



ANZCA
FPM

May 21, 2024

Medical Council of New Zealand | Te Kaunihera Rata o Aotearoa

e mail: sconsultation@mcnz.org.nz

Dear Mrs Joan Simeon,

Submission: Guidance on providing care to yourself and those close to you.

The Australian and New Zealand College of Anaesthetists (ANZCA), the Faculty of Pain Medicine (FPM), is committed to setting the highest standards of clinical practice in the fields of anaesthesia, perioperative medicine, and pain medicine. As one of the largest medical colleges in Australia, ANZCA is responsible for the postgraduate training programs of anaesthetists and specialist pain medicine physicians, in addition to promoting best practice and ongoing continuous improvement that contributes to a high-quality health system.

Thank you for the invitation to provide feedback on the revised guidelines relating to provision of care to self and those close to you. ANZCA commends the Medical Council New Zealand on this work and broadly supports the revised guidelines. We consider that they provide greater clarity, clear rationale, and sufficient provision for the use of professional judgement in situations such as emergencies or where there are limited alternatives for care.

The sections on managing evolving patient relationships, and the advice on actions immediately post emergency care provision, are clear and helpful. General feedback included that there is a lack of cultural nuance in the document, such as the unique place of doctors from and within some communities, and the need for increased clarity separating the advice about not providing care/services to self and doing so for those deemed close.

We have also received feedback related to three specific points. The first (on page 2, point number 2 at top of page) – having your own GP. The term GP should be expanded to “primary care team”, and strengthened to state that it is important to be registered with a primary care practice and be cared for by the health professionals within that practice.

The second piece of feedback relates to working in a community where there are very limited alternatives to care, which is common in hospital-based specialties as well as community-based primary care. In the wording, the potential for this occurring at specialist level appears to be restricted to small rural centres and predominantly general practice. Some specialties in NZ (e.g.

neurosurgery, dermatology, pain medicine, addiction, psychiatry) have such limited access to care that patients would often need to be treated by the local practitioner irrespective of potential prior relationship and some may need to travel to another region to obtain appropriate care. The suggestion that this occurs mostly in remote and rural places should be re-considered - it occurs in all centres outside Auckland and, for some conditions, also even in Auckland. Barriers to accessing care should not be increased.

Thirdly, in the guidelines, prescribing psychotropic drugs or drugs of addiction is explicitly excluded, even in exceptional circumstances. There is good agreement with aims of section 15, however, a blanket proscription presents a major issue. We agree that self-medication is always inappropriate, likewise provision of psychotherapy to those deemed close. With regards to medications, there are currently not many allowable in emergency situations. There are some exceptions such as antibiotics and uterotonics, so the new guidelines essentially prevent doctors prescribing medications under urgency. However, likely emergency situations concerning “those close to you” could require anaesthesia, analgesia, or medication to control behavioural disturbance. Such situations may urgently require these medications and yet even these would be excluded in the document under discussion. This would result in failure to provide appropriate lifesaving care. We are not sure what an appropriate alternative may be, but a system is needed for situations which are life-threatening or for managing acute severe distress. One suggestion is that immediately following an emergency, a doctor must declare to, and have any such situation reviewed by, an independent body (perhaps the MCNZ with the group of expert clinical advisors)?

This third area requires considerable further consideration.

Thank you again for the opportunity to comment on these revised guidelines.



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