_**Rationing and Wastage in New Zealand health care.**__

_

The discussion around "parsimonious care", "less is more", and "choosing wisely" needs to include the ethical viewpoint of doctors. There has been a subtle shift in this discussion from rationing, to elimination of waste in healthcare which has emanated from the US health-care scene. e.g. ABIM Foundation, and the American Medical Association.(1)
What are the implications for New Zealand?
Wastage could be defined as spending on interventions that don't help people. It has been estimated as high as 30% of healthcare spending which even if , say, 20% would amount to US $558 billion . If that holds true in NZ it would amount to NZ $2.79 billion of our $13.9billion national spend.
The New Zealand health environment differs from that in the United States, because for the most part, it is not profit driven. Surprisingly, the New Zealand public has largely accepted the concept of rationing and unmet need. The best example is that only the most urgent or those that are prioritised as likely to having significant surgical benefit receive intervention. The rest are sent back to their GP until their condition worsens. But there has been no robust look at futility in the urgent setting or the true value of some investigations in balance with the wishes of the patient or the likelihood of affecting management.
The ethical argument that doctors must provide everything in their power regardless of cost fails in the face of resource constraint. Hiding behind patient advocacy no longer holds. Futile interventions may arise out of flawed evidence, patient demand or simply habit. Financial incentives are not a driver in this country. But defensive medicine is and it is hard to break habits born from retrospective decisions from judgemental agencies.
The New Zealand Medical Council's view is that doctors should be involved in decisions about rationing but it's a very tricky area . Doctors are unlikely to be held accountable for problems arising only when there are clearly documented and identified resource restraints.
Wastage and rationing probably go hand in hand, and now is the time for a wider discussion on where to draw some lines . The discussion around advanced care planning is a good place to start.
1. Brody N Eng J Med 2012;366:1949-1951
Further reading "8 steps to building a patient Safety program"