HEALTH QUALITY & SAFETY COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa

PO Box 25496
Wellington 6146
New Zealand

T: +64 4 901 6040
F: +64 4 901 6079
E: info@hqsc.govt.nz
W: www.hqsc.govt.nz

5 May 2021

[redacted]

Dear [redacted]

Official information request – Reference HQSC152-2021

I refer to your official information request dated 20 April 2021 requesting answers to the following questions regarding the ninth report from the Perioperative Mortality Review Committee (POMRC) 'Equity in outcomes following major trauma among hospitalised patients':

I would be grateful if you would ask [redacted] from the POMRC, the following questions:

1. *What are the clinical reasons why Māori are less likely to receive a CAT scan?*
2. *What evidence is there that such a procedure is deliberately withheld from Māori patients, as his comments imply?*
3. *Reference is made to "differential treatment" at one point. Specifically, what evidence exists which would support such a claim, other than clinical factors?*

As per your request, the Commission has liaised with [redacted] in order to respond to your questions. These are provided below.

1. What are the clinical reasons why Māori are less likely to receive a CAT scan?

There are circumstances where a computerised tomography scan (CT or CAT scan) may not be performed. For example, the POMRC ninth report states those with serious injuries and those brought to hospital by a means other than helicopter or road ambulance are more likely to not have a CT scan, possibly because they died before a scan could be performed.

There are also clear differences in receiving a CT scan based on the location of the accident: those in major urban areas are more likely to receive a scan than those in smaller urban areas or rural areas.

But these examples do not explain why there is an ethnicity difference in receiving a CT scan. Therefore, more work is required in this area, hence POMRC's recommendations in the report and the rationale, specifically:

- *Recommendation 4*

  The POMRC recommends Te Hononga Whētuki ā-Motu, the National Trauma Network develops a national consensus guideline on prioritising CT scans for trauma cases. The guideline requires timeframe guidance and the assessment of its implementation in each DHB to ensure equitable diagnosis and management.

  Rationale: Our results show that Māori are less likely to receive a CT scan. Prompt diagnosis, with the help of a CT scan, plays a key role in the initial management of traumatic injuries and can have an impact on mortality outcomes.

- *Recommendation 5*

  The POMRC recommends that DHBs complete an audit of the application of the national consensus guidelines for each Māori trauma patient who did not get a CT scan to see if the guidelines were followed correctly. This analysis should include the role and impact of implicit bias and institutional racism at clinician, DHB and policy levels.

  Rationale: Numerous studies identify differences between Māori and non-Māori in the care they receive and the quality of that care. International literature suggests a potential mechanism in trauma care is unconscious bias among providers. Addressing this bias requires linking trauma care to broader, system-wide policies including cultural safety education for health providers and services and improvement strategies that recognise equity as a key dimension of quality.

2. What evidence is there that such a procedure is deliberately withheld from Māori patients, as his comments imply?

There was no intention to imply this. However, international literature suggests a potential factor in the delivery of trauma care is unconscious bias among providers.As the report goes on to state, research has also clearly established that institutional and personal racism can influence health care interactions and the quality of care and service delivery in ways that maintain or widen ethnic or racial health inequities.

Health care provider biases, particularly in doctor–patient relationships, influence clinical decision-making processes and outcomes, including management and treatment decisions. They can further impact health care interactions through influencing the quality of communication and experience for patients. Examples of this research include:

- Rahiri JL, Alexander Z, Harwood M, et al. 2018. Systematic review of disparities in surgical care for Māori in New Zealand. ANZ Journal of Surgery 88(7–8): 683–9.
- Curtis E, Jones R, Tipene-Leach D, et al. 2019. Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. International Journal for Equity in Health 18(1): 174.
- Cormack D, Harris R, Stanley J, et al. 2018. Ethnic bias amongst medical students in Aotearoa/New Zealand: findings from the Bias and Decision Making in Medicine (BDMM) study. PLOS ONE 13(8): e0201168.
- Van Ryn M, Burgess DJ, Dovidio JF, et al. 2011. The impact of racism on clinician cognition, behavior, and clinical decision making. Du Bois Review: Social Science Research on Race 8(1): 199–218.
- Dehon E, Weiss N, Jones J, et al. 2017. A systematic review of the impact of physician implicit racial bias on clinical decision making. Academic Emergency Medicine 24(8): 895–904.

- Smedley BD, Stith AY, Nelson AR. 2003. Institute of Medicine, Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care: Unequal treatment: confronting racial and ethnic disparities in healthcare. Washington, DC: National Academies Press.
- Rumball-Smith J, Sarfati D, Hider P, et al. 2013. Ethnic disparities in the quality of hospital care in New Zealand, as measured by 30-day rate of unplanned readmission/death. International Journal for Quality in Health Care 25(3): 248–54.
- Talamaivao N, Harris R, Cormack D, et al. 2020. Racism and health in Aotearoa New Zealand: a systematic review of quantitative studies. New Zealand Medical Journal 133(1521).
- Hall WJ, Chapman MV, Lee KM, et al. 2015. Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: a systematic review. American Journal of Public Health 105(12): e60–e76.
- Paradies Y, Truong M, Priest N. 2014. A systematic review of the extent and measurement of healthcare provider racism. Journal of General Internal Medicine 29(2): 364–87.
- Haider AH, Schneider EB, Sriram N, et al. 2014. Unconscious race and class bias: its association with decision making by trauma and acute care surgeons. Journal of Trauma and Acute Care Surgery 77(3): 409–16.
- Green AR, Carney DR, Pallin DJ, et al. 2007. Implicit bias among physicians and its prediction of thrombolysis decisions for black and white patients. Journal of General Internal Medicine 22(9): 1231–8.

3. Reference is made to "differential treatment" at one point. Specifically, what evidence exists which would support such a claim, other than clinical factors?

Numerous studies have identified differences between Māori and non-Māori in what care they receive and the quality of that care, including the POMRC eighth report[1], published in 2019, which looked at mortality following emergency laparotomy outcomes for Māori. Other studies that demonstrate these differences include:

- Hill S, Sarfati D, Robson B, et al. 2013. Indigenous inequalities in cancer: what role for health care? ANZ Journal of Surgery 83(1–2): 36–41.
- Robson B, Harris R (eds). 2007. Hauora: Māori Standards of Health IV. A study of the years 2000–2005. Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare.
- Baxter J. 2002. Barriers to Health Care for Maori with Known Diabetes: A literature review and summary of the issues. Wellington: Te Roopu Rangahau Hauora a Ngai Tahu.
- Hill S, Sarfati D, Blakely T, et al. 2010. Ethnicity and management of colon cancer in New Zealand: do indigenous patients get a worse deal? Cancer 116(13): 3205–14.

You have the right to seek an investigation and review by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

[1] Eighth report of the Perioperative Mortality Review Committee: https://www.hqsc.govt.nz/our-programmes/mrc/pomrc/publications-and-resources/publication/3896/

Please note that the Commission publishes some of its OIA responses on its website, after the response is sent to the requester. The responses published are those that are considered to have a high level of public interest. We will not publish your name, address or contact details.

Yours sincerely

Dr Janice Wilson
Chief Executive