Preface

The primary purpose of this book remains to provide in a single source information that is 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 coming to work in Australia. It is also intended to be a useful and readily accessible starting point for busy doctors looking for answers to issues as they arise in practice.

This is neither a medical ethics nor a medical law academic textbook. Instead it addresses in pragmatic ways the everyday professional, ethical and legal issues that most doctors will face at some point in their practices. Within the medical profession, if there are particular target audiences for the book, then top of the list is the large group of doctors who every year complete their clinical training and enter independent, unsupervised clinical practice. This cohort is closely followed as a target by the large group of doctors who come to Australia each year having obtained their medical student and specialist training in other countries. Adjusting to the medical environment in Australia is understandably challenging, especially in the first few years after arrival, and even more so if they practise in remote or unsupported situations. We also believe all the material covered is relevant to the medical student curriculum and to doctors generally no matter how experienced they might be.

The book should also be of assistance to medical regulators and those lawyers, doctors and community members who serve on performance and conduct panels of the Medical Board of Australia's state and territory boards or who serve as chairs and members of state and territory based disciplinary tribunals that hear more serious allegations of misconduct. The book is not particularly directed at lawyers except insofar as it may provide insight and guidance about the professional standards expected of doctors.

As the basic elements of good medical practice appear to be well settled, why is a new edition of this book needed and what in its contents is new? The answers surprisingly are multiple, and are reflected in the need to revise most chapters, several extensively, and to add three new chapters. The extent of the revision and updating is also reflected in the fact that half of the more than 1100 references are new.

We have used the revision process as an opportunity, in two new introductory chapters, to explain more fully what professionalism means and to set out more clearly the links between

good medical practice, professionalism and the art and science of medicine. We have also addressed in more detail the closely related theme of what makes a ‘good doctor’. As several writers have noted, modern medicine’s success, based on science, has come at a significant price; namely the community’s perception that much of medical practice now seems to be very technical and lacking in humanity. One measure of this perception may well be the community’s growing use of complementary and alternative medicine. Re-engaging in the art of medicine is now attracting greater attention as one response to the concerns of the community. These two new chapters address the changes seen in medicine over the past 20 years, the challenges for doctors that have accompanied those changes, and the responses to them. These new chapters also help to explain more fully the format of the book and the reasons for the approach we have taken.

Serious challenges to good medical care and to professionalism persist and new ones have emerged. Despite choruses of concern globally about the behaviour of the pharmaceutical and medical device industries and about the unwillingness of many doctors to concede the subtle influences of these industries on their own professional behaviour, recent analyses suggest that the problems are not diminishing. While some attempts to address the issues have been made by both the medical profession and the pharmaceutical industry, the spectre of unresolved conflicts of interest in doctors’ relationships with drug and medical device manufacturers persists. Accordingly, this edition carries a new chapter devoted to this topic.

Professionalism has also been challenged by the use (and at times, misuse) of electronic communication and the internet. Doctors now have to accommodate patient-controlled electronic health records, consultations conducted remotely by telemedicine, and the increasing use of social media. The use of social media has created new risks for doctors in the maintenance of appropriate professional boundaries and in protecting patient privacy. Doctors have also been challenged to become more alert to, and involved in, issues around patient safety, adverse events and open disclosure of adverse events. The public has become more aware that modern medicine does not always deal well with the process of dying and is demanding more of the medical profession: doctors need to become more familiar with the concept of advance care directives and support patients and their families in developing them.

Possession of good communication skills as the foundation of effective patient–doctor interaction remains paramount but new facets continue to appear. Thus the chapter on communication skills has been extended to encompass cultural competence as well as the

handling of difficult doctor-patient encounters. Even in the now quite well settled subject of gaining patient consent, new understandings have emerged, most notably in regard to the 'nocebo effect'. As experienced and thoughtful clinicians have long been aware, information sharing as part of the process of seeking consent needs to balance the ethical principle of respect for patient autonomy with the principle of non-maleficence. This requires the clinician to be alert to the context of the consultation and to the temperament and circumstances of the patient.

Every new advance in technology applied in medicine threatens to increase the cost of the health care system to the community as a proportion of GDP. Politicians have to find ways to fund health care or reduce its costs. Responses have included overt or covert rationing, expectations that doctors will assist by reducing the use of unnecessary tests and procedures, and reallocation of traditional medical tasks to other health professions in anticipation that this will bring savings.

As patient care has become more complex and medical care has become increasingly subspecialised and compartmentalised, health care is more frequently delivered by multidisciplinary teams. Doctors are often criticised for not participating in such teams and setting themselves apart. They are also criticised for not communicating adequately with others involved in the care of patients (other doctors as well as other health professionals). One attempt to improve this situation has been the introduction of interprofessional learning into some medical school curricula.

When our previous edition was published, the change from state-based regulation of the medical profession to a single scheme under the 'national law' had not been implemented. Thus the chapter on the regulation of the medical profession has been substantially rewritten. Since our last edition there has also been increased interest in other challenges facing doctors, most noticeably in the topic of maintenance of doctors' health, wellbeing and fitness to practise. Several of the changes wrought by national registration, such as mandatory reporting of possibly impaired health practitioners and compulsory participation in continuing medical education, may have heightened awareness among doctors of their professional responsibilities in these matters.

We have tried to address the core material that, in our view, constitutes good medical practice in the current era. If you, the reader, find the book of value in preparing for medical practice or in responding to challenges in your practice, then we will be well pleased.

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A tribute to Professor Vernon D Plueckhahn AM, OBE