

23 July 2018

Kanny Ooi
Senior Policy Adviser and Researcher
Medical Council of New Zealand
PO Box 10509
The Terrace
Wellington 6143

By email: kooi@mcnz.org.nz

Draft revised statement on safe practice in an environment of resource limitation

Dear Kanny

Thank you for inviting the New Zealand Medical Association (NZMA) to provide feedback on the above consultation. As you know, the NZMA is New Zealand's largest membership-based medical organisation, with more than 5,000 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. Our submission has been informed by feedback from our Advisory Councils and Board.

1. We welcome the Medical Council's revision of its existing 2008 statement on safe practice in an environment of resource limitation. We note that the main proposed changes include the following:
 - Incorporating key principles from Choosing Wisely
 - Including equity, cultural competence, and working in partnership with patients as factors to consider when doctors make decisions about resource allocation
 - Emphasising at the outset the principle that doctors must not allow their commercial interests or that of an employer or funding agency to override the doctor's ethical responsibility to their patients
 - Clarifying that doctors who work in a team are still accountable for their actions within the team
 - Adding a reference to using resources in a way that is consistent with guidelines and pathways where these apply.
2. We agree with the changes Council is proposing which we believe will considerably enhance this important resource. We are strongly supportive of all the proposed additions, especially the points about equity, cultural competence, partnering with patients, and accountability in teams, as well as the incorporation of key principles from Choosing Wisely.

However, we believe there are some important points that are missing and should be added to the resource. We elaborate on these and provide additional feedback on specific sections of the resource below.

3. We contend that the resource should give specific mention to the Treaty of Waitangi and obligations to Māori. It is essential to consider obligations under the Treaty in a statement that is concerned with the equitable allocation of resources. Māori are already disadvantaged with respect to health outcomes; it is vital to ensure that decisions about practicing in an environment of resource limitation will not further exacerbate these inequities. We suggest that it may also be useful for the revised statement to reflect the recent update to the WMA Declaration of Geneva which further stressed the importance of patient autonomy by the addition of a new clause “I will respect the autonomy and dignity of my patient”.

4. In addition to allocating resources efficiently and equitably (ethical principle #5), we believe that Council should also stipulate the need for resources to be allocated **sustainably**, taking into account environmental impacts. Sustainably in this context means doing more with less, and not doing or using too much. Sustainable health improvement meets the essential health needs of the present without compromising future generations’ abilities to meet their own needs. This approach accepts limits, protects the environmental determinants of health and reduces healthcare spending, so freeing opportunities elsewhere and in future.¹ We suggest that mention of the sustainable allocation of resources be added to the final sentence in point 5, the final sentence in point 18, as well as to the summary box.

5. In exceptional circumstances (eg, mass casualty events), there will be an inevitable breach of point 16 (“*Always inform the patient about the decision being made and the reasons for it. Document such discussions*”). We suggest Council acknowledge this exception. In all other circumstances, we believe that this point is very important and recommend it should be strengthened by adding mention of caregivers / family / whānau such that it reads “*Always inform the patient and/or their carers / family / whānau about the decision being made and the reasons for it.*” In many instances, patients are acutely sick and not able to take on board such information by themselves.

6. With respect to points 26–29 relating to advocacy, we suggest Council consider referencing the NZMA Consensus Statement on the Role of the Doctor² and the NZMA Code of Ethics.³ Both these documents have important content that is directly related to the points in this section. For example, the Role of the Doctor Statement includes the following clause: *When appropriate, doctors use their influence to advocate for increased resources to improve health outcomes for their patients and populations.* The Code of Ethics includes the following clauses: *11. Accept a responsibility to advocate for adequate resourcing of medical services and assist in maximising equitable access to them across the community; 70. While doctors have a primary responsibility to individual patients, they have a concurrent responsibility to all other patients and the community. Doctors therefore have an ethical responsibility to manage available resources equitably and efficiently. Wherever possible, doctors should use their influence to advocate for appropriate resources to improve health outcomes for their patients and populations.*

¹ Academy of Royal Medical Colleges. Protecting resources, promoting value: a doctor’s guide to cutting waste in clinical care. London: AoRMC, 2014. Available from <http://www.aomrc.org.uk/reports-guidance/protecting-resources-promoting-value-1114/>

² Available from http://www.nzma.org.nz/_data/assets/pdf_file/0006/16980/Consensus-statement-on-the-role-of-the-doctor-in-New-Zealand-November-2011.pdf

³ Available from <http://www.nzma.org.nz/publications/code-of-ethics>

7. Finally, with respect to clause 24 in the section on care of outpatients, there is uncertainty about the meaning of the phrase “*The booking system must be accurately portrayed and must not be misused to shift patients from a doctor’s care*”. We suggest that Council consider revised wording to clarify the intended meaning of this point.

We hope our feedback is helpful and look forward to the finalised version of the statement.

Yours sincerely

A handwritten signature in blue ink that reads "K. Baddock". The signature is written in a cursive style with a large initial 'K' and a decorative flourish at the end.

Dr Kate Baddock

NZMA Chair