.1	Treatment decisions for newborn infants 331
22.2	Withholding or withdrawing treatment from children
22.3	Refusal of medical treatment 333
22.4	Advance care plans and directives 334
22.5	Post-coma unresponsiveness <b>336</b>
22.6	•
22.7	Euthanasia and physician-assisted suicide <b>339</b>
22.8	The stated position of the medical profession <b>340</b>
Refere	
Additi	onal reading 343
22 Thala	aw and the mentally ill 344
	,
23.1	Definition of mental illness 346
23.2	Admission procedures 347
23.3	Involuntary admission 347
23.4	Use of seclusion and restraint 348
23.5 23.6	People incapable of caring for themselves 348  Community treatment orders 349
23.7	
23.8	Security admissions 349 Patients' rights 349
23.9	Community and official visitors 350
	Special treatment procedures 350
	Consent to non-psychiatric treatment <b>351</b>
	Review and appeal procedures 351
Refere	
reiere	need out
24 The la	w and courts of law in Australia 353
24.1	Sources and forms of law in Australia 353
24.2	Legislation <b>354</b>
24.3	The Australian Federation <b>354</b>
24.4	Codification <b>355</b>



Contents xix

	24.5	Subordinate legislation <b>355</b>
	24.6	Schedules <b>355</b>
	24.7	Common law: colonial origins <b>356</b>
	24.8	Common law: the practice of precedent <b>356</b>
	24.9	Common law: the structure of precedent <b>357</b>
	24.10	Types of Australian law: civil and criminal law <b>357</b>
	24.11	Common law and equity <b>358</b>
	24.12	Standards of proof <b>358</b>
	24.13	Civil wrongs: contract and torts 358
	24.14	Crimes <b>359</b>
	24.15	Courts of law in Australia <b>360</b>
	24.16	Tribunals <b>365</b>
	24.17	Commonwealth Ombudsman <b>365</b>
	Refere	ences <b>366</b>
	Additi	onal reading 366
25		co-legal examinations and reports, court procedures
	and e	xpert evidence 367
	25.1	Medico-legal reports <b>367</b>
	25.2	Problems arising in medico-legal examinations 371
	25.3	Expert witness reports 372
	25.4	Court procedures 374
	25.5	The adversarial system <b>374</b>
	25.6	The giving of evidence <b>376</b>
	25.7	Evidence of fact <b>377</b>
	25.8	Hearsay evidence <b>377</b>
	25.9	Appearing in court 379
		Subpoena 379
		The doctor as a witness <b>380</b>
		Expert evidence <b>380</b>
		The experience of being a medical witness <b>382</b>
		Fees for court appearances 384
		Doctors and jury duty <b>384</b>
	Refere	
	Additi	onal reading 385
26	Other	legislation relevant to medical practice 386
	26.1	Social security legislation 386
	26.2	Testamentary capacity and witnessing wills <b>387</b>
	26.3	Statutory declarations <b>387</b>
	26.4	Responsibilities of doctors in relation to injury or accident 3



xx Contents

26.5	Workers compensation and rehabilitation 388
26.6	
26.7	Motor vehicle accidents <b>390</b>
26.8	Fitness to drive a motor vehicle <b>391</b>
26.9	Doctors' responsibilities to others at risk <b>392</b>
26.10	Child abuse <b>393</b>
26.11	Infectious diseases <b>393</b>
26.12	Doctors and the intellectually disabled <b>395</b>
26.13	Notification of cancer <b>395</b>
26.14	Alcohol and drug-dependent people <b>396</b>
26.15	Blood samples from people accused of serious crime 39
26.16	Trade practices legislation <b>397</b>
26.17	Firearms legislation <b>397</b>
Refere	nces <b>397</b>
Appendix	1: AMA Code of Ethics – 2004 399
Index	406



# **TABLES**

4.1	Approach to assessing decision-making capacity 58			
4.2	Guardianship legislation and guardianship boards/tribunals <b>62</b>			
5.1	Health privacy legislation and websites 81			
8.1	Contact details of state and territory medical boards, the Australian			
	Medical Council and the Confederation of Postgraduate Medical			
	Education Councils 125			
9.1	Health complaints commissioners (or equivalent) 146			
11.1	Names, addresses and telephone numbers of doctors' health			
	advisory services 175			
18.1	Legislation controlling prescribing and using drugs 280			
19.1	Legislation providing for the definition of death <b>296</b>			
19.2	Legislation providing for the certification of death <b>297</b>			
19.3	Comparison of states' coroners Acts: reportable deaths generally <b>30</b>			
19.4	Comparison of states' coroners Acts: deaths in custody and other			
	specific circumstances 303			
20.1	Births, deaths and marriages registration Acts - summary of			
	notification obligations 314			
20.2	Notification of suspected child abuse 321			
22.1	Legislation regarding advance care directives and refusal of			
	treatment 335			
23.1	Mental health legislation and mental health review tribunals 345			



