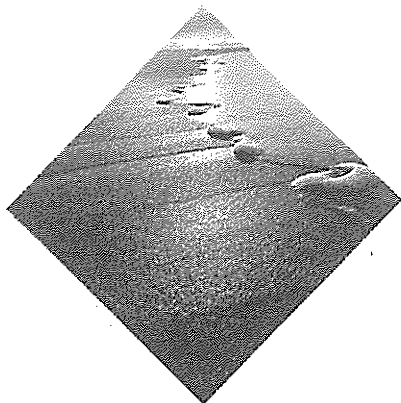




Editorial

Ethics and Health Policy

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Director



The focus of much activity in the Centre over the past months has been the National Waiting Time Project (NWTP) – a new booking system for elective surgery which aims to eliminate the old waiting list system. The project is but one part of a major group of health reforms which have been and are still being implemented in the New Zealand public health service.

Some of the papers in this edition refer to the nature of the formation and implementation of health policy in general. Lauretta Alessi explores the neo-liberal character of most of these reforms which afford great prominence to market forces and economic dimensions. These have gone hand in hand with the removal of the patient from centre stage with the advent of scientific medicine. She notes that the NWTP, if properly implemented, could mark the beginning of a redress which would encourage the recovery of the concept of care. However promising a policy might be, poor implementation might undermine its value. Such has been the case, argues Robin Gauld, with the NWTP. Its introduction has been fraught with problems connected with the incomplete development of the tools central to its operation. The Clinical Priority Assessment Criteria (CPACs), by which patient needs are scored, have not been widely agreed across the clinical professions which has resulted in a sense of lack of ownership of the project by key players viz. the clinicians. The Referral Guidelines (RGs), by which General Practitioners control the flow of patients to first specialist assessments, are only in their

early stages of development. Education of patients and practitioners alike has not been adequate and this has led to much misunderstanding of the scheme. Sarah Derrett also notes the seeds of a policy disaster in the breakdowns experienced in the early stages of implementation of the scheme. Continued pressure to fully implement the NWTP on a short timescale threatens to frustrate the valiant efforts of the development team which, as Paul Malpass and David Rees point out, has deployed numerous imaginative resources to anticipate problems and make good these shortcomings and thus give the scheme a fair chance of success.

But is the scheme worth the effort called for to launch it successfully? Our review of the Project concluded that there were very definite potential ethical gains to be achieved by its implementation in that it promised to be more honest, transparent and equitable than the old waiting list system. Alan Cummings observes that such gains have already been shown to be attainable in the management setting with tools which are thus far only partially developed. Neil Price points out that our central concern was that further developments of the project could threaten these gains. The temptation to maximise benefit is written into many supporting documents of the Health Funding Authority (HFA). He points out that the two criteria originally proposed for ranking patients in the scheme were degree of need and capacity to benefit. Whilst there is an important relationship

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between the two – in that where a treatment cannot benefit a patient then the patient cannot be said to need it – it is not the case that degree of need corresponds to the capacity to benefit. If therefore it is believed that people ought to be treated according to their degree of need to ensure equity in a health care system then the degree of benefit (so long as the treatment is not regarded as futile) should not be the determinant of who gets treated.

Cost Benefit Analysis, on the other hand, is concerned centrally with maximising benefits for a given cost. Nancy Devlin and Paul Hansen note that such an approach is in tension with the NWTP as currently envisaged. The latter is concerned to determine which patients, given the limited number to be treated, access treatment whereas the former is used to determine how many treatments there should be. I note

that both claim to take into account the impact of a clinical condition in the lives of the sufferer – the first to identify the health need rather than the clinical need and the second to calculate greatest potential benefits gained from interventions. The authors concede that maximisation of benefit is not consistent with equity but that, by contrast, the objective of Cost Utility Analysis is value for money – a value consistent with equity. This is an important distinction though it is questionable whether it takes us far enough. For though we might introduce weightings of QALYs to tip the balance in favour of those with the worst QALY starting point the utilitarian rule still applies, viz. that, given these weightings, we should be aiming for maximum gains. The ethical challenge remains that value for money might consist in achieving a smaller gain for someone with a greater degree of need

than a larger gain for someone already considerably better off healthwise. It is therefore not at all obvious that CUAs can accommodate absolutely any theory of distributive justice.

Sarah Derrett points out that there are further questions to be addressed even if the NWTP is successfully launched and that these concern the audit of its performance not only with respect to its alleged objectives of increased honesty, transparency and equity but also in terms of its societal impact. Examination of the public perceptions of the scheme and their consequences for the expectations and behaviours of patients, together with the continued refining of the RGs and CPACs in the light of experience, will be crucial factors in any ethical review of the project and provision for such independent review must become a priority.

At the Centre

Arrivals and departures

Neil Pickering, the first of the overseas appointments, began work at the Centre in March. In the three months since arriving, Neil has bought a house and is now well settled into life in Dunedin.

Dr Jing Bao Nie is still awaiting final immigration clearance before taking up his position at the Centre. We anticipate that he and his family will be here by July.

Dr Martyn Evans worked at the Centre while Professor Grant Gillett was on study leave. During his time here he gave two public lectures called 'Designer babies: why not?' and 'Pictures of the patient'. He and his family also saw some of the sights of the South Island before returning to Swansea in April.

Travels

Travels this year have taken Professor Grant Gillett to India, Oxford, Hungary and the USA. Professor Gillett writes: 'In India I found the bioethics scene small but supported by groups of enthusiasts scattered around the country and in Bombay meeting as a group of friends who nevertheless manage to publish the magazine, *Issues in Bioethics*. I spoke on consent and decisions at the end of life to an interested group of senior clinicians and others who were active in bioethics there. At another point in my Indian adventure, I visited the Christian Medical College at Ludhiana in the Punjab. They were very interested in my returning for a more extended visit and lecture series for their students. I hope to do that before the year is out. The University of Oxford was my next destination where final stages of my book *The Mind and its Discontents* were in progress at Oxford University Press. I saw that through, and even managed to visit

Alastair Campbell in Bristol where I gave a talk on the ethics of innovative treatment.

In a second trip I visited Budapest where again a small but thriving Bioethics Centre is to be found. I spoke on several topics there, some of which will appear in the *Hungarian Bioethics Journal*. My final destination was the USA where I gave a course of lectures on models of mind, psychiatry, and ethics at Case Western Reserve University. I then moved on to Minneapolis St Paul where I spoke on PVS, brain death and the RUB at the University of Minnesota. All in all I learnt a lot and did plenty of writing, things which are hard to do in the hustle and bustle of clinical and academic life here. The fruits of it all should be appearing in various places over the next year.'

The Centre has been heavily involved in discussion on the new booking systems for elective surgery. Professor Donald Evans has been travelling around New Zealand facilitating discussion on the national booking systems at hospital forums.

Notes

Professor Donald Evans has recently been appointed to the Independent Biotechnology Advisory Council. This committee (initiated by the Minister of Technology, Maurice Williamson) has been set up to review the area of biotechnology and its uses in New Zealand. Other members of the committee include scientists, business people, and geneticists.

It is pleasing to see a number of recent graduates emerging from the Master of Bioethics and Health Law, and the Master of Health Science programmes. Many of these students will be graduating at the forthcoming August and December graduation ceremonies.