



## Safe practice in an environment of resource limitation

- Resource limitation is a significant and relevant part of the environment of professional medical practice.
- Every clinical decision is also a resource decision which impacts the care a patient receives, and others in the wider community. As a doctor, you are a steward<sup>1</sup> of health care resources.
- Resource allocation decisions frequently involve balancing priorities. Providing one service and/or intervention may mean not providing another service and/or intervention, or limiting its volume and/or scope. Such decisions require clinical input and leadership, and doctors through their training and experience bring particular expertise to decisions on resource allocation.
- Resources should be allocated in a way that is equitable, and sustainable; so that it best serves the interests of a community or population of patients, and aligns with best practice.
- You must balance your duty of care to your patient with your duty of care to the wider population. This requires making efforts to use resources efficiently and equitably, consistent with good patient care, in a culturally competent manner, and in accordance with guidelines and pathways where these apply.
- Decisions on resource allocation should be transparent, with considerations and reasoning well-documented.
- You must endeavour to provide services in a timely manner and that are appropriate to the patient's needs. This includes discussing with your patient whether a test, treatment or procedure is necessary.
- It is important to support your patient to make an informed decision about their treatment or management. Changes to the patient's treatment including decisions to withhold or discontinue the treatment must be discussed with the patient (and/or their caregivers/family/whānau where possible) and documented.

### Background

Decisions about health care expenditure and resource allocation are often undertaken at a higher institutional, systems or government level. Because there are wide-ranging implications, decisions about resource allocation require clinical input and leadership. Doctors, through their training and experience, bring particular expertise to decisions on resource allocation and should be fully involved in making rationing decisions.

Conflicts may arise when doctors are called upon to make decisions about the use of resources and about a patient's (or patients') treatment, when the needs of an individual patient and the needs of a population of patients cannot both be fully met.

<sup>1</sup> 'Steward' and 'stewardship' in this statement refer to avoiding or eliminating wasteful expenditure in health care through appropriate management of health care resources so that patients can continue to receive the best quality care, now and in the future. See also the Australian Medical Association's Position Statement on *The doctor's role in stewardship of health care resources*.

These situations have no simple solution. When making such decisions, you should take into account the priorities set by funding agencies and your employer, but you should also be clear about your professional responsibilities to your patient and the wider population.

## Ethical Principles

1. In clinical work, you must make the care of your patient your first concern<sup>2</sup>. In doing so, it is important to recognise that every clinical decision is also a resource decision with implications for the patient, and others in the wider community.
2. You must not allow your own self-interests (including commercial and academic interests) or those of your employer or funding agency, to override your ethical responsibility to your patients.<sup>3</sup>
3. As a doctor, you have a responsibility to try to provide the best standards of service possible with the resources available.
4. Resource limitation, and the need to use resources sustainably and equitably, are recognised as a significant and relevant part of the environment of professional medical practice.
5. Your culture and world view influence how you interact with patients, your understanding of health, healthcare and wellness, and the clinical decisions you make. Personal bias may lead to inappropriate decisions about treatment or resource allocation. You have a responsibility to the community at large to foster the proper use of resources and must balance your duty of care to your patient with your duty of care to the wider population. In particular, this involves making efforts to use resources efficiently, equitably and sustainably, consistent with good patient care, in a culturally competent manner,<sup>4</sup> and in accordance with guidelines or pathways where these apply.<sup>5</sup>
6. If you are working as a manager, medical administrator or in a public health role, you must work in partnership with patients, communities and colleagues across the health system; and endeavour to allocate resources in a way that best serves the interests of a community or population of patients.
7. In all roles, you should exercise responsible stewardship and use evidence from research and audit to endeavour to make the best use of the resources available.
8. Acting on these ethical principles in an environment of resource limitation will involve health professionals making and communicating prioritisation judgements to patients and populations for whom they have duties of care. You have a role in guiding your colleagues to make decisions that are sound. You might also be involved as a manager or policy-maker whose decisions determine the overall funding allocations and levels of resourcing.

