



(Lardies, G., 2023)

New Zealand

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New Zealand starts giving priority to Māori and Pacific elective surgery patients

Ethnicity being used as a factor to determine waitlists in a bid to combat racial inequalities in health outcomes

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Tue 20 Jun 2023 06:18 BST

A new algorithm used in some **New Zealand** hospitals means Māori and Pacific patients for elective surgery will be pushed higher on waiting lists than those of other ethnicities with identical other factors like level of sickness, location and time on a waitlist. At this stage it will only be applied to elective surgery and not to emergencies.

The tool is designed to address significant long-term inequalities in New Zealand's health outcomes, which are sharply drawn along ethnic lines. **Research** has found about half of all deaths of Māori and Pacific people in New Zealand are potentially preventable, while for other ethnicities this number is less than a quarter. The life expectancy of Māori and Pacific men - 73.4 years and 75.4 years - falls well below that of European males, which is 81 years.

While clinical need remains the primary consideration, four measures are also weighed to determine priority for elective surgeries: ethnicity, time spent on the waitlist, geographic location, and deprivation level. The tool - called the equity adjustor - uses a point-scoring algorithm that weighs these factors differently depending on the surgery.

Duncan Bliss, a surgical services manager who was part of the team to develop the tool, **said in an interview with Newsroom** clinical need "always takes precedence and the equity adjustor doesn't interfere with that".

A number of public health experts say the shift is required to make up for inequalities faced by **Māori** and Pacific people at other stages of the health system - including in being referred for surgeries or accessing medical help in the first place.

"We've had these inequitable differences in health outcomes for decades. And it doesn't appear that we've been able to affect the changes that we want," said Collin Tukuitonga, associate professor of public health at the University of Auckland. "If you don't make these courageous decisions, like introducing an ethnic dimension to the decision making, we'll never make the changes that we want to make in terms of health outcomes."

5th McKree Jansen, chief medical officer for Te Aka Whai Ora/The Māori Health Authority, said the tool would help address existing inequalities in Māori health".

“Māori are more likely to be long waiters. So if we want to get equitable health outcomes we need to address specifically those areas that are contributing to poor health outcomes,” he said.

The inclusion of ethnicity in the tool has provoked fierce political debate in New Zealand, where approaches to fixing racial inequality are set to be a contested subject in the coming election. The opposition parties - centre-right National and libertarian-right Act - are opposed to ethnicity being used as a factor, and say they will remove the tool if elected in October.

The tool has been implemented by health boards rather than at a central government level, however the prime minister, Chris Hipkins, said on Tuesday that he had asked the health minister to look at the criteria “to make sure that there is a reassurance that we are not replacing one form of discrimination with another”.

He broadly supported the use of ethnicity as a criteria, saying the changes were becoming a “political football”. “Those who are arguing we should do nothing need to explain why they think we should expect those on low incomes, in rural areas and Māori and Pacific to wait longer.”

The tool has been contentious among some medical professionals. Surgeons speaking to the [New Zealand Herald](#) on Monday said it was “ethically challenging to treat anyone based on race, it’s their medical condition that must establish the urgency of the treatment”.

The new tool has been used since February in Auckland, New Zealand’s largest city, but its use only became public on Monday. It is being rolled out across other parts of the country.

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