

Access to acute secondary healthcare services is for all

Brian Cox

The recent editorial by Saxon Connor proposes a discussion about rationing acute secondary care. The underlying premise of the editorial appears that, due to inadequate resourcing, some people with health need should be denied acute secondary care. Such a discussion automatically requires a decision about who should be left to die by chance. Surely, unless care is ineffectual, that would be unethical. A key measure of a society's worth is how well it provides healthcare for its members, particularly the young and the elderly. The increasing fashion of finding reasons not to provide effective care undermines the worth of society and can ferment a loss of societal cohesion with widespread consequences.

The wide variation in individual health status in any broad population group ensures that invoking some average life-expectancy, age or ethnicity, in such a decision for any patient with symptoms is unethical. Dr Connor suggests that such decisions can be made in a just and fair way. These terms involve value judgements about someone's life, so who's values are most relevant? I would

propose that it is the judgement of the patient and family that should come first, and that the medical practitioner tries to fit this to the oath to provide benefit for any patient presenting for care. Individual medical decisions about denying access to acute secondary healthcare services could be justifiably criticised as part of a "god-complex". Sometimes the individual patient's need is either left to administrators who, sometimes without the knowledge needed, judge what care may be beneficial for general groups of patients, or is treated on a first-come first-served basis.

There have been major increases in the cost of healthcare which have strained the health services of many countries driven by increased life-expectancy, partly from a reduction in smoking among men. This has increased the length of life for which care may benefit, concurrent with major advances in effective therapy for the illnesses that now commonly occur. Whether society is prepared to try and meet the health needs of the population, or ration access to pursue other ventures, should be watched closely by all.

COMPETING INTERESTS

Nil.

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URL

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REFERENCES

1. Connor S. Is it time to ration access to acute secondary care health services to save the Aotearoa health system? NZMJ 2022. Feb 25; 135(1550): 7-12.