



Medical Council
of New Zealand
Te Kaunihera Rata
o Aotearoa

[Home](#)[About us](#)[Contact us](#)[Forward
this email](#)

MEDICAL COUNCIL NEWS

Issue 53 DEC 11

Hello,

Welcome to the latest issue of Medical Council News. Among the issues examined are the advertising of services by doctors, the need to notify diseases, details about our new recertification programme and a first hand and close up look at the Canterbury earthquakes.

As we head into the final weeks of the year, I would like to wish you and your families a safe and prosperous new year.

With best wishes,

Philip Pigou
Chief Executive Officer
Medical Council of New Zealand

IN THIS ISSUE

- ▶ Chairperson's foreword:
Avoiding the pitfalls of
advertising
- ▶ Poor compliance with statutory
obligations for notifying diseases
- ▶ Recertification: A new way
forward
- ▶ Results of our survey on doctors
leaving New Zealand
- ▶ Update on the Canterbury
earthquakes
- ▶ Ethics 101
- ▶ Council's draft statement on
personal beliefs and medical
practice

Quick links

- ▶ Find a registered doctor
- ▶ Change your personal details
- ▶ Lost doctors
- ▶ Feedback

Chairperson's foreword: Avoiding the pitfalls of advertising



Over the past year, the Council has looked into an increasing number of complaints about advertising for goods and services by the profession.

The Council believes that clear and accurate information about the services provided by doctors benefits all parties in the healthcare system. However, advertising can have adverse consequences for patients when it is false, misleading, or deceptive, as it may lead to the provision of inappropriate or unnecessary health services, or create unrealistic expectations.

[Read more...](#)

Poor compliance with statutory obligations for notifying diseases



Significant delay in notifying diseases that require prompt public health intervention can greatly reduce the chances of preventing the spread of these diseases. Recent experience with measles in New Zealand has highlighted the problems of delayed notification. Sadly, such delays represent a recurring theme despite a clear responsibility of the diagnosing doctor to make a prompt notification (Section 74 of the Health Act 1956).

[Read more...](#)

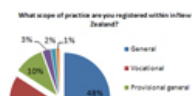
Recertification: A new way forward



The Medical Council in partnership with bpac^{NZ} Ltd (Best Practice Advocacy Centre) has established a recertification programme to provide doctors registered in a general scope of practice with a framework for their continuing professional development. Dr John Adams, the Council's chairperson says, 'The Council is taking the lead in providing assurance to the public and patients that their trust and confidence in doctors is warranted by setting and recognising a strengthened recertification programme for these doctors.'

[Read more...](#)

Results of our survey on doctors leaving New Zealand



The Medical Council undertook a survey over the past year to find out why doctors chose to leave New Zealand and what might encourage them to return.

The survey questioned 182 doctors leaving New Zealand over a 15-month period. It found the highest proportion of doctors responding to the survey was those registered

[Read more...](#)

Update on the Canterbury earthquakes



It is hard to believe that it is only 9 months since the earthquake hit us, early on that fateful Tuesday afternoon (and just 14 months since the first one). We, the citizens of Christchurch, had our lives changed forever. Doctors excelled in those early hours and there were many heroic efforts displayed by health professionals. The public health response was amazing, with no outbreaks of sanitation-related diseases noted.

[Read more...](#)

Ethics 101



Do you know when it's inappropriate to accept a gift from a patient? What do you do if you hear that one of your colleagues is limiting patients to one medical complaint per visit? Can you refuse to accept a new patient if their medical history is complex?

When faced with these types of dilemmas, doctors often contact the Council for guidance. Unfortunately, the response isn't always black and white. The details of each individual situation tend to be unique and the advice to one doctor may not be the same as to another doctor in a similar situation.

[Read more...](#)

Council's draft statement on personal beliefs and medical practice



In 2008 the Council developed a draft Statement on personal beliefs and medical practice.

This document was intended to cover a range of complex topics, providing advice on issues such as: female genital mutilation; what to do when families object to the provision of a blood transfusion or a caesarean section when treatment may save life; and the termination of treatment when this will result in a patient's death. One of the key aims of the document was also to help doctors understand the complex legal and ethical issues that surround the subject of abortion.

[Read more...](#)

Is your email address the right one?

