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Our Ref: BC19-604

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Dear Sanji

### **Updated NZMA Code of Ethics**

Thank you for giving The Royal New Zealand College of General Practitioners the opportunity to comment on the updated NZMA Code of Ethics.

#### ***Introduction to general practice and the College***

General practice is the medical specialty that treats patients: with the widest variety of conditions; with the greatest range of severity (from minor to terminal); from the earliest presentation to the end; and with the most inseparable intertwining of the biomedical and the psychosocial. General practitioners (GPs) treat patients of all ages, from neonates to elderly, across the course of their lives.

GPs comprise almost 40 percent of New Zealand's specialist workforce and their professional body, The Royal New Zealand College of General Practitioners (the College), is the largest medical college in the country. The College provides training and ongoing professional development for GPs and rural hospital generalists, and sets standards for general practice. The College has a commitment to embed the three principles (participation, partnership and protection) of Te Tiriti o Waitangi (Treaty of Waitangi) across its work, and to achieving health equity in New Zealand.

Health equity is the absence of avoidable or remediable differences in health outcomes and access to health services among groups of people, whether those groups are defined socially, economically, demographically, or geographically (WHO). To achieve health equity, we advocate for:

- A greater focus on the social determinants of health (including labour, welfare, education, housing, and the environment).
- Funding and support to sustain the development of a GP workforce of sufficient capacity to meet population need for access to quality primary medical care, particularly in rural and high need areas.
- Sustained focus on measures to reduce smoking and to increase healthy food options for low-income families.
- Improved integration of primary, community, and secondary care health and social services which ensures the provision of high quality services.
- Universally accessible free primary health care for children and low-income families, because health inequities begin early and compound over the life course.

- A review of the funding model for primary care to ensure that resourcing is allocated equitably across diverse populations with differing needs.

### **Submission**

The College notes that the changes arising from the review are relatively minor and are summarised as follows:

- The preliminary statement has been expanded to elaborate on professional autonomy and clinical independence, and update wording relating to working in collaborative groups.
- The principle about respecting the rights, autonomy and freedom of choice of the patient now also includes respecting the relationships of the patient (principle #2)
- The principle on avoiding exploiting the patient has been expanded to include the need to develop a relationship of trust (principle #3)
- The Treaty of Waitangi has been added to recommendation #25 in the section on responsibilities to the patient
- A new clause has been added to the section on professional responsibilities relating to doctors treating themselves or members of their families (recommendation #34)
- Two new recommendations have been added to the section on research. Recommendation #51 addresses research involving people who are incapable of giving consent while recommendation #52 addresses research involving biobanks or similar repositories.
- The World Medical Association (WMA) Declaration of Geneva has been added to the end of the Code.

The College supports the proposed changes to the code which we consider to be appropriate and reasonable. We are particularly pleased to see that the code now acknowledges the Treaty of Waitangi (recommendation 25) and also includes a recommendation that doctors do not treat themselves or their families. (recommendation 34).

However, we would like to provide comments on specific sections of the code as detailed below.

### Alternative medicine

Alternative medicine is mentioned in the preliminary statement on page 3 paragraph 2. The College considers that the current wording needs revision for the purposes of clarity. In the 2014 edition of the code 'alternative medicine' was mentioned only in a footnote to the paragraph on patient autonomy. The footnote stated:

"The NZMA recognises no distinction, in terms of accountability, between conventional and alternative medicine when practised by a registered medical practitioner. All treatments should be subject to the same standards in respect of the rigour with which they are subjected to scientific testing and the ethics applicable to their use."<sup>1</sup>

In the draft version the words 'in terms of accountability' have been removed.

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<sup>1</sup> [https://www.nzma.org.nz/data/assets/pdf\\_file/0016/31435/NZMA-Code-of-Ethics-2014-A4.pdf](https://www.nzma.org.nz/data/assets/pdf_file/0016/31435/NZMA-Code-of-Ethics-2014-A4.pdf)  
Accessed 11/4/19

The previous wording could be interpreted to mean that registered medical practitioners should adhere to the code of ethics when practising alternative medicine as they should when practising conventional medicine. However, this new wording is open to a number of different interpretations.