## Medical practice where available services are restricted

9. You must support research, study and discussion that promote rational and equitable allocation of health resources, and that is based on need and evidence of benefit.
10. You have a responsibility to advocate for your patients, to seek the provision of appropriate resources for your patients' care and report any deficiencies to the appropriate authorities. Where these deficiencies are serious, the report should be made in writing.
11. Some tests, treatments and procedures provide little benefit, and may even cause harm. Unnecessary testing and overtreatment can also impact other patients who may require treatment or a particular procedure more urgently. You must

<sup>2</sup> *Good Medical Practice*.

<sup>3</sup> Refer to the statements on *Advertising*, and *Doctors and health related commercial organisations*.

<sup>4</sup> Refer to the statement on *Cultural competence*.

<sup>5</sup> An example is *Choosing Wisely* which is a global initiative that has been implemented in a number of countries including USA, UK, Canada, Australia, Europe and New Zealand. *Choosing Wisely* aims to promote a culture where low value and inappropriate clinical interventions are avoided, and patients and health professionals have well-informed conversations about the patient's treatment options leading to better decisions and outcomes. *Choosing Wisely's* recommendations are developed by clinicians in an open and transparent manner based on the best available evidence. For more information about *Choosing Wisely*, and its resources for patients and health professionals, refer to (<https://choosingwisely.org.nz/patients-consumers/>). *Choosing Wisely* is also discussed in chapter 14 of *Cole's Medical Practice in New Zealand*.

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endeavour to provide services in a timely manner and that are appropriate to your patient's needs. This includes discussing with your patient whether a test, treatment or procedure is necessary, and assessing whether your patient should be seen in person or reviewed through other means such as a video consultation.<sup>6</sup>

12. Doctors who are in leadership roles have a responsibility to both management and staff to use health funds wisely to ensure that sufficient appropriately trained staff, suitable equipment and other resources are available to provide adequate care.

### Care of acute patients

13. Every effort should be made to avoid withdrawing or not providing treatment when this would involve significant risk for the patient and where the only justification for doing so is resource limitation and/or budget constraints. If not providing treatment is the most appropriate clinical decision taking into account your patient's needs, this should be explained to your patient so that your patient is aware that the decision was not based on resource limitation or budget constraints.
14. If a patient is discharged or transferred early to allow a higher priority patient to take the bed, the impact of the lower priority patient's recovery should be minimised by alternative arrangements, such as carefully-planned community-based care.
15. When deciding whether to change or withdraw one patient's treatment to accommodate another patient, you should consider the expected benefit or potential harm to each patient.
16. Always inform your patient (and/or their caregivers/family/whānau where possible) about the decision being made and the reasons for it. Document such discussions.

### Care of outpatients

17. As far as possible, assessment should fairly establish the patient's priority for treatment compared to that of other patients. For example, if you are working in both public and private care, a patient receiving private care can at their request transfer to the public system but must do so based on the same priority assessment criteria as that applicable to patients in the public system.
18. You should ensure that the process of assigning priority is appropriate. Referrals to a service with limited resources should be seen in order of priority and a patient should receive treatment in accordance with their assigned priority. Prioritisation systems should be fair, systematic, consistent, evidence-based, equitable, sustainable and transparent.
19. If you are making a referral to a service you know is constrained, you should ensure that your referral contains all the information needed by the service provider to facilitate a fair assessment of your patient's priority.
20. As a doctor who receives and assesses a referral, you must ensure that you have relevant information about the patient including an understanding of the patient's condition. Where the referral does not contain the information required to make a fair assessment, you should request the relevant information or return the referral to the referrer with a request for more specific information.
21. All referrals must be met with a timely and appropriate response. Where a service decides not to provide or fully provide the requested follow-up/treatment, or suggests an alternative course of treatment, the reasons for the decision should be outlined including who the referring doctor could contact for further discussion and advice.
22. It is essential for the referrer and the service provider to keep each other informed of changes in a patient's priority while the patient is awaiting treatment. Awareness of any changes in the patient's clinical condition is important for re-assessing the patient's priority, and determining what treatment is needed.
23. While a service or team making a decision about the management of a patient is responsible for the effects of that decision, as a doctor, you are still accountable for your actions within the team.