During the next couple of years, the Council will be providing more of its services online, including using emails to communicate with doctors. Occasionally we may need to send an email containing confidential information to a doctor.

The email address you provide to the Council may be used to send confidential, personal, or private information about you or about other doctors. For this reason, you must give the Council an email address that is suitable for receiving confidential and private information.

If you would like to change your email address, you can update it:

- during your next practising certificate renewal on the application form
- online at www.mcnz.org.nz Registration>>Currently registered doctors>>Change your personal details
- by emailing mcnz@mcnz.org.nz



Medical Council of New Zealand

Level 13, 139 Willis St, PO Box 11649, Wellington 6142

Tel: 0800 286 801

Email: mcnz@mcnz.org.nz

Website: www.mcnz.org.nz

[Visit our website](#) | [About us](#) | [Contact us](#) | [Forward this email](#)



MEDICAL COUNCIL NEWS

Chairperson's foreword: Avoiding the pitfalls of advertising

Over the past year, the Council has looked into an increasing number of complaints about advertising for goods and services by the profession.

The Council believes that clear and accurate information about the services provided by doctors benefits all parties in the healthcare system. However, advertising can have adverse consequences for patients when it is false, misleading, or deceptive, as it may lead to the provision of inappropriate or unnecessary health services, or create unrealistic expectations.

The Council notes in its Statement on advertising:

'...advertising includes, but is not limited to, any public communication using television, radio, motion picture, newspaper, billboard, list, display, the internet or directory, and includes business cards, announcement cards, office signs, letterhead, telephone directory listings, professional lists, notices, and which is intended to promote health services, health-related products, a doctor or a clinic or group with which a doctor is associated'.

Importantly, this definition excludes material issued to patients during consultations where such material is designed to provide the patient with clinical or technical information about health conditions or procedures and where the patient has sufficient opportunity to discuss and ask questions about the material. This definition is not intended to apply to material issued by a person or organisation for the purpose of public health information or as part of a public health programme.

Council's expectations on advertising

Council's expectations on advertising are outlined below.

- Doctors will take reasonable steps to control the content of any advertisement of their health-related services and products, regardless of authorship.
- Doctors will take responsibility in situations in which they make themselves available, or provide information to, media reports, magazine articles, 'reality' shows or advertorials.
- Advertisements must contain truthful and balanced representations and claims must be valid, evidence-based and able to be substantiated.
- Advertisements must not encourage, or be likely to encourage, inappropriate or excessive use of health resources.
- Advertisements must not unduly glamorise products and services or foster unrealistic expectations.
- Any advertising images should be used with caution. Images, particularly 'before and after' photos, have a significant potential to mislead or deceive, to convey to a member of the public or patients inappropriately high expectations of a successful outcome and to encourage the unnecessary use of services.
- Advertisements must not prey on the vulnerability of particular audiences.
- Doctors must not advertise their services by visiting, emailing, or telephoning prospective patients, either in person or through an agent.
- Doctors are not permitted to endorse medicines, medical products or medical treatments under s.58 (1) of the Medicines Act 1981. The New Zealand Medical Association (NZMA) Code of Ethics states that doctors should not allow their standing as medical practitioners to be used inappropriately in the endorsement of commercial products. When doctors are acting as agents for, or have a financial or other interest in, commercial organisations or products, their interest should be declared. If endorsing a product, doctors should use only the proper chemical name for drugs, vaccines, and specific ingredients, rather than the trade or commercial name.
- Any endorsement should be based on specific independent scientific evidence, and that evidence should be clearly outlined.
- It is not appropriate to offer, manufacture, promote, or distribute discount coupons or gift certificates for medical treatments or consultations.
- It is not appropriate to offer medical treatments as prizes or gifts where this is done to promote a commercial service or for financial gain.

Furthermore, the Council expects that doctors will use any advertising within the spirit of existing ethical rules, and use the above guidelines as a set of standards. It is inevitable that the list above is not exhaustive, and doctors therefore need to keep in mind our basic ethical principles in planning advertising, amongst which are that the health and welfare of the patient is the first priority, patients must not be exploited, and financial and commercial considerations must never cloud clinical judgement or advice to patients.

