New Zealand factors ethnicity in prioritising surgery waiting lists

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A new algorithm used in New Zealand's hospitals to manage waiting lists for non-urgent surgery includes ethnicity as one of five factors determining which patients take priority. Te Whatu Ora Health New Zealand introduced its "Equity Adjustor Score" in Auckland in February and is currently expanding it to other northern region hospitals.

The other four factors are clinical priority (which is reportedly given the most weight), time spent on the waiting list, geographic location and "deprivation." It is unclear precisely how much weight a patient's ethnicity will have in deciding where they sit on the waiting list. Insofar as race is a factor, M?ori and Pacific Island patients are to be given priority, while Europeans and other ethnicities, such as Indian, Chinese and Middle Eastern, are lower-ranked.

The Labour Party-Greens government says the tool is intended to address significant inequalities in health outcomes when measured according to ethnicity. Prime Minister Chris Hipkins said the intention was to "right past wrongs." "The facts are pretty clear at the moment. If you're M?ori or Pacific ... you have been waiting longer, with the same clinical need, compared to other New Zealanders," he said. General Practice NZ chair Dr Bryan Betty told Radio NZ the move was an attempt to "even up" the playing field. "Something has to be done," he declared.

The health system is experiencing a crisis of unmet need, brought about by decades of funding cuts and privatisation—a process that is deepening under the current Labour government. Far from alleviating the crisis, however, the new "Equity Adjustor Score" is a mechanism for rationing health care for working people who rely on the public system—people of every background, nationality and ethnicity.

The obsessive media focus on alleged "systemic racism" serves to divert attention from the blatant class inequality in the health system. New Zealand has a two-tier system, in which those with enough money, whatever their ethnicity, can skip the public waiting list entirely and pay for treatment in private hospitals.

More than 20 percent of healthcare services are private in New Zealand. Over 1.4 million people, just under a third of the population have private health insurance. In 2021, $1.5 billion was paid out in claims, highlighting the increasing reliance placed on the private system, particularly for elective surgeries.

It is undeniable that M?ori and Pacific islanders, in general, suffer from worse health compared with the overall population. About half of all deaths of M?ori and Pacific people are potentially preventable, while for other ethnicities this number is less than a quarter. The life expectancy of M?ori and Pacific men—73.4 years and 75.4 years—is well below that of European males, which is 81 years.

The disparity is because these groups are among the most exploited layers of the working class. Health indicators are determined by a vast array of rapidly deteriorating social conditions that begin at an early age: poor housing, overcrowding, unemployment, low pay, endemic poverty, inadequate diets, widespread diseases such as diabetes and, among the Pacific Island population, rheumatic fever, poor access to doctors and dentists.

Some of the most overwhelmed public hospitals are those in poor areas like South Auckland, which have a large M?ori and Pacific population. In addition, M?ori are more likely to live in rural areas and small towns with fewer health services.

Even better-off sections of the M?ori and Pacific middle class still suffer from a legacy of poor health linked to a family history of poverty, hereditary predisposition to certain conditions, as well as racial discrimination in some instances. Breast cancer specialist Maxine Ronald, for instance, told the E-Tangata website that for a M?ori woman with breast cancer, "all socio-economic groups do the same. Wealth is not protective for M?ori. Ethnicity is the independent risk factor."

But why should this existing inequality be used to justify a policy of reverse racial discrimination in the health system? Instead of demanding that *all* patients be able to access treatment as soon as they need it, so that there is no need for a waiting list, Ronald and others defending the "Equity Adjustor Score" take the scarcity of healthcare services as a given.

This reflects the debate in the political establishment. For the government and the right-wing opposition parties alike, the only question that can be discussed is how to ration the ever-diminishing funding in the public system. The reactionary implication of the new race-based policy is that white people have been "prioritised" or "privileged" for too long by a system that they "designed" and therefore it must now give

priority to M?ori and Pacific people.

Some medical professionals have expressed concern about the new criteria. Speaking on condition of anonymity, a group of surgeons told the *New Zealand Herald* it was "ethically challenging to treat anyone based on race, it's their medical condition that must establish the urgency of the treatment."

