



9 April 2021

Medical Council of New Zealand  
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email: [consultation@mcnz.org.nz](mailto:consultation@mcnz.org.nz)

***Re: MCNZ consultation on MCNZ statement on A doctor's duty to help in a medical emergency***

### **About the NZSA**

The NZSA is a professional medical education society, which represents over 650 medical anaesthetists in New Zealand. Our members include specialist anaesthetists in public and private practice, and trainee anaesthetists. We facilitate and promote education and research into anaesthesia and advocate for the specialty and the safety of patients. As an advocacy organisation, we develop submissions on government policy and legislation, work collaboratively with key stakeholders, and foster networks of anaesthetists nationwide. The NZSA, established in 1948, also has strong global connections, and is a Member Society of the World Federation of Societies of Anaesthesiologists (WFSA).

### **Comments**

Our answers to MCNZ's proposed changes to revision of this statement are included below:

**1. Does the summary box provide an accurate overview of the statement? What changes (if any) should we make?**

Yes, it provides an easy-to-understand summary.

**2. Are there any further changes we should make to the section 'What is a medical emergency'?**

No, although we do not believe the clarification between a state of emergency and a medical emergency is necessary.

**3. Are there any further changes we should make to the section 'What are my obligations in a medical emergency?'**

We thank Council for recognising that doctors may have families or dependents and it may not be appropriate for them to be left to deal with a medical emergency.

Could MCNZ provide suggestions on how a doctor should make a reasonable effort to assist if unable to attend? Is calling emergency services a reasonable effort? What defines a reasonable effort? Who would conduct the disciplinary action if a doctor does not attend; would it be MCNZ?

**4. What changes, if any, should we make to the section 'What if I do not have the right skill to respond to a medical emergency?'**

We believe this answer is fine – the straightforward question/answer format is non-threatening and suits this issue. We are supportive of the list of exceptions, which are clearly conveyed and laid out.

**5. Are there any changes we should make to the section ‘Legal considerations in a medical emergency’ to improve its clarity?**

Is an intoxicated person also considered to be a ‘sick person’?

**6. Are there any changes we should make to the section ‘Ethical considerations in a medical emergency’?**

As anaesthetists, the balance of risk versus benefit of a treatment is routine work. However, this might not be the case for all medical practitioners. It would be terrible if someone delayed treating a patient in an emergency because of fear of getting that balance wrong. Perhaps an explanation of how time pressures can influence not only the initial assessment and decision making, and that this will also be taken into account if assessment of inadvertent harm occurs later.

**7. Are there any changes we should make to the section ‘Debriefing after the event’?**

We support the inclusion of this new section. We suggest that the statement could also add in some information regarding EAP/support services. Perhaps “consider” could be changed to “We strongly recommend.”

**General comments:**

Thank you for the opportunity to comment on this draft document. The NZSA would like to commend MCNZ Te Kaunihera Rata o Aotearoa on their review of this document. The removal of gender specific language, addition of acknowledgement of the possibility of a doctor having dependents and the recognition of the frequent need to debrief after emergencies demonstrate growth and recognition by Council of the changing face of medicine and the expectations we hold of doctors. Prima face do no harm, including to ourselves.

The statement also reads better, and the flow of information has been improved. The statement sounds more conducive to helping, whereas the original statement by comparison seems very legally based.

The NZSA is happy to discuss our comments and to answer any questions in relation to this consultation. I can be contacted at [president@anaesthesia.nz](mailto:president@anaesthesia.nz)

Yours sincerely



**Sheila Hart**  
**President**