19 December 2025

Pharmac
By email: consult@pharamc.govt.nz

Tēnā koe

Improving access to treatments in the community for trauma and medical emergencies and ketamine for palliative care.

Te Whare Tohu o Te Hau Whakaora | The Australian and New Zealand College of Anaesthetists (ANZCA), which includes the Faculty of Pain Medicine (FPM) thanks you for the opportunity to provide feedback on the above consultation. ANZCA is the professional organisation responsible for postgraduate training programs of anaesthetists and specialist pain medicine physicians, and for setting the standards of clinical practice throughout Australia and Aotearoa New Zealand. Our collective membership comprises around10 000 fellows and trainees in anaesthesia and pain medicine, 1300 of whom work in Aotearoa New Zealand.

The college has consulted with our national committees, clinical directors, Māori and Pacific members, and professional advisors in Australia and Aotearoa. Their feedback informs this submission. Please note FPM's separate submission on access to ketamine.

ANZCA warmly **supports** the proposal which to improve access to treatments in the community for trauma and medical emergencies, particularly in rural and remote areas, and ketamine for palliative care. Equitable access to treatments is essential to reduce preventable inequitable health outcomes.

It is sensible to align treatment protocols between Primary Response in Medical Emergency (PRIME) practitioners and paramedics in treatments that they can now access via a Practitioner Supply Order (PSO) -

- Droperidol inj 2.5 mg per ml (1 ml ampoule)
- Glucose inj 5% (100 ml bag)
- Glucose inj 10% (500 ml bag)
- Ketamine inj 100 mg per ml (2 ml vial)
- Methoxyflurane solution for inhalation 99.9% (3 ml bottle and plastic inhaler, and 3 ml bottles)
- Tranexamic acid inj 100 mg per ml (10 ml ampoule)
- Enoxaparin inj 100 ml per ml (1 ml syringe)

Similarly, it is manifestly appropriate that lead maternity carers (LMCs) managing homebirths in the community must have access to funded intravenous tranexamic acid, as per the recommended guideline for postpartum haemorrhage (PPH). Women choosing to have a home birth should not be expected to be at increased risk, nor should midwives be expected to pay for a recommended emergency management treatment that is available free of charge to other health practitioners.

The college does not foresee the need for particular support or resourcing beyond what would normally be expected in widening access – information on potential adverse effects (hypotension and seizures), for example - as this is a funding decision, not a scope of practice one. ANZCA would also recommend midwives have access to methoxyflurane (Penthrox) to treat pain.

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Preventing and alleviating pain, suffering and injury due to delayed treatment are fundamental to health service delivery. ANZCA supports funding ketamine for intractable pain in palliative care in the community, but in recognises the potential associated risks, refers you to FPM's submission.

The college is confident that the proposals are safe and will go some way towards reducing the considerable and unacceptable disparities in publicly funded healthcare, and outcomes, between rural and home birthing services and urban and Health NZ hospital services. We take this opportunity to advocate for increased funding for medicines generally, noting Pharmac's budget is less than 5% of a health budget that is low in comparison with other OECD countries. Increased and timely access to medicines is essential to reducing entrenched health inequities that go beyond geographical disparities. We suggest that the 'moral distress' that many doctors experience in being unable to access evidence-based treatments that are standard in comparable countries is a significant factor in Aotearoa's extraordinarily high turnover and lack of retention of medical professionals.

Thank you again for the opportunity to submit on this proposal.

Nāku noa, nā

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19 December 2025

PHARMAC
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Tēnā koe

Increased community access to treatments for trauma and medical emergencies and palliative care

The Faculty of Pain Medicine (FPM) welcomes the opportunity to provide feedback on the above proposal, specifically with access to **ketamine** by Primary Response in Medical Emergency (PRIME) practitioners in rural and remote services and for community-based palliative care for intractable pain.

FPM sits within the Australian and New Zealand College of Anaesthetists | Te Whare Tohu o te Hau Whakaora (ANZCA) and is the professional body dedicated to multidisciplinary training, education and standards of practice of specialist pain medicine (PM) physicians across Australia and Aotearoa New Zealand. There are over 40 PM specialists, six active PM trainees and four accredited training sites (all in the North Island) in Aotearoa.

Overview

FPM **supports** equitable community funding of ketamine where it improves access to safe, evidence-informed pain management. We are concerned, however, that increasing access to a limited range of potentially high-risk pain medications such as ketamine in the community will not materially address the underlying disparities in access and health outcomes, particularly in the absence of a national pain management and service strategy and implementation of the Mamaenga Roa framework for pain management.

