August 2020

To the Medical Council of New Zealand

Please find attached DPA’s feedback on proposed changes to the Telehealth statement in relation to prescribing medicine to a patient for the first time.

## Disabled Persons Assembly NZ

Contact:

## **Paul Brown**

## **Policy Advisor**

## **policy@dpa.org.nz**

# Introducing Disabled Persons Assembly NZ

The Disabled Persons Assembly NZ (DPA) is a pan-disability disabled person’s organisation that works to realise an equitable society, where all disabled people (of all impairment types and including women, Māori, Pasifika, young people) are able to direct their own lives. DPA works to improve social indicators for disabled people and for disabled people be recognised as valued members of society. DPA and its members work with the wider disability community, other DPOs, government agencies, service providers, international disability organisations, and the public by:

* telling our stories and identifying systemic barriers
* developing and advocating for solutions
* celebrating innovation and good practice

# United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)

The Articles of the UNCRPD most relevant to our feedback are:

* Article 4.3: Involving disabled people and our organisations in

 decisions that affect us

* Article 22.2: Respect for privacy
* Article 25: Health
* Article 26: Habilitation and rehabilitation

# DPA Feedback

DPA is pleased to provide feedback to this timely and relevant consultation.

We will make some general points regarding Telehealth and disabled people before answering the four questions raised in the consultation paper.

# General Points

We are pleased that the Telehealth statement references the HDC Code of Consumer Rights. We believe that it is important to state that all health interactions are governed by this code.

# Accessibility

Whichever platform or device is being used to deliver a telehealth consultation, it is essential that it is accessible to the disabled user. It is the responsibility of the service provider to ensure this.

While we understand that this statement deals only with prescribing medicine to a patient for the first time, we believe that it is important to remind both the Medical Council and its members that the actions necessary to make a face-to-face consultation accessible to a disabled person also apply to consultations conducted using any form of technology. These actions include; enabling access to a New Zealand Sign Language (NZSL) Interpreter for a Deaf patient; ensuring that the patient has understood all aspects of the consultation; that the medical practitioner treats the patient with dignity and respect with regards to their impairment (talks directly to the disabled client and not anyone with them, doesn’t ask irrelevant questions about their disability).

We believe that there should be a real choice for disabled people as regards accessing medical care through telehealth or face-to-face medical appointments. It shouldn’t be assumed that all disabled people will prefer telehealth consultations because they can be accessed from home: both telehealth and face-to-face consultations should be accessible and appropriate for the treatment/information being sought.

# Specific Questions

**1*.*** *Do the proposed changes in paragraph 16 of the Telehealth statement better reflect considerations to be taken into account if you need to prescribe medicine for the first time to a patient and you are unable to see the patient in person?*

**Answer:** We believe that the changes to Paragraph 16 better reflect the considerations to be taken into account if you need to prescribe medicine for the first time to a patient and you are unable to see the patient in person.

***2 .*** *Are there any other considerations we need to take into account, or changes we should make to paragraph 16 or footnote 11 of the Telehealth statement about prescribing to a patient for the first time that you are unable to see in person*?

**Answer:** We do not have any suggestions for further considerations that need to be taken into account.

**3.** *Are there any other considerations we need to take into account or changes we should make to the Telehealth statement to better support virtual consultations and new ways of working?*

**Answer:** In paragraph 10 the phrase ‘cultural competence’ has been replaced with the phrase ‘the need to provide culturally safe care’. We understand it to cover issues of disability as well as those pertaining to race, religion, ethnicity and other cultural issues, however we are concerned whether your members will read it so broadly. We recommend writing a footnote highlighting the breadth of coverage in the new phrase.

**4.** *Does our Telehealth statement strike the right balance between protecting public health and safety, and embracing new ways of working? If not, what further changes would better support that?*

**Answer:** The amended statement largely strikes the right balance between protecting public health and safety and embracing new ways of working. However, we are concerned that as it stands the Telehealth statement contains no disability-related context or guidance other than the reference to the HDC Code of Consumer Rights. We hope that we have provided some disability context and guidance in our feedback , which we suggest could be included in the Telehealth statement.