

29 July 2020

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

By email: consultation@mcnz.org.nz

Proposed changes to telehealth statement in relation to prescribing medicine for the first time to a patient

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 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 Board and Advisory Councils.

We welcome Council's proposed changes to the telehealth statement. We note that these follow changes already made during the Covid-19 response and are intended to support different ways of working and virtual provision of care. Our specific responses to the consultation questions are provided below.

Question 1. Do the proposed changes in paragraph 16 of the telehealth statement better reflect considerations to be taken into account if you need to prescribe medicine for the first time to a patient and you are unable to see the patient in person?

Yes. We believe the proposed changes in paragraph 16 better reflect considerations to be taken into account if needing to prescribe medicine for the first time to a patient that the prescribing doctor is unable to see in person.

Question 2. Are there any other considerations we need to take into account, or changes we should make to paragraph 16 or footnote 11 of the telehealth statement about prescribing to a patient for the first time that you are unable to see in person?

We suggest that it may be useful to add a point about considering whether whether vital signs are required—for example, heart rate, blood pressure and temperature.

In paragraph 11, the guidance relating to a physical examination is problematic. Line one states that “It is particularly important that you consider whether a physical examination would add critical information” and line three states “If a physical examination is likely to add critical information...” Yet before taking a blood pressure, for example, it is not possible to know if it was critical. As such, we suggest Council replace “critical information” in both these instances with something softer such as “important information” and perhaps consider expanding on this to refer to “important information that affects diagnosis and/or management.”

We also suggest that Council consider a scenario where the optimal management of a patient’s symptoms is to call an ambulance to take them to hospital rather than waiting to arrange a physical examination or investigations that may elicit critical information. An obvious example would be a patient describing crushing central chest discomfort consistent with ischaemia. In this situation, the guidance in paragraph 11 about not proceeding with treatment until a physical examination can be arranged is not appropriate.

While we agree with the guidance about prescribing medications with a risk of addiction, there may be some acute situations where a very limited course of such medicines (for example, 1–2 days of tramadol or a benzodiazepine) may be appropriate to prescribe via telehealth (after a careful history) while awaiting an in-person review in the short term future.

Question 3. Are there any other considerations we need to take into account or changes we should make to the telehealth statement to better support virtual consultations and new ways of working?

We suggest that it may be useful for the statement to expand on patient autonomy and patient views with respect to telehealth. It may also be useful to provide more details as to why consent is needed before providing telehealth services (especially when a patient may have requested the consultation and/or is attending the virtual consultation) and what form this consent should take (for example, verbal versus written consent, whether consent should be documented, etc).

Question 4. Does our telehealth statement strike the right balance between protecting public health and safety, and embracing new ways of working? If not, what further changes would better support that?

We suggest that the recently updated NZMA Code of Ethics for the New Zealand Medical Profession¹ be added to the list of references in the statement.

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

Yours sincerely



Dr Kate Baddock
NZMA Chair

¹ Available from <https://www.nzma.org.nz/documents/code-of-ethics-2020>