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Tēnā koe

Ministry of Health - Precision Health: Exploring opportunities and challenges to predict, prevent, diagnose, and treat disease more precisely in Aotearoa New Zealand

Thank you for the opportunity to provide comment on the Ministry of Health (the Ministry) consultation for Precision Health: Exploring opportunities and challenges to predict, prevent, diagnose, and treat disease more precisely in Aotearoa New Zealand.

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in New Zealand. Our membership of 5,748 general practitioners comprises almost 40 percent of New Zealand's specialist medical workforce. The Division of Rural Hospital Medicine also sits within the College's academic remit of vocational training of doctors working in rural hospitals. Our members cover both urban and rural settings, and work in a variety of business structures. The College kāupapa is to set and maintain education and quality standards for general practice, and in supporting our members to provide competent and equitable patient care we aspire to uphold the principles of Te Tiriti o Waitangi.

The College notes that the draft Long-Term Briefing (LTB) included 12 questions for submitters to respond to and we have chosen to focus on two of those. We have no comment to make on questions that have not been covered below.

As a general note the College considers that the LTB would benefit from the inclusion of a case study about a specific deployment of precision health so that readers could gain a more practical understanding of issues arising and what benefits might be realised. While this may risk diverting attention from the broader issues, or readers becoming focused on the details of the case study, it would provide a more solid anchor for people grappling with the technical aspects of the paper.

Question 2 - We have created a list of essential changes that will be needed to mitigate the risks and realise the opportunities of precision health. Are there other changes we should consider?

There are two additional areas that we would like to see discussed in this section.

First, thought needs to be given to the question of individual liability for a clinician relying on either an AI driven recommendation, or a recommendation based on genetic testing and patterns discovered in the population. It is unlikely that a clinician would be able to understand or review all the inputs and logic that go into the final recommendation for a particular patient. How is liability assessed in those instances? Would it be possible to draft a standard, for example in the case of AI automation, that would ensure that tasks are carried out to the same level as a competent clinician and, if a system meets those standards, could protection be afforded to the clinician relying on the recommendation? What would happen in the system was correctly designed, but the underlying data was flawed?

The second area relates to the principles of Te Tiriti o Waitangi established in WAI 2575¹, specifically with regards to **equity, options and active protection**. The nature of genomic precision health is that it relies on large sets of high-quality data. Given historic issues relating to access to health services and trust in Government it is expected that the data available for Māori will be less robust and comprehensive than for other population groups. Due to the relative size of the Māori population in New Zealand sufficient opportunities for private investment may not be of interest due to ongoing viability.

In the WAI 2575 claim the authors say:

The Crown's responsibility for the health and wellbeing of Māori cannot be diluted: it does not matter whether the services are being provided by the Crown directly or by a mix of publicly and privately owned organisations, as is the case in today's primary health care sector. The Crown cannot avoid its obligation to ensure Māori rights receive active protection by delegating functions to non-Crown entities.

This means that the Crown cannot rely on private investment to “fix” the data integrity issues and must directly lead and fund this work. Without datasets of comparable quality with non-Māori population groups the Crown will fail to deliver equal outcomes for Māori (**equity**), provide Māori with the same access to health services as non-Māori (**options**), or adequately safeguard Māori against avoidable health issues (**active protection**).

If the Crown intends to extend precision health services to NZ's populations, then steps must be taken to address the underlying data issues, otherwise the Crown will fail to meet its te Tiriti obligations. Again, the WAI 2575 authors say:

The Tribunal has found that active protection includes an obligation on the Crown to focus specific attention on inequities experienced by Māori and, if need be, to provide additional resources to address the causes of those inequities.

The College believes that bringing the datasets for Māori up to a comparable level with non-Māori populations should be a requirement before funding is supplied to developing treatments based on datasets for any population group.

Question 9 – Where should we focus more investment and funding to realise our vision of Pae Ora in emerging precision health technologies and why?

In addition to the investment required to resolve Māori data issues outlined in our response to question two, the College would like to see the Crown prioritise population health measures over personalised/ individualised applications of precision medicine. As noted in the LTB there is often a high cost associated with genomic testing and personalised treatments due to their complexity and the need for highly specialised clinicians. These kinds of treatments, while no doubt of value to the individual involved, are likely to be accessible by the wealthy or well insured. This presents another opportunity for health inequities to widen, and preference should be given to deployments of precision health that will benefit all New Zealanders, irrespective of their means.

In summary, the College recognises the work that has gone into preparing the draft Long-Term Briefing and commend the Ministry for holding two rounds of consultation before the draft is finalised as this is a dense topic, covering gnarly policy issues and complex equity questions.

If you require further clarification, contact Maureen Gillon, Manager Policy, Advocacy, Insights - maureen.gillon@rnzcgp.org.nz.

Nāku noa, nā



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¹ Waitangi Tribunal. WAI 2575. Health Services and Outcomes Inquiry. 19 October 2021.
<https://waitangitribunal.govt.nz/inquiries/kaupapa-inquiries/health-services-and-outcomes-inquiry/>