

8 March 2023

Hon Dr Ayesha Verrall, Minister of Health

Tēnā koe Minister Verrall

I write to you as the Chair of the National Ethics Advisory Committee - Kāhui Matatika o te Motu (NEAC). NEAC is established under section 92 of the Pae Ora Act 2022 and is an independent advisor to you on ethical issues related to health and disability research and health services. NEAC is comprised of 12 members who are appointed by Hon Minister Henare. While Minister Henare appoints our membership, we agree our work programme with you annually.

NEAC is supported by a Secretariat from the Ethics team at Manatū Hauora (the Ministry of Health – the Ministry). This letter is being sent direct to your office instead of through the Ministry due to NEAC's view that the wellbeing of the health workforce is an urgent national ethical issue and that strengthening clinical ethics capacity is a means of addressing this that should be explored.

Moral distress in the healthcare workforce

NEAC supports addressing health workforce issues as one of your priorities. During our public consultation on pandemic ethics, correspondence from members of the health workforce sent to us, and recent media attention, we have been alerted to distress in the healthcare workforce and the need for greater ethical support.

We stand ready to provide you with advice as appropriate but wanted to draw your attention a piece of work that NEAC considers may help with your priorities and could add to its work programme for 2023/24. The current approved work programme is attached as Appendix 1.

There is an evidence base that suggests access to Clinical Ethics Support Services (CESS) can lessen the moral distress of those working in health care.

A national approach to clinical ethics

Access to CESS is currently limited and piecemeal in New Zealand. The reforms in the health sector provide an opportunity for collaborative working between NEAC, Manatū Hauora, Te Aka Whai Ora and Te Whatu Ora to develop national guidance on CESS.

Current literature demonstrates an increased pressure on medical personnel reaching back as far as 2010 that has been an ongoing barrier to practitioners feeling as though they can provide the best care for their patients. The causes for this are often related to understaffing or conflict between staff treating patients and those more senior to them only concerned with numbers or outcomes.

Highlighted was a need for clinical ethics across New Zealand to aid in the resolution of complex ethical decision making that may arise in ICU, emergency care and end of life care settings.¹

¹ Ballantyne A, Dai E. " Clinical Ethics Support Services in New Zealand-Tailoring Services to Meet the Needs of Doctors. NZ Med J. 2016 Sep 9;129(1441):10-7. Pmid: 27607081.". NZMJ 129 (2016): 10-16.

The term CESS is preferable because there are range of ways in which health care professionals can be supported. Some countries such as the US and the UK establish ethics committees. In other countries such as the Netherlands, they have a more structured approach to help clinicians work through the ethics of specific challenges they are facing.

There is therefore a need for exploring what kinds of CESS will work in Aotearoa New Zealand. It's clear that whatever approach is taken, in order for it to honour *te Tiriti* obligations and be accessible in an equitable way, CESS must begin by consultation with local Iwi. It's also clear that some national leadership about clear processes for the education, management, quality improvement and auditing of any form of CESS as well as specialised members to join these groups is needed.

Justification for a national approach

Interactions between patients and health care professionals are at the heart of health care. These interactions have an essential ethical dimension that may at times be challenging. Supporting professionals and organisations to meet those challenges can help ensure that patient care is provided in an ethically and culturally appropriate manner.

NEAC recommends the development of nationally consistent guidelines for CESS. A national approach will help to ensure that CESS are effective, valued, sustainable and integrated into systems supporting the delivery of quality health care. Such guidance will:

- assist and encourage health care organisations in establishing and resourcing clinical ethics services that support clinical practice and quality improvement
- ensure the design and delivery of health care appropriate to the needs and values of the New Zealand communities, as well as support equitable care and clinical support across New Zealand.

Next steps

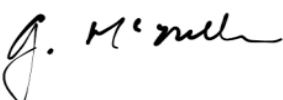
NEAC will discuss how they could support this initiative further at their meeting on 16 March 2023. Following this meeting we intend to send a briefing to you on our work programme, and options for future work.

This briefing will come to you via the Ministry. It will include an invitation to meet NEAC, which usually happens on an annual basis to agree our work programme with you. I would also like to extend an invitation to you to meet myself and the Deputy Chair, Shannon Hanrahan, to discuss the possibility of adding clinical ethics to NEAC's work programme.

On a wider note, I do want to congratulate you on your appointment as the Minister of Health and we look forward to welcoming you to a NEAC meeting.

Thank you for your time.

Nāku noa, nā



Professor John McMillan
Chair of the National Ethics Advisory Committee
john.mcmillan@otago.ac.nz