## **PREFACE**

The primary purpose of this book is to provide in a single accessible format information central to the professional, ethical and legal requirements of being a doctor. It covers a core curriculum for medical students who must obtain a grounding in the elements of what constitutes being a medical professional [1–2]. The same material is essential for doctors in training and for international medical graduates coming to work in Australia. This book should be a useful and readily accessible starting point for busy doctors looking for answers to issues as they arise in practice. This edition brings together updated material generally not found in textbooks of clinical medicine. Although most doctors are now equipped to seek information electronically, this can take time as information is not accessed readily or integrated at a single source, may not be relevant to the local setting and may not be quality controlled.

Since the 1997 edition of our book [3] there have been significant developments in regard to the importance of professionalism. Medical boards here and overseas have focused attention on the breadth of professional skills needed for good medical practice; indeed the UK General Medical Council's primer for doctors is called just that, *Good Medical Practice* [4]. More recently, medical indemnity organisations and health-care institutions have been active in promoting good professional attitudes and behaviour, under the banner of 'risk management', to reduce the risk of adverse outcomes.

Australian medical colleges have agreed to have their education and training programs accredited by the Australian Medical Council (AMC) and this has resulted in a greater emphasis on professionalism and ethics for specialists in training. The AMC clinical examination for international medical graduates now specifically addresses professional attitudes.

At its core, medicine remains the delivery of care to people who are unwell and are seeking help. The effective and compassionate practice of medicine requires a combination of medical knowledge, clinical competence, and sound professional attitudes and skills. In the distant past, professional attitudes and skills were known as a 'good bedside manner' and were not taught formally. It was assumed that young doctors would somehow acquire such skills, perhaps by observation and experience. In Australia, since the 1988 *Doherty Report* [5], the medical profession, especially those sections responsible for the basic medical education, has identified professional skills as something that can and must be taught.

xxii



Preface xxiii

'Professionalism' is a convenient shorthand term to describe the professional attributes required (over and beyond simply having adequate knowledge of medicine and adequate procedural ability) for effective medical practice that the community can trust. Professionalism covers a wide range of elements, including good communication skills, an empathetic attitude, the virtues of self-reflection, truthfulness and dependability, cultural awareness in our multicultural society and awareness of responsibilities arising under relevant laws pertaining to medical practice. Above all it covers an assumption that a person wishing to practice medicine effectively will bring positive attitudes to all the roles involved in being a doctor. Used in this way, the term 'professionalism' is consistent with the focus of the Victorian Professional Practice Program, which in 1991 and 1992 was the basis of an early version of this book [6].

Many new influences have been brought to bear on the doctor–patient relationship, including community expectation of excellent outcomes of all interventions, a changing legal interpretation of medical negligence, the conundrums of infinite need versus finite resources, awareness of preventable adverse events, commercialisation and corporatisation of medicine, a patchwork of federal and state privacy laws, additional forms of accountability for doctors with closer scrutiny of professional performance, alertness to doctors' ill health leading to impairment, and demands for programs of maintenance of professional standards. Despite these influences, the practice of clinical medicine remains very rewarding. As this book unfolds, we hope the reader will recognise that meeting the professional, ethical and legal requirements of medical practice, while demanding, is consistent with approaches competent doctors have used to provide effective and appreciated service for patients over many years. Primary features of such practice remain respect for patients, the personal integrity of the doctor and good communication.

Our approach in this book remains essentially pragmatic. While the text necessarily explores the underpinning themes of ethical theory and medical law, and addresses topical issues such as euthanasia and abortion, it does not probe the ethical or legal detail. Our fundamental aim is to provide core information for medical students and doctors in training, and to guide medical practitioners who are faced in their daily work with practical problems in consultation with their patients. While every care has been taken to strive to be accurate and up to date, the reader should not rely on this book as a source of legal advice. There now exist in Australia several excellent texts on ethics in health care, and on medical law, which are recommended where relevant, and ample references and suggested additional reading are provided for readers who wish to explore any topic in more depth.

