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Executive Officer, Medical
AHPRA
GPO Box 9958
Melbourne VIC 3001
By email medboardconsultation@ahpra.gov.au

Dear Medical Board of Australia,

ASA Submission to Medical Board of Australia public consultation on draft revised guidelines 'Sexual boundaries in the doctor-patient relationship'

Reference: 1.3.11.9

The ASA would like to thank the Medical Board of Australia for the opportunity to make a submission in response to the draft revised guidelines 'Sexual boundaries in the doctor-patient relationship'.

The ASA supports Option 2 – Proposed revised guideline.

Current guideline and proposed revised guideline:

The current guidelines seem to work well for the majority of medical practitioners. For a small number of practitioners providing more relevant, clear information in the form of these revised guidelines may provide further assistance. This also provides an opportunity to remind all doctors of the importance of patient centred care and good communication. Of relevance to anaesthetist are sections 5 and 6 whereby the proposed revised guideline adds clarity to the issue of maintaining sexual boundaries with former patients and individuals close to them. Anaesthetists often have intense but short relationships with their patients and carers. The revised guidelines do make it clear that any future relationships even under these circumstances must place the patient's safety and needs as the central concern. The principles of trust in the doctor patient relationship, the power imbalance of this relationship and maintaining the public confidence in seeking medical care must be preserved.

Content and structure:

The proposed draft guidelines are clearer and helpful compared with the current guidelines. Implementation of the draft guidelines would be consistent with modern medical practice.

Issue:

a) Use of observers

The ASA seeks further clarification as to the expected extent of the role of observers. As currently written, an observer is recommended for intimate examinations which are defined as "examination of the breasts, genitalia or an internal examination". The guideline also suggests that an intimate examination depends on the "patient's perspective which may be

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affected by cultural values and belief". It is therefore unclear if, and when, an observer is required in the setting of a pre-operative examination which may often involve an airway, cardiac and respiratory assessment. If the role of the observer is expanded to include these examinations then this may present logistical difficulties given the time, space and infrastructure facility limitations that currently exist for pre-operative assessment in some circumstances.

The ASA looks forward to clarification on this issue and supporting Option 2.

Yours sincerely,



Associate Professor David M. Scott
President



Dr Antonio Grossi
Chair
Professional Issues Advisory Committee