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Faculty of Medicine, Nursing and Health Sciences

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8th September 2013

Assoc Prof Leslie E Bolitho AM
President
Royal Australasian College of Physicians

Dear Associate Professor Bolitho,

Re: Ethics Expert Advisory Group

I refer to your letter of 23rd August 2013 advising that the Ethics Expert Advisory Group is to be disbanded and that an ethics working party will be created to finalise the new version of the industry guidelines by December 2013.

I am writing to ask the Board to reconsider this decision on the basis that it has the capacity to cause serious damage to the College and its national and international standing. I submit that it is essential that the College retain a standing ethics capacity and request that the Board continue the existing arrangement until an alternative has been developed. I fully appreciate that the EAG model is not the only one possible and will be very happy to work with the Board to find an arrangement that effectively meets the College's needs.

In making this submission I draw to your attention the following points:

1. The College has had an ethics committee or standing ethics process for a great many years. I personally have been associated continuously with all of these arrangements since 1991 and have led them since 1994.
2. Over the last twenty two years there have been three models for ethics process: a formal ethics committee, until 2001; an ethics "convener" role from 2001-7; and an ethics EAG from 2007 until 2013. The formal ethics committee met twice yearly and considered an extensive agenda with substantial support from College staff. The ethics convener role involved identifying ethical issues related to any aspect of college process or policies and contributing in whatever manner was appropriate, including by identifying individuals across the College with an interest in contributing to ethical discussion. The ethics EAG in principle allowed for a continuing body of work but has been constrained by administrative disruption and limited support, as a result of which much of its work has continued to be conducted

on the ethics convener model through personal contacts, individual consultations and establishment of strategic networks.

3. There is a substantial and continuing demand for ethics related services in the College. Individual fellows frequently seek advice about personal, clinical or institutional matters; the committee has carried out extensive work in developing the industry guidelines, which is and will be a continuing process; the committee has made contributions to the telemedicine project, the Medicines Australia transparency process, the Therapeutics EAG, international health, CPAC etc. In addition, the EAG has actively facilitated collaborations around complementary medicines, aged care, advance care planning, policy and in clinical care in relation to obesity and other areas. It has contributed to a range of educational activities, including at the annual Congress. Much of the expense of the EAG's activities, including teleconferences, has been borne by the members themselves. Members of the EAG are active in a wide variety of settings in clinical practice, policy development and administration and are able to make this experience available to the College through the medium of the committee. There are high levels of media interest in ethical issues, and requests for comments are frequently directed towards the College in relation to these issues.
4. A key contribution of an ethics committee to the College is to stimulate cross-disciplinary dialogues that bring together fellows from different areas of professional competency. This is an important contribution to the maintenance of a sense of coherence and unity within the College, especially between paediatric and adult physicians and those working in public health and in clinical disciplines.
5. As far as can be determined, every college in Australia has an ethics process. The abolition of the group representing ethics in the RACP would make it unique. In view of the fact that almost every issue with which we in the RACP deal has ethical implications, and that ethical issues are often the ones that attract the greatest public interest, the abolition of an ethics committee would expose the College to public opprobrium and substantially damage its stature and reputation in the community.
6. At its meeting on August 30th the members of CPAC stated very clearly that they felt that there was a need to ensure that the College had a standing ethics committee process.
7. The industry guidelines have taken three years to develop and the completion of the process will involve extensive consultation with the fellowship and targeted external individuals and organisations. This is consistent with approaches taken by other organisations, including the NHMRC, Medicines Australia - which has a formal, fully supported process to extend and develop its code of conduct - and the Australian Medical Association - which has an active, well-supported Ethics and Medico-Legal Affairs Committee. It is unlikely that a one month consultation period followed by a brief process to

amend the document will be sufficient. It is important that sufficient time be allowed to complete the process properly.

8. An approach involving working parties focusing on particular issues is inappropriate for ethics and would not work. By its nature ethics is not a topic on its own but permeates all subject areas and disciplines. An ethics committee should function as a resource that provides commentaries on and support for other work that is done in almost any area of the College's activities. Areas of current interest that crucially require ethics input include the proposed end of life paper, policies on asylum seekers, the telemedicine project and the Medicines Australia transparency working party.
9. Ethics needs a voice in relation to all aspects of College work, including fellowship affairs, clinical practice, education, and policy development. There is a need for a responsive structure that can provide quick responses to individual fellows who have questions or need advice as well as a more formal arrangement that allows deliberated responses to defined issues.
10. The ethics committee has a role in relation to the College's own processes. It is the nature of ethics committees in hospitals, universities, research institutes and professional organisations that they provide independent advice in relation to issues that arise. Some organisations even appoint an ombudsman to assist with disputes.

I therefore request that:

- the Board reconsider its decision to abolish the Ethics EAG while an alternative, long-term arrangement is determined;
- that a working party be established to consider various models for ensuring adequate attention to ethical issues within the College in relation to the kinds of needs outlined above; and
- that the process to complete the Guidelines be given sufficient time to allow it to be brought appropriately to completion.

I will be very pleased to work with the Board to develop an approach that best serves the College's needs.

Sincerely,



Paul Komesaroff FRACP
Professor of Medicine
Chair, Ethics EAG