

22 June 2021

Hon Andrew Little
Minister of Health
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To the Honourable Mr Little

Re: Mixed gender hospital accommodation

I write on behalf of the National Ethics Advisory Committee (NEAC). We wish to raise concern regarding the practice of placing male and female patients in the same room in New Zealand Hospitals. We have been presented with data from a Wellington study which shows the practice is common, increasing in prevalence and disproportionately impacts older adults. NEAC believes this practice is unethical, and potentially violates the Code of Patient Rights. We have been informed the practice occurs throughout New Zealand.

Key results from Wellington Hospital

160,000 medical and surgical admissions from 2011-2019 (2020 data was excluded due to COVID) were examined by Dr Cindy Towns, Dr Natalie Rowley and Dr Lisa Woods¹. Admissions to intensive care (ICU), the high dependency unit (HDU) and Emergency Department (ED) were excluded.

- Mixed bedding occurred in **47.73%** of admissions from 2011-2019
- Mixed bedding is increasing in prevalence from **35.92% in 2011** to **54.24% in 2019**
- Mixed bedding disproportionately effects older adults
 - **62.67%** of those aged 85yrs or older
 - 50.35% of those aged 65-84yrs
 - 42.73% of those aged 40-64yrs
 - 38.30% of those aged 40-yrs or younger

Following this study, Wellington hospital is making changes to their policies and practice. Although in the early phases, these changes have reduced the rates of mixed gender bedding in pilot areas without further cost or significant delays in admission to wards.

Patient dignity and respect

Nursing and medical literature shows that mixed bedding is an affront to patients' dignity and should be reserved for high acuity areas only e.g. ICU, HDU.^{2,3,4,5} NEAC concurs and believes that - in a New Zealand context - the practice may in addition represent a violation of the Patient Code of Rights.⁶ Mixed bedding may violate respect (Right 1) and dignity (Right 3) but it may also breach Rights 2 and 4 (freedom from harassment and care of an appropriate standard). It also an affront to common cultural practices. We are concerned that the practice disproportionately effects older adults whom - due to higher rates of physical and cognitive disability - are less able secure their own privacy or advocate for their rights. A decreased ability to advocate also occurs in other marginalised patient groups e.g. Māori, Pacifica, migrants amongst others which raises significant equity concerns.

Patient safety

Research has indicated that mixed bedding increases anxiety and exposes female patients to increased risk of harassment and assault.^{7,8,9,10,11,12,13,14,15,16,17} World Health Organisation data demonstrates that one third of women have been subjected to gender-based violence whilst New Zealand data shows that 24% of women have been sexually assaulted and 11%% have been raped^{18,19}. Women also experience high rates of sexual harassment and on average are smaller, lighter and physically weaker than men.^{20,21} Given this information, it is understandable why mixed gender bedding increases anxiety in female patients.

We note that hospitalised patients also have high rates of delirium and dementia hence aggressive, intrusive and sometimes violent behaviour cannot be easily self-managed. We have been informed of incidents in NZ hospitals of men getting into the beds of female patients. Creating further risk is that forensic histories - including that of sexual violence - are not commonly handed over to admitting staff.

Summary and recommendations

In summary, mixed gender accommodation is common, increasing in prevalence and disproportionately effects vulnerable older patients in one of our biggest hospitals. NEAC believes that it is unethical to place female patients in situations that can cause distress and compromise their safety and may in addition violate the Code of Patient Rights leading to potential legal challenges to the practice. We note that the UK National Health Service has prohibited mixed gender bedding since 2010, and hospitals are now required to routinely and publicly report on the practice.^{17,22} We believe this important aspect of hospital practice must now be addressed in New Zealand. We advise the Minister to adopt a nationally consistent policy to prohibit this practice and begin routine public reporting.

Yours sincerely,



Associate Professor Neil Pickering
Chair, National Ethics Advisory Committee

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