Complaints about advertising

If you have a concern about advertising, you should contact the Council. The Council will consider the concern and may proceed to further investigation through a professional conduct committee, which can lay a charge with the Health Practitioners Disciplinary Committee against any doctor involved. Where advertising has appeared to breach a code or law, the Council may also refer complaints to another agency, such as the Advertising Standards Complaints Board or the Commerce Commission.

Dr John Adams
Chairperson

More information...

More information on the Council's expectations on advertising is in the following statements or publications, which can be either downloaded or read online:

[Statement on advertising](#) (August 2010)

[Good medical practice](#) (July 2008)

[Responsibilities in any relationships between doctors and health-related commercial organisations](#) (December 2003)

[Information and consent](#) (March 2011)



Medical Council of New Zealand

Level 13, 139 Willis St, PO Box 11649, Wellington 6142

Tel: 0800 286 801

Email: mcnz@mcnz.org.nz

Website: www.mcnz.org.nz

[Visit our website](#) | [About us](#) | [Contact us](#) | [Forward this email](#)



Medical Council
of New Zealand
Te Kaunihera Rata
o Aotearoa

[Home](#)[About us](#)[Contact us](#)[Return to
email](#)

MEDICAL COUNCIL NEWS

Poor compliance with statutory obligations for notifying diseases

BY DRS DELL HOOD, MEDICAL OFFICER OF HEALTH, WAIKATO DHB AND STEVEN LILLIS, MEDICAL ADVISER,
MEDICAL COUNCIL OF NEW ZEALAND

Significant delay in notifying diseases that require prompt public health intervention can greatly reduce the chances of preventing the spread of these diseases. Recent experience with measles in New Zealand has highlighted the problems of delayed notification. Sadly, such delays represent a recurring theme despite a clear responsibility of the diagnosing doctor to make a prompt notification (Section 74 of the Health Act 1956).

Your legal duty to report notifiable diseases

Public health units around the country have reported cases of doctors who do not know about, or perhaps do not respect, their legal duty to report notifiable diseases on suspicion. Some seem not to know that all the diseases against which we routinely immunise children (that is, all schedule vaccines) are notifiable. This may arise when doctors from countries where measles (and other vaccine-preventable diseases) remain endemic do not realise that the situation is different in New Zealand. However, some doctors who have practised in New Zealand for many years fail to meet their legal responsibilities where little or no reason exists to suspect a lack of clinical information.

Dealing with measles, mumps, and rubella

A related problem is the diagnosis of diseases, particularly measles, mumps, and rubella, on clinical grounds. The Ministry of Health's Immunisation Handbook 2011 notes that the standard case definition for measles can be met for many other less significant viral infections. It advises that all cases should be serologically confirmed and have specimens sent for viral culture and PCR. This procedure is equally true for rubella, and although parotitis is generally able to be diagnosed clinically, a proportion of cases are demonstrably not caused by mumps virus.

Clinical case definitions should be used to confirm the diagnosis only when the case has had documented contact with a laboratory-confirmed case of the disease within the maximum incubation time.

Avoiding anxiety in the community

When a clinical diagnosis is conveyed to a school or early childhood centre without notification, needless concern and unnecessary work commonly results. In some recent cases, the doctor has merely raised the possibility of the diagnosis in the course of the consultation, but the family have misinterpreted this reference as a firm diagnosis. Doctors need to be careful in communications with families to avoid such misunderstandings.

Notification of diseases where urgent public health action is required should if possible be by telephone, in or out of hours. All district health boards have after-hours public health services available for notification and public health advice.

Marijuana and medical certificates

BY DR STEVEN LILLIS, MEDICAL ADVISER, MEDICAL COUNCIL OF NEW ZEALAND

The Council has received two complaints in the past year over medical certificates and marijuana. In both cases, the doctor was asked by a patient to write in support of the continued use of marijuana for relief of chronic pain. The doctors did so.

Marijuana is designated as a Class C drug in New Zealand. The penalty for possession is 3 months jail and/or a \$500 fine. The ethical arguments and debates over the decriminalisation or otherwise of marijuana are irrelevant to its current status as an illicit substance. A medical certificate supporting its use is condoning and abetting someone to do something that is illegal.