KJ BREEN SM CORDNER CJH THOMSON VD PLUECKHAHN



xxiv Preface

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## PREFACE TO THE 1997 EDITION

A smaller version of this book was published in 1994 as Law and Ethics in Medicine for Doctors in Victoria and was well received in that state. It was produced to help meet the need for doctors to be more informed of the ethical and legal obligations of medical practice. Since then, national debate on topics such as consent, compensating patients for adverse events in medical practice, sexual misconduct by doctors and euthanasia has reinforced this need. In addition there are changes occurring in the delivery of health services, in education for health-care providers and in the regulation of the medical profession about which practising doctors need to be informed. Parallel with these changes is the gradual increase in interest and understanding by the community of its health-care needs and rights. Associated with this is the community's determination to have an appropriate say in matters such as the utilisation of health-care resources and the determination of medical professional standards, and its desire for individuals to be adequately informed and involved in decisions regarding their own health. This book does not directly address all these changes, but much of its content is informed by them as reflected in chapters referring to the increasing involvement of community members in the regulatory processes of the medical profession, the development of more accessible patient complaint-handling mechanisms and changes that are occurring to medical education and the selection of medical students.

Against this background, and in response to interest expressed throughout Australia for this type of resource for doctors in other states, the authors embarked on a major rewrite of their original book. The present book is updated, expanded and reorganised to reflect as fully as possible the current legal and ethical obligations of daily medical practice. This update is intended to be pragmatic, accessible and informative and primarily directed to doctors in the making and doctors in practice.

The authors' opinions are that much of the material published in recent years on medical ethics and medical law is not readily accessible to doctors because of its abstract approach and legalistic language. In addition, many modern books on medical ethics have focused on bioethics, using the narrow sense of bioethics as referring predominantly to the ethics of biotechnology. While providing valuable contributions for discussion, these materials may have deflected the average practising doctor away from an understanding of, and meaningful debate and engagement with the community on, the ethical principles that underpin everyday interactions between patient and doctor.

XXV



xxvi Preface to the 1997 edition

The authors hope that the principles and practices described in this book will be congruent with the wider medical profession's understanding of these issues and, if they are not, that the differences will be the subject of contemplation, study and debate inside and outside the profession. The book contains considerable material relating to state and Commonwealth laws and their interpretation. While every care has been taken to strive for accuracy, the reader should not rely upon this book as a source of legal advice.

K. J. BREEN
V. D. PLEUCKHAHN
S. M. CORDNER
1 January 1997



### **ACKNOWLEDGMENTS**

Much of the essential material in this edition is based on the content of the previous 1997 edition (published under the title of *Ethics, Law and Medical Practice*) and some has its basis in our 1994 book, *Law and Ethics in Medicine for Doctors in Victoria*. Thus we must first repeat the acknowledgments made in those two books to a very wide range of medical and other health professional colleagues, lawyers, academics, administrators and regulators, and others without whose help the project would never have been undertaken, let alone completed.

In revising and updating all the chapters of this edition, we have again been very generously assisted by a large number of colleagues. The following people critically examined draft revised chapters and provided advice and direction: Chapter 1 - Professor Wendy Rogers; Chapter 2 - Professor Brendan Crotty; Chapter 3 – Dr Paul Nisselle; Chapter 4 – Dr David Hart; Chapter 5 – Dr David Hart; Chapter 6 – Dr Paul Nisselle; Chapter 7 – Dr Hugh Aders; Chapter 8 – Dr Joanna Flynn, Mr Andrew Dix; Chapter 9 - Ms Beth Wilson, Dr Joanna Flynn; Chapter 10 - Dr Carolyn Quadrio; Chapter 11 - Dr Jenni Parsons; Chapter 12 -Dr Peter Greenberg; Chapter 13 - Associate Professor Bernadette Tobin; Chapter 14 – Professor Stephen Leeder; Chapter 15 – Dr Peter Greenberg; Chapter 16 – Dr Joanna Flynn; Chapter 17 – Professor John McNeil; Chapter 18 – Professor Greg Whelan; Chapter 19 – Ms Helen McKelvie; Chapter 20 – Professor Jock Findlay, Dr David Wells, Dr James King; Chapter 21 - Professor Roger Pepperell, Dr James King; Chapter 22 - Dr John Santamaria, Dr James Tibballs; Chapter 23 -Dr John Tiller; Chapter 24 – Ms Helen McKelvie; Chapter 25 – Professor John Cade; Chapter 26 - Dr David Wells. Other colleagues, including Mr Ian Frank, Dr Sandra Hacker, Dr David Hillis, Dr Katrina Watson and Dr Leanna Darvall, provided advice, or guided us to other sources of expertise and information.

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xxvii



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xxix



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xxxi



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xxxii