It may help where healthcare practitioners are available, but it does little to address the root cause of the problem—particularly in rural areas, where the real issue is the shortage of health practitioners. Without a well-coordinated and comprehensive approach, it is unlikely to deliver equitable support to those who need pain medication the most and risks leaving already isolated healthcare practitioners without the necessary guidance from PM specialists. Significant disparities in access to pain services and medicines are currently reflected in the underutilisation of PM specialists, especially in the South Island, where many choose not to work understaffed services they perceive as unsafe, and practice within their primary specialties instead – an extraordinary waste of skilled medical workforce resources.

Additional resourcing is necessary to establish and maintain well-managed pain services with specialist PM physicians in every region, offering the necessary guidance if ketamine and other pain medicines are to be used safely and effectively in rural and remote areas.

The faculty highlights six important risks directly relevant to pain care and to people living with chronic pain and makes recommendations to minimise those risks.

1. Controlled-drug responsibilities, chronic-use harms, and community safeguards

Community funding will increase ketamine use and supply. As ketamine is a controlled drug with recognised misuse potential, strong safeguards are essential. Importantly, chronic or repeated ketamine use can worsen chronic pain, particularly through ketamine-induced cystitis and bladder inflammation, which may become severe, recurrent, and permanently disabling. Bladder pain and urinary dysfunction can emerge even after intermittent exposure and may significantly compound a person's pain burden.

To minimise risk, **FPM recommends:**

- Strict national protocols for prescribing, storage, and administration.
- Routine monitoring and audit of community ketamine use.
- Systems to identify repeated or escalating exposure.
- Early recognition and management pathways for ketamine-induced cystitis.
- Explicit documentation standards for controlled-drug accountability.
- Monitoring for diversion and non-prescribed supply.

2. Psychological and neuropsychiatric risk (including PTSD)

Ketamine can cause dissociation, fear, agitation, and hallucinations. These effects can be distressing, particularly outside hospital environments, and may worsen existing mental health conditions. Severe or frightening experiences can lead to post-traumatic stress symptoms.

FPM **recommends:**

- Auditing of psychological adverse effects.
- Follow-up pathways for people who experience distress.
- Ensuring appropriate psychological support is available when needed.

3. Implications for people living with chronic pain

Many people with chronic pain frequently interact with community and ambulance services. Wider ketamine availability means this group may receive acute ketamine when it does not align with their long-term pain plan.

Acute ketamine offers minimal or no sustained benefit for chronic pain and can inadvertently reinforce crisis-driven care if used repeatedly.

FPM recommends:

- Avoiding ketamine as the default response to chronic pain flares.
- Basic chronic-pain assessment training for community clinicians
- Ensuring ketamine use aligns with the patient's established pain plan
- Communication with pain interdisciplinary teams (IDT) and primary care teams
- Updating shared care plans after any acute exposure.

4. Safe use in community pain-related settings

Community settings vary in monitoring capacity. Ketamine can cause airway complications, cardiovascular effects, and emergence reactions requiring appropriate support.

FPM **recommends** National guidance covering:

- Safe dosing
- Contraindications
- Monitoring and observation requirements
- Considerations for frail, complex, or comorbid patients
- Interaction risks with opioids, benzodiazepines, alcohol, and recreational drugs.

5. Withdrawal and treatment interruption

Disruption of prescribed ketamine—due to hospital admission, supply issues, or service transitions—can cause distress, agitation, or worsening symptoms.

FPM **recommends** having clear pathways for:

- Maintaining continuity of appropriate treatment.
- Safe management of withdrawal.
- Communication with the patient's pain service.

6. Palliative pain management

We support funded community access to ketamine for palliative care. Although rarely required, ketamine can allow people with severe refractory pain to remain at home with improved comfort.

Palliative ketamine use for pain relief is distinct from psychedelic end-of-life therapies, which remain experimental and sit outside routine pain or palliative practice.

Conclusion and summary of recommendations

FPM supports community funding of ketamine provided that:

- Controlled-drug safeguards are strengthened.
- Chronic-use harms (including bladder pain) are explicitly recognised.
- Psychological risks are monitored and audited.
- Chronic pain pathways are protected.
- IDT communication is expected and enabled.
- Palliative-care ketamine is funded and distinguished from psychedelic practices.

To genuinely, safely, and equitably increase community access to pain medications such as ketamine in rural and remote areas, additional resourcing is essential to establish and maintain well-managed pain services in every region. This requires a comprehensive pain strategy that implements the Mamaenga Roa framework and effectively utilises existing specialist PM physicians.

Once again, thank you for the opportunity to comment; we trust the above is useful.

FPM
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Nākū noa, nā

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