The Council takes the view that certificates of this type do not meet minimum standards of professionalism. If asked for such a certificate, we suggest that you decline the request.



Medical Council
of New Zealand
Te Kaunihera Rata
o Aotearoa

Medical Council of New Zealand

Level 13, 139 Willis St, PO Box 11649, Wellington 6142

Tel: 0800 286 801

Email: mcnz@mcnz.org.nz

Website: www.mcnz.org.nz

[Visit our website](#) | [About us](#) | [Contact us](#) | [Forward this email](#)


[Home](#)
[About us](#)
[Contact us](#)
[Return to email](#)

MEDICAL COUNCIL NEWS

Recertification: A new way forward

The Medical Council in partnership with bpacnz Ltd (Best Practice Advocacy Centre) has established a recertification programme to provide doctors registered in a general scope of practice with a framework for their continuing professional development. Dr John Adams, the Council's chairperson says, 'The Council is taking the lead in providing assurance to the public and patients that their trust and confidence in doctors is warranted by setting and recognising a strengthened recertification programme for these doctors.'

'This recertification programme will further improve the current high standards of practice of doctors in New Zealand and provide an assurance to the public and patients that practising doctors are competent and fit to practise', says Dr Adams.

Based on a 12-month cycle the programme will match participants' practising certificate cycles. In December 2011, approximately 2,000 doctors will be informed by the Council of the new requirements. These doctors will need to join the programme before applying for a practising certificate. Implementation will begin when applications are sent to doctors whose practising certificates expire on 31 May 2012.

'All doctors registered in a general scope of practice who are not taking part in a vocational training programme and want to retain their practising certificate will be required to take part in the recertification programme,' said Dr Adams.

The recertification programme will consist of:

- a professional development plan
- a collegial relationship
- peer review activities
- clinical audit
- regular practice review
- multisource or patient feedback
- continuing medical education activities

A record of participation in these activities will be recorded in individual, web-based ePortfolios

More information on the bpacnz programme can be found online at www.inpractice.org.nz

Council statements

In recent years, the council has produced over 30 statements on topics such as:

- [informed consent](#)
- [best practices when providing care to Māori patients and their whānau](#)
- [unprofessional behaviour and the health care team](#)
- [cosmetic procedures](#)

As new standards and guidelines are produced, or others are updated, we will email them to you automatically with Medical Council News.

To view and download statements from our website head to our [standards and guidelines](#) page under resources.



Medical Council of New Zealand

Level 13, 139 Willis St, PO Box 11649, Wellington 6142

Tel: 0800 286 801

Email: mcnz@mcnz.org.nz

Website: www.mcnz.org.nz

[Visit our website](#) | [About us](#) | [Contact us](#) | [Forward this email](#)



Medical Council
of New Zealand
Te Kaunihera Rata
o Aotearoa

[Home](#)[About us](#)[Contact us](#)[Return to
email](#)

MEDICAL COUNCIL NEWS

Results of our survey on doctors leaving New Zealand

The Medical Council undertook a survey over the past year to find out why doctors chose to leave New Zealand and what might encourage them to return.

The survey questioned 182 doctors leaving New Zealand over a 15-month period. It found the highest proportion of doctors responding to the survey was those registered in a general scope of practice who had worked in New Zealand for longer than 3 years. The majority of these doctors worked in general practice, general medical, and surgical runs (house officers and senior house officers), or internal medicine.

Doctors responded that reasons for leaving New Zealand included:

- the desire for training opportunities and work experience in overseas settings
- increased remuneration
- family reasons
- improved working conditions
- locum opportunities.

The good news from the survey findings was that the majority of doctors leaving New Zealand intend to return. Their planned length of time overseas was to be less than 3 years, although a significant portion did not know how long they would be away. Some doctors are leaving for reasons which would be expected of doctors with primary medical qualifications (PMQ) gained overseas, such as a desire to be closer to family, and visa restrictions. Doctors with a PMQ gained in New Zealand were the most likely to return.

Australia was the country of choice for 75 percent of doctors on a vocational scope and 63 percent of doctors on a general scope.

New scope of practice - Special Purpose: Teleradiology

From 1 January 2012, any radiologist who is based abroad must have appropriate registration before they will be able to provide teleradiology services to New Zealand health consumers.