In response to such statements, Auckland University professor Monique Jonas, an expert in "healthcare ethics," told the *Herald* that medical professionals "aren't always as objective as we'd like to believe—and this applies to both ethnicity and gender." She claimed that the problem was that clinicians have "unconscious bias" and that many are "extremely racist."

The unsubstantiated and inflammatory claims of widespread racism among healthcare workers serve to shift the blame for poor health outcomes away from successive governments that have run down the system following years of assaults on public services in the interests of private profit.

The media furore reflects an increasingly toxic political atmosphere. As the October 14 election approaches, Labour-Greens and the opposition National and ACT parties are engaged in mutual accusations of racism—including over issues such as M?ori road signs and M?ori tribal "co-governance" of water infrastructure. Meanwhile the assault on workers' living conditions and on the health system continues unabated, with both sides agreeing that money is tight and the government has to cut spending.

Healthcare workers face an impossible situation in overwhelmed and understaffed hospitals. The number of people waiting longer than four months for essential surgical treatment has doubled from around 15,000 in February 2020 to more than 29,500 as of May 24, 2023.

In Counties Manukau, South Auckland, waiting lists for a first specialist appointment have jumped by 46 percent in a year and there is a shortfall of 127 general practice doctors. Nationwide, there is an estimated shortage of at least 4,000 nurses.

Dunedin Hospital, which serves a population of 300,000 people, recently closed down some of its cancer services due to a shortage of radiation oncology consultants.

Many individual cases are heartbreaking. *Stuff* reported on June 24 that three children have waited for up to three years for surgery designated as "semi-urgent." Christchurch woman Sujeeta Naidu said that her two-year old son, who needs gromit and tonsil surgery, had to be taken to the emergency department every week for four months. "He's in pain every day. He cries and screams every day," she said.

Labour's policies are making the crisis worse. The government dismantled its COVID-19 health measures in October 2021 and adopted a policy of mass infection, contributing to acute overcrowding in understaffed hospitals and over 3,000 deaths.

Total health spending was lifted in the May budget by $1.3 billion, about 5.4 percent, well below the inflation rate of 6.7 percent. Meanwhile, the unions have worked to suppress and sell out major strikes in 2018 and 2021 by over 30,000 healthcare workers fighting for improved pay and conditions.

The Labour-Greens government's promotion of racial and gender identity politics serves to provide a "progressive" veneer for its right-wing policies and to divide the working class.

Backed by the M?ori Party, which represents indigenous tribal capitalists, the government is pursuing a reactionary agenda of "co-governance," which involves establishing separate "by M?ori, for M?ori" public services. A new M?ori Health Authority has been set up to allocate healthcare services specifically for M?ori.

Such racialist policies play directly into the hands of the right-wing opposition National Party and the libertarian ACT Party, which posture as egalitarian against a government that is "dividing Kiwis." Both have criticised the new health "equity" tool, with National leader Christopher Luxon declaring that waiting lists should only be prioritised based on "health need." At the same time, ACT's false claims that all M?ori are somehow being "privileged" by Labour's policies are clearly aimed at whipping up racial animosity.

These right-wing parties of big business advocate the further privatisation of healthcare, evisceration of social welfare, and slashing of taxes to funnel more wealth to the super-rich.

Workers should reject the underlying premise of the toxic "race" debate: that healthcare rationing is inevitable. The claims by Labour and all the major parties that "prioritisation" of some kind is necessary because there is "no money" to provide healthcare for everyone in a prompt fashion are lies.

Hundreds of billions of dollars currently being hoarded by the financial elite must be redistributed to meet urgent unmet needs, hire thousands more healthcare workers, expand hospitals and do away with the need for a waiting list. Funding is also urgently required to implement the necessary public health measures to eliminate COVID-19 and other diseases.

The inability of capitalist governments to protect the health of the population points to the bankruptcy of a system that prioritises profit over lives. What is required is nothing less than the abolition of this system and the reorganisation of society on socialist lines.