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By email: [kooi@mcnz.org.nz](mailto:kooi@mcnz.org.nz)

Dear Kanny

**Medical Council's revised statement on safe practice in an environment of resource limitation**

Thank you for the opportunity to provide feedback on the above consultation. As you will know, the Australian and New Zealand College of Anaesthetists (ANZCA), which includes the Faculty of Pain Medicine (FPM), is responsible for the training and examination of anaesthetists and pain medicine specialists and for the standards of clinical practice in New Zealand and Australia. ANZCA's mission is to serve the community by fostering safety and high quality patient care in anaesthesia, perioperative medicine and pain medicine.

The New Zealand National Committee (NZNC) of ANZCA has reviewed the revised statement on safe practice in an environment of resource limitation and commends the Medical Council for providing guidance in this area.

The NZNC is generally supportive of the proposed changes, including the Medical Council's decision to:

- add a summary box highlighting the key points in the statement
- amend the background paragraph to note that rationing decisions have wide-ranging implications, and therefore need clinical input and leadership
- include a statement on doctors not allowing their own commercial interests, or those of an employer or funding agency, to override their ethical responsibility to their patients
- refer to *Choosing Wisely*, working in partnership with patients, and making decisions in a culturally competent manner.

The NZNC provides further feedback below on selected questions from the consultation.

"To serve the community by fostering safety and high quality patient care in anaesthesia, perioperative medicine and pain medicine."

*Do you agree with the proposed changes to the section on “ethical principles’ as outlined above and set out in the draft?*

The NZNC supports the proposed changes to this section, including that a doctor’s culture and world view influence how they interact with patients, their understanding of health, healthcare and wellness, and the clinical decisions they make. We consider, however, that the Medical Council could be more explicit about what impact a doctor’s culture and world view may have on decision-making regarding resources, and how doctors are expected to manage this.

*Do you agree with the proposed changes to the section ‘Medical practice where available services are restricted’?*

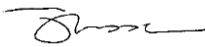
The NZNC strongly supports the reference to equity as a factor to consider in the allocation of health resources. However, the NZNC considers that equity needs to be referenced and discussed more explicitly throughout the document. For example, it could be worth stating clearly that differential access to services or resources may be required for groups of people with lower socioeconomic status and poorer health, to achieve equitable health outcomes across the population.

Also, the onus of considering equity when allocating resources appears to be placed on the doctor. Although this is appropriate in that the Medical Council’s statement applies to medical practitioners, it is a challenging ask when doctors are navigating systems and structures that may provide barriers to taking equity into account when allocating resource. As such, the Medical Council may wish to take the opportunity to encourage institutions to also consider equity, by amending the second sentence in the paragraph immediately under the summary box to read:

*Such institutions are encouraged to make such decisions with the help and advice of doctors, and to bear equity of health outcomes in mind.*

Thank you once again for the opportunity to provide feedback. If you have any questions or would like to discuss this submission, please contact Mary Harvey (Senior Policy Adviser) in the first instance on 04 495 9780 or at [mharvey@anzca.org.nz](mailto:mharvey@anzca.org.nz).

Yours sincerely



Dr Jennifer Woods  
Chair, New Zealand National Committee