If you need more detail about the special purpose scope in teleradiology, please contact Pauline Luyten at pluyten@mcnz.org.nz



Medical Council
of New Zealand
Te Kaunihera Rata
o Aotearoa

Medical Council of New Zealand

Level 13, 139 Willis St, PO Box 11649, Wellington 6142

Tel: 0800 286 801

Email: mcnz@mcnz.org.nz

Website: www.mcnz.org.nz

[Visit our website](#) | [About us](#) | [Contact us](#) | [Forward this email](#)



Medical Council
of New Zealand
Te Kaunihera Rata
o Aotearoa

[Home](#)[About us](#)[Contact us](#)[Return to
email](#)

MEDICAL COUNCIL NEWS

Update on the Canterbury earthquakes

BY DR RICK ACLAND, MEDICAL COUNCIL MEMBER

It is hard to believe that it is only 9 months since the earthquake hit us, early on that fateful Tuesday afternoon (and just 14 months since the first one). We, the citizens of Christchurch, had our lives changed forever. Doctors excelled in those early hours and there were many heroic efforts displayed by health professionals. The public health response was amazing, with no outbreaks of sanitation-related diseases noted.

We are moving on, as we have to. Life does not stand still. The 'fallout' continues to affect our lives. Fortunately, the aftershocks seem to be waning; thank goodness, as we are 'so over it'. We all have our own personal journeys of recovery and rebuilding, as we continue to come to terms with what has happened and look to the future. A small part of the city centre has just been opened for retailing (ReStart). It has given us a glimmer of hope for the future of the CBD. The lack of Rugby World Cup activity hurt, so too did a couple of heavy snowfalls on our shattered infrastructure.

Life does remain grim in Christchurch. Last week I went into The Square for the Deconsecration of the Cathedral. What an eerie silence pervades the crumbling decaying city centre. It is so bad; the magnitude of destruction is beyond belief. I am fortunate in that my home is entirely liveable, albeit 'dechimneyed' and cracked.

A number of our colleagues are less fortunate and have had to abandon their homes, and many practices remain damaged. There are major changes in population demographics creating unique changes to the flow of work. Who would have ever expected to see a well-established popular general practice having to display a large hoarding requesting 'new patients welcomed'? There has been a surprising reduction in emergency department 'visitors', combined with an unpredictable case mix'. We still have a young woman in our unit with bilateral hindquarter amputations (following horrendous leg trauma) struggling to mobilise in a wheel chair — that is such a vivid memory of the horror of the 22nd. There are many challenges affecting the way we practise. The consequences of the earthquake continue to remain a distraction. Distraction affects performance.

So are we recognising ongoing suffering? We are well aware of it. General practice is having to deal with some very stressed people. It will no doubt impact on future health outcomes in this city. On a positive note, many people seem to be displaying great resilience and are willing to do things differently in so many aspects of their daily living. We do seem to be good at supporting each other.

Sadly, at this time, Christchurch does not have great appeal for young professionals, and that too seems to be evident in the applications to the clinical school for 2012. However, the United Kingdom doctors are coming in greater numbers (things must be bad in Britain, or do they relish being part of another Blitz?!). We are impressed with the quality of these 'foundation trained doctors'. The Otago University Medical School building at Christchurch Hospital remains out of action, and this has affected our ability to participate in local continuing medical education activities. A strong earthquake health research group has been established; RHISE (Research into Health Implications of Seismic Events). We await with interest the publication of its results.

Where are we with insurance? A whole new language around claims and geotech reports is developing. Our trusted Medical Assurance Society is no doubt feeling the hot breath of the reinsurance industry. Doctors' claims are being challenged at all stages, in the processing of complex earthquake issues. Sadly, at this time, it does seem to be adding to our woes.

I thank the Medical Council for its ongoing interest in the welfare of Canterbury doctors as we deal with seismic challenges in our lives, whilst continuing to provide high quality medical care to the people of this district.



