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Statement on providing care to yourself and those close to you.

Dear Kanny

The New Zealand Medical Association (NZMA) wishes to provide feedback on the above consultation. As you know, the NZMA is New Zealand's largest medical organisation, with more than 5,500 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.

While we generally support the broad principles espoused in the updated statement on *Providing care to yourself and those close to you*, we contend that the revised statement is too restrictive and impractical to be workable. Specifically, we point to the proscription of the right to treat minor conditions in family members or those deemed close to the doctor. We consider there to be many situations where providing such treatment is *not* inappropriate. We note that several overseas jurisdictions permit doctors to attend to minor conditions of family members (eg, the Irish Medical Council and the American Medical Association). Accordingly, we submit that Council revoke its proposed proscription of the right to treat minor conditions in family members or those deemed close to the doctor.



We are also concerned about Council's proposed definition of 'those close to you' which include, but are not limited to, the doctor's friends, colleagues and staff. The reality is that most doctors have helped provide care to family members, friends, colleagues and staff for reasons of convenience, timing, geography and cost. While this is clearly more common in small rural communities, it is also widespread in other contexts. While the statement contains an exception relating to working in a community where there are people close to a doctor who are patients because it is difficult for them to access other practitioners, this exception is too narrow. We also draw attention to the scenario of expedition medicine, where a doctor is unavoidably integral to the group.

Rather than attempt to stipulate each and every individual circumstance where it is inappropriate for doctors to provide care to themselves or to those close to them, we submit that it would be more helpful for the statement to provide general guidance relating to meeting professional and ethical standards as outlined in the Code of Ethics,¹ for example. It is our view that treating minor conditions for family members and other persons close to the doctor is not immoral, unlawful or unreasonable, providing that the doctor abides by core ethical principles outlined in the Code of Ethics.

Most doctors know the risks inherent in providing care for family members or those close to them; if anything, professional antennae are more attuned than ever in such situations. We also draw attention to the situation where a colleague is a recognised and rare expert in a particular field of medicine. We consider it iniquitous if a close relative cannot be treated by that expert doctor simply because of kin connections. Rather than focus on the quality and safety angle of treating oneself or those close to a doctor, it has been suggested that Council could refocus the statement to address potential financial conflicts of interest, where they might occur.

We hope that our feedback has been helpful and look forward to learning the outcome of this consultation.

Yours sincerely



Dr Stephen Child
NZMA Chair

¹ Available from <https://www.nzma.org.nz/publications/code-of-ethics>