One interpretation could be that the NZMA considers alternative medicine to be on a par with conventional medicine. On the other hand, the mention of a requirement for scientific testing suggests that the NZMA does not recognise alternative treatments at all unless they are backed by rigorous scientific testing.

Neither of these interpretations accords with the Medical Council of New Zealand (MCNZ) statement on complementary and alternative medicine (2017).<sup>2</sup> The MCNZ statement states:

“Some doctors refer patients for CAM therapies or incorporate such therapies into their own practice. If you do so, you will be held to the same standard of care as any other doctor.”

The previous NZMA footnote was aligned with this statement in that it related specifically to accountability.

The College considers that the wording of this section requires revision to ensure consistent interpretation. We would appreciate the opportunity to comment following this clarification.

### Relationships

Principle 2 states "Respect the rights, autonomy, relationships and freedom of choice of the patient". A College member has queried whether this refers to the patient's relationships with other people and if so, how does respect for these relationships operate in the context of medical care? Alternatively does relationship refer here to the relationship of trust which is mentioned in principle 3? The College considers that more clarity is required on the implications of the insertion of the word "relationships" into this recommendation.

### Advance directives

Advance directives are addressed in recommendation 29. While there have been no changes to this recommendation, it is unclear what weight should be given to an advance directive when this goes against the wishes of the family. Section 35 of Good Medical Practice<sup>3</sup> states that only in exceptional circumstances would it not be appropriate to comply with the wishes of an advance directive. By comparison the NZMA code of ethics could be interpreted as suggesting that the advanced directive should be weighed up against the wishes of the family and the other medical professionals involved. Such differences in interpretation undermine the use of advance directives.

### Doctors treating themselves and their families

Recommendation 34 which relates to doctors treating themselves and their families is a new inclusion in the code. The College welcomes the insertion of this paragraph but notes that it could be interpreted slightly differently to the MCNZ statement on providing care to yourself and those close to you especially with respect to the difference between family, as referred to in the NZMA code and 'those close to you' as in the MCNZ statement.<sup>4</sup> The College considers that the NZMA code of ethics should align with the MCNZ statement.

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<sup>2</sup> <https://www.mcnz.org.nz/assets/News-and-Publications/Statements/Doctors-and-CAM-Complementary-and-alternative-medicine.pdf> accessed 11/4/19

<sup>3</sup> <https://www.mcnz.org.nz/assets/News-and-Publications/good-medical-practice.pdf> accessed 11/4/19

<sup>4</sup> <https://www.mcnz.org.nz/assets/News-and-Publications/Statements/Statement-on-providing-care-to-yourself-and-those-close-to-you.pdf> accessed 11/4/19

## The WMA Declaration of Geneva

In relation to the WMA Declaration of Geneva. The WMA Declaration of Geneva is echoed by the code itself with one exception. The sentence: "I will attend to my own health, well-being, and abilities in order to provide care of the highest standard" focuses on a responsibility to attend to one's own health and wellbeing. This responsibility is not currently mentioned in the proposed amendment to the code of ethics and the College considers that it should be added.

Finally, the College would like to see clarification regarding where the NZMA code of ethics sits alongside the MCNZ statements and 'Good Medical Practice'. It is stated in 'Good Medical Practice' that:

"Good Medical Practice is not a Code of Ethics – it does not seek to describe all the ethical values of the profession or to provide specific advice on ethical issues, ethical frameworks and ethical decision-making. This type of advice is provided by the New Zealand Medical Association."

It also states that:

"For patients, Good Medical Practice provides guidance for assessing the minimum ethical and clinical conduct expected of doctors."

Good Medical Practice also includes a six-page section titled 'Acting honestly and ethically'.

There is considerable overlap between the NZMA code of ethics, the MCNZ statements and the publication 'Good Medical Practice'. However, there are slight differences between the guidance contained in the MCNZ and the NZMA publications.

It is unusual for a membership based organisation such as the NZMA to set the ethical standards for those in the profession that are not members of the organisation. The College is aware that this has been the arrangement for many years but would like to suggest that going forward ethical standards for the profession should be set by the regulator; the MCNZ, in consultation with the profession.

We hope you find our submission helpful. Should you require any further information or clarification please contact the College's policy team at [policy@rnzcgp.org.nz](mailto:policy@rnzcgp.org.nz).

Yours sincerely



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