Medical Council
of New Zealand
Te Kaunihera Rata
o Aotearoa

Medical Council of New Zealand

Level 13, 139 Willis St, PO Box 11649, Wellington 6142

Tel: 0800 286 801

Email: mcnz@mcnz.org.nz

Website: www.mcnz.org.nz

[Visit our website](#) | [About us](#) | [Contact us](#) | [Forward this email](#)



MEDICAL COUNCIL NEWS

Ethics 101

Do you know when it's inappropriate to accept a gift from a patient? What do you do if you hear that one of your colleagues is limiting patients to one medical complaint per visit? Can you refuse to accept a new patient if their medical history is complex?

When faced with these types of dilemmas, doctors often contact the Council for guidance. Unfortunately, the response isn't always black and white. The details of each individual situation tend to be unique and the advice to one doctor may not be the same as to another doctor in a similar situation.

To encourage dialogue on these issues, the Council has introduced the Ethics 101 column—inspired by a column published by the College of Physicians and Surgeons of Alberta. In each issue this column will outline an ethical situation and we'll ask for opinions from the profession. A selection of responses providing various viewpoints will be published in the following issue.

There will be no 'right' or 'wrong' answers—rather we aim to hold a thoughtful discussion about the pros and cons of various approaches. This approach will allow doctors to benefit from the wisdom of their colleagues, and will also create interest amongst the profession about practical ethical issues.

What would you do?

A 24-year-old man has been a regular patient of yours since he was a teenager. He has a range of physical issues that require ongoing medical care, and also suffers from an anxiety disorder. When you first started seeing him he was abusing substances, but in recent years he has been doing well and is now attending university. You feel that the two of you have developed a good rapport, and that he trusts you.

During your patient's last visit you prescribed 10 tablets of Lorazepam 1mg for his anxiety. Shortly afterwards you were rung by a pharmacist to check the prescription. She advised you that the script as presented by the patient is for 210 tablets of Lorazepam 1mg, and 200 tablets of Paracetamol with codeine. You tell the pharmacist that the prescription is a forgery and ask her not to fill it. You are upset at the betrayal of trust and ask the advice of a colleague. He urges you to report the patient to the Police and to Medicines Control, and says that this is allowed under the Health Information Privacy Code. What do you do?

Email your answers to Michael Thorn, Senior Policy Analyst, at mthorn@mcnz.org.nz (use the subject line 'Ethics 101'). If you have ideas for topics for future columns, please feel free to send them to us as well.

Responses to our previous column

Our last column asked what you would do in the following situation.

You have been involved for several years in the care of an elderly patient with a chronic illness. Following a recent hospitalisation for pneumonia, this patient gives you an envelope which she says contains a small thank you for the care you provided. You open the envelope to find a \$200 gift certificate for a local tailor who you know does excellent work.

We received a number of well-considered and thoughtful responses to this question.

Two doctors indicated that they would probably accept the gift. Dr Henry Doerr, an Auckland GP, stated:

'I see no reason why you cannot accept the gift—it is, after all, the patient's gratitude for services already rendered rather than expected in the future. You have already set, in the patient's eyes and presumably in your own view too, a very high standard of care so I doubt this gift would influence your future standards of care.'

Dr Stewart Hawkins, a radiologist at Middlemore Hospital, said:

'Unless the patient was of very restricted means I would take the money in the spirit in which it was intended and thank the patient either personally at her next visit or send her a thank you card. There is no ethical problem here at all.'

Another Auckland GP, Dr Hanie Nasir, also said he would accept the gift but indicated that he would pass it on to a non-profit organisation. Like Dr Hawkins, a third GP felt that the expense to the patient was a consideration. This GP said:

'Gifts can be a tough one. I have several patients who give me a box of chocolates at Christmas, and a couple who give a bottle of wine—my wife and I don't drink the stuff so it is graciously accepted, and given away (I would object if it were expensive wine). And one patient who knows my kids gives each \$10 on their birthdays and something similar at Christmas. She is very elderly and we take the kids to see her at times, and my wife gives her a lift up to the clinic for her 3-monthly checkups.

A few patients bring baking to the clinic now and then.

It is all a matter of how much: a small present seems fine, but \$200 seems too much, if I got that from a patient I would decline it.

I would say I am paid for my work and that it is unethical for me to accept significant monetary presents.

Similarly if I were a beneficiary of a patient's will, I would decline any benefit in favour of the patient's relatives.'

