

# Framework for consultation feedback on professional documents

## *PS45 Rights to pain management*

Stakeholder name: New Zealand Society of Anaesthetists

Questions	Yes or No	Comments
1. Are the intent and purpose of the document clear and unequivocal? a. If not, then how could this be better achieved?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
2. Does the scope of the document align with its purpose? a. If not, then why not?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
3. Are the applicable standards identifiable?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
4. Does the information presented adequately address the issues?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	To help protect pain practitioners and encourage safe patient care it would be beneficial to clarify that the right to pain management is not the right to specific treatments. This would be useful in situations when a patient expects or demands specific treatments which they may not be a suitable candidate for or that go against best evidence. This could be added to 3.5 where pain relief and pain-free are clarified relating to pain management or listed under nuances.

Questions	Yes or No	Comments
<p>5. Do the recommendations fulfill the intent of the document?</p> <p>a. Are there any other recommendations that should be added? For example, are there any jurisdictional requirements that have not been considered, in relation to geographical location and/or professional organisational context? Are there any cultural safety requirements that may be applicable?</p> <p>b. Are there any recommendations that should be removed?</p>	<p>Y <input checked="" type="checkbox"/></p> <p>N <input type="checkbox"/></p>	<p>5.4.3 – Lists all elements of Te Whare Tapa Whā, except whānau. In keeping with Te Whare Tapa Whā and from a New Zealand perspective, <i>whānau</i> should also be included to recognise the impact of whānau (those who make a patient feel they belong and care about them, not necessarily direct relatives) alongside physical, vocational, social, emotional and spiritual aspects and impacts of pain.</p>
<p>6. Are there any aspects that have not been considered that merit consideration?</p>	<p>Y <input checked="" type="checkbox"/></p> <p>N <input type="checkbox"/></p>	<p>The role of papers such as these in advocating for the services and providers they are intended for. As outlined in question 7.</p>
<p>7. Do you think that the document will serve its stated purpose?</p>	<p>Y <input checked="" type="checkbox"/></p> <p>N <input type="checkbox"/></p>	<p>Papers such as these also play a role in providing evidence to advocate for pain services – on behalf of patients and providers. Small additions to the statement would assist with this. For example, protecting patient safety by advocating for appropriately trained pain providers. In New Zealand, the term pain specialist can range from SPMP to practitioners with minimal pain medicine training. A definition of appropriate levels of training would assist in addressing</p>

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		this with governance bodies and health providers. This could be within 5.4, or an addition to 5.4.1 or 5.4.2.
8. Any other comments		The NZSA appreciates the opportunity to provide feedback and wishes to thank ANZCA and the DDG for their work in reviewing and updating this comprehensive document.