

Australasian College for
Emergency Medicine

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College of Anaesthetists

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Medicine of Australia and New
Zealand

New Zealand College of Public
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Royal Australian and New
Zealand College of Obstetricians
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Australasian College of Sport
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Council of Medical Colleges in New Zealand

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16 April 2021

Kanny Ooi
Senior Policy Advisor and Researcher
Medical Council of New Zealand

Via email: consultation@mcnz.org.nz

Tēnā koe Kanny,

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

Thank you for the opportunity to comment on the above discussion paper. The Council of Medical Colleges (CMC) is the collective voice for the medical colleges in New Zealand, and through its members aims to improve, protect and promote public health via a well-trained medical workforce providing high-quality medical care. Please note, a number of our members will also submit feedback on this statement.

The CMC commends the Medical Council's updated statement on *a doctor's duty to help in a medical emergency*. Overall, the updated statement is clearly written, and contains a clear definition of a medical emergency, and a useful summary of key points from the statement.

The CMC considers there are several changes which could strengthen the statement further, as detailed below.

1. What are my obligations in a medical emergency?

This section focuses on a scenario where a doctor is asked to attend a medical emergency. However, it is possible that a doctor may be present at a medical emergency and not be asked by the people attending to assist (for example, if individuals present are unaware of the doctor's medical training). The doctor's obligations under this scenario should be clearly articulated in the statement.

2. Ethical considerations in a medical emergency

Conscientious objection

The Royal Australasian College of Obstetricians and Gynaecologists (RANZCOG) has highlighted that this section should specifically address conscientious objection. RANZCOG has suggested words similar to those used by the International Federation of Gynaecology and Obstetrics (FIGO) in its statement on Ethical responsibilities in post-abortion care:

A care provider who has a conscientious objection to a particular medical intervention, for example abortion, cannot invoke such objection to decline rendering clinically indicated post treatment care, if required in an emergency situation.¹

The CMC strongly supports RANZCOG's suggestion.

Consent and communication

The ethical considerations section also highlights that in an emergency, where time is critical, it may not be possible to obtain the patient's consent. The statement recommends that if you proceed to treat the patient without their consent, it is best practice to document your actions and discuss them with the patient and their family/whānau when appropriate. However, in some circumstances it may be difficult to discuss actions taken at the time with the patient or their whānau, due to loss of contact with the patient once they are transferred to further care. There may also be some challenges with documenting actions promptly, for example if providing care in a field outside the medical setting (e.g. a roadside or in the bush).

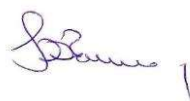
The CMC supports the Royal Australasian College of Physicians' suggestion that it would be useful for the statement to include further detail on common processes for maintaining contact and communication following care given in a medical emergency.

3. Debriefing after the event

The CMC commends the Medical Council for including a section on debriefing after the event – this is an important addition. However, the CMC considers the Medical Council could strengthen the wording in this section, and recommend more strongly that debriefing is an important process.

Thank you once again for the opportunity to comment. If you have any questions about this submission, please contact Virginia Mills (Executive Director) in the first instance, at virginia.mills@cmc.org.nz

Nāku, nā



Dr John Bonning
Chair

¹ <https://obgyn.onlinelibrary.wiley.com/doi/full/10.1002/ijgo.12899>Page 2 of 2