A geriatrician expressed similar views:

'Occasionally a patient may feel like they want to do something special for their physician and give a gift. I believe it is all right to accept an occasional gift from a patient if it is of nominal value. Anything more is inappropriate for a variety of ethical reasons. The question is what is nominal value and what is occasional. Two hundred dollars is extremely excessive and much more than is ever appropriate. I believe that something along the lines of the cost of a gift that a patient might provide for nurses at the time of discharge, no more than \$10 to \$15 would be acceptable. Then what is occasional? After a special service such as hospitalisation may be OK—but not if the patient has frequent admissions or after every office visit. Certainly no more than once a year, if that often.

This also has to be tempered by the patient's financial circumstances. I have patients who cannot afford to heat their houses or pay \$3 for medication. It would not be appropriate to accept any gift of monetary value from a patient in such circumstances."

The \$200 gift needs to be returned with a smile and an explanation of ethics 101.'

Our final comment comes from Dr Nisar Contractor, a psychiatrist. Dr Contractor said he would 'definitely not accept a gift of such high value', but indicated that care needs to be taken not to offend the patient. He suggested two possible responses:

1. Appreciate the gesture and return the gift with a note or verbal explanation about the ethics involved.
2. If the patient is feeling hurt then suggest that it would be better for the patient to make a donation to a worthy charitable society associated with the hospital or in the community.

So there you are. Of our six respondents: two would accept the gift; three would not; and one would donate it to a worthy cause. We are very grateful to these doctors for providing their views.



Medical Council of New Zealand

Level 13, 139 Willis St, PO Box 11649, Wellington 6142

Tel: 0800 286 801

Email: mcnz@mcnz.org.nz

Website: www.mcnz.org.nz

[Visit our website](#) | [About us](#) | [Contact us](#) | [Forward this email](#)



Medical Council
of New Zealand
Te Kaunihera Rata
o Aotearoa

[Home](#)[About us](#)[Contact us](#)[Return to
email](#)

MEDICAL COUNCIL NEWS

An update on the Council's draft Statement on personal beliefs and medical practice

In 2008 the Council developed a draft Statement on personal beliefs and medical practice.

This document was intended to cover a range of complex topics, providing advice on issues such as: female genital mutilation; what to do when families object to the provision of a blood transfusion or a caesarean section when treatment may save life; and the termination of treatment when this will result in a patient's death. One of the key aims of the document was also to help doctors understand the complex legal and ethical issues that surround the subject of abortion.

After a draft was circulated for comment, a group of doctors initiated a judicial review to stop the release of the statement. The High Court issued a ruling in December 2010.

In his decision, Justice Alan MacKenzie ruled that a doctor with a conscientious objection has two options when approached by a patient seeking an abortion: 1) inform the patient that she can obtain the service from another health practitioner or a family planning clinic; or 2) arrange a referral to another doctor in accordance with proper professional standards.

Parts of Justice MacKenzie's ruling touched on complex issues and Council originally intended to appeal aspects of his decision. This would have been a costly step, and Council has recently decided that the expense was too great and that it would not proceed with either the appeal or publication of the statement. This decision does not diminish Council's commitment to ensuring that all patients receive care in a manner consistent with their needs.

You should take note of the options outlined by Justice MacKenzie. You should also ensure that in treating all patients you comply with the expectations outlined in Good medical practice (particularly as they relate to care of the patient and communication), the NZMA's Code of Ethics (particularly as they relate to the autonomy of the patient) and the HDC Code of Health and Disability Services Consumers' Rights (particularly as they relate to the right to be treated with respect and the right to informed consent).

Council statements

In recent years, the council has produced over 30 statements on topics such as:

- [informed consent](#)
- [best practices when providing care to Māori patients and their whānau](#)
- [unprofessional behaviour and the health care team](#)
- [cosmetic procedures](#)

As new standards and guidelines are produced, or others are updated, we will email them to you automatically with Medical Council News.

To view and download statements from our website head to our [standards and guidelines](#) page under resources.



Medical Council of New Zealand

Level 13, 139 Willis St, PO Box 11649, Wellington 6142

Tel: 0800 286 801

Email: mcnz@mcnz.org.nz

Website: www.mcnz.org.nz

[Visit our website](#) | [About us](#) | [Contact us](#) | [Forward this email](#)