Injury or illness – will ever the twain be covered?

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The lack of ACC coverage for people suffering illness rather than injury represents one of the greatest disparities in New Zealand’s health system.

Sir Owen Wood-house, the architect of ACC, died in April this year. In 1966–67 Sir Owen chaired the Royal Commission on Accident Compensation, authoring the Woodhouse Report which recommended a no-fault accident compensation scheme for New Zealand. The result was the Accident Compensation Commission (later Corporation) which came into effect in April 1974.

In March 1972, the then Medical Association of New Zealand published in the NZMJ a report of its submission to the proceedings of the Statutes Revision Committee.

It was broadly supportive of the intent of ACC, although it flagged concerns “to the effect that we could foresee difficulties in many cases in separating accident from illness”.

The report goes on to comment “changes in sickness benefits which, possibly, may be made later may remove the necessity of making fine distinctions between accident and sickness”.

Interestingly, in 1988, Sir Owen prepared a further report, Personal Injury: Prevention and Recovery that recommended an end to disparities between the treatment of accident victims, and those incapacitated by sickness or disease.

Needless to say, there still exist disparities between what happens to those suffering personal injury by accident and those who suffer from illness – even though both may result in ongoing disability. Sir Owen and the NZMA were both unable to persuade the government of the day – or any government since – to reconcile those disparities. It is interesting that, as recently as the GP CME Conference in Rotorua in June, it was suggested by one speaker during the first morning the ACC scheme should be extended to develop a compulsory insurance scheme to cover illness as well as injury.

The notion that ACC could, or should, be extended to cover illness is both a recognition of the value and enormous difference ACC has made in the lives of those suffering personal injury – and we acknowledge the work of Sir Owen and his part in this – and a reflection that the lack of comparable compensation and support for illness represents one of the greatest disparities in the New Zealand health system.

So, what has happened to ACC over those 40 years?

From a clinical perspective, one of the most telling changes has been the shift from medical misadventure and medical negligence to the concept of treatment injury which acknowledges the harm done but doesn’t lay blame. This has led to a culture of transparency and sharing of knowledge – leading, one hopes, to greater efforts at reducing further harm.
The other major clinical change was one regarding what constituted an accident. At one stage, medical illness leading to injury was not covered under the ACC regulations. For example, if you had a seizure, fell down the stairs and fractured your arm, that was not covered by ACC but, if you tripped and fell, it was. Subsequently, it was accepted an accident against gravity, i.e., the act of falling, was in itself legitimate cause for the injury to occur (irrespective of initial causation).

I believe this reflects a culture shift of some degree within the ACC thinking.

Currently, there is wide-ranging discussion around how degenerative conditions do, or do not, contribute to the development of injury following an accident.

Interpretation of the ACC regulations has varied over the last 10 to 15 years and I do not believe we have come to an end place yet.

Recently, ACC has been reflecting on how it delivers its elective services, and in the past few months there has been a significant and comprehensive review of those services. The health sector has been widely engaged and consulted during that process and ACC is to be applauded in its handling of this review. It may be applauded even more if it acts on the final recommendations in the report that came out of it.

So, where is ACC headed? Will there be a more patient-centred approach to the management of personal injury by accident? Will we see more blending of the treatment of illness and injury services? Will we see an extension of ACC beyond its traditional scope?

The conversations are being had, and there is the opportunity now to be involved in shaping the future of ACC in New Zealand.

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