<sup>6</sup> See also the statement on *Telehealth* that outlines Council's expectation when care is provided to patients by telehealth.

<sup>7</sup> Refer to *Information, choice of treatment and informed consent*.

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24. If you have a patient in a booking system for treatment, you should, to the best of your ability, ensure your patient is advised at the time of booking how long they could expect to wait for treatment. Managing acute services in conjunction with elective services can sometimes make this difficult so there must be systems in place to notify the patient if the patient's priority changes. The booking system must be accurately portrayed and must not be misused to shift patients from your care.

### **Where a decision has been made by the funder not to fund a specific service**

25. You cannot be held responsible for not providing what is not in your power to provide.
26. It is important to support your patient to make an informed decision about their treatment or management.<sup>7</sup> If you are placed in a position where you are unable to provide a preferred treatment, you should inform the patient (and/or their caregivers/family/whānau where possible) of the reasons for the denial of service, what the best available option is and what that involves. This discussion should be documented.
27. Where possible, you should outline the rationale for treatment being limited or denied. Where the reasons have dimensions that go beyond your technical expertise to resolve, you should instead refer your patient to the funding or responsible agency for an explanation.
28. Before making public statements about services that fail to meet best practice, you should first discuss your views about the provision of services which meet best practice with your employer and/or agency funding or providing the service as appropriate.
29. Doctors working as medical directors may be expected to make decisions for their employers on whether or not procedures are medically necessary. Such decisions are both funding and medical decisions. Care is required to manage any actual and perceived conflict of interest.

### **Managing elective procedures**

30. You should manage resource limitation issues concerning elective procedures in a similar manner as you manage those concerning outpatient referrals (see paragraphs 17-29).
31. Where there are delays in the publicly-funded health system and the public system is not the only avenue for treatment, you should also advise the patient if services may be obtained privately. Where possible, a range of private providers should be offered.
32. Where a referral has been made and you are concerned about the subsequent management of that patient, you should discuss the case with the consultant or service, advocate for the patient, and notify the consultant or service if the patient's situation changes.

### **Managing workload**

33. Doctors are constantly exposed to pressures that have the potential to affect their well-being. It is important that you attend to your own health needs and not delay seeking help if that is needed.<sup>8,9</sup> While it is reasonable to strive for efficiency in providing care, it should not be at the expense of lowering the quality of those services or putting your own health and quality of life at risk.
34. Doctors can be at risk of burn-out. Burn-out is particularly likely when a heavy workload lasts for an extended period of time. You should be aware of the warning signs of burn-out personally and in your colleagues, and how this might affect patients.
35. If you are unable to provide services that are safe for yourself and your patients, you should bring your concerns to the attention of the management in your workplace or your Primary Health Organisation (PHO), and should seek advice from an appropriate agency such as a peer, your College, specialty societies, New Zealand Resident Doctors' Association, Association of Salaried Medical Specialists, New Zealand Medical Association, the Rural GP Network, or your medical indemnity insurer.

<sup>8</sup> Council's website includes guidance on dealing with health concerns involving doctors and the importance of doctors having their own GP. See <https://www.mcnz.org.nz/support-for-doctors/supporting-doctors-health/> for more information.

<sup>9</sup> See also chapter 9 on 'Doctors' health' in *Cole's medical practice in New Zealand*.

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## Related resources

- *Good medical practice*
- *Cole's medical practice in New Zealand*
- Advertising
- Doctors and health related commercial organisations
- Cultural competence
- Responsibilities of doctors in management and governance
- Information, choice of treatment and informed consent
- Telehealth
- New Zealand Medical Association's *Code of ethics for the New Zealand medical profession*
- Australian Medical Association's Position Statement on *The doctor's role in stewardship of health care resources*
- Australian Medical Association's Position Statement on *The role of doctors in stewardship of healthcare financing and funding arrangements*

**September 2018**

***This statement is scheduled for review by September 2023. Legislative changes may make the statement obsolete before this review date. The contents of this statement supersede any inconsistencies in earlier versions of the statement.***