



Time to rethink surgery waiting lists

Living longer is supposed to be a good thing. An increase in life expectancy is touted as one of the most important measures of societal progress during the past half century or so, one that reflects huge advances in medical knowledge and social care, and better awareness of personal health and wellbeing.

For many New Zealanders, the prospect of a longer life is something wonderful to look forward to. But for a growing number of Kiwis, wracked with pain and waiting for years before they can go on a waiting list to receive the elective surgery they need, life in an ageing population is anything but enjoyable.

There have been warnings for years that public surgery is under increasing pressure, due to the rising number of elderly people and largely static health funding. Now those in agony and needing some of the most common elective surgery, including replacement hips and knees, are having to endure ever more pain before they can get operations they urgently need and have a right to. Their quality of life is seriously compromised.

It seems rather cruel to use pain levels to decide whether or not an operation should be imminent. As Canterbury Charity Hospital founder Phil Bagshaw has said, pain measurement is now one of the ways patients are "squeezed" out of the public health system.

Pain, though, is just one of the parameters which ultimately determine whether you will meet or exceed the threshold to get on the elective surgery waiting list.

Mobility is taken into consideration, as is whether you require home assistance, how much you will benefit from the operation and what it might mean for you if surgery were to be delayed. You end up with a mark out of 100, which may or may not mean success, given the threshold moves depending on demand.

The problem with attempting to quantify eligibility through a score is it leaves the Government and those involved in funding decisions looking like they have forgotten they are dealing with actual people rather than numbers.

Colleen Beaton and Jean Hodges are two Christchurch women in dire need of knee surgery. Beaton says she has given up after being denied an operation three times, while Hodges has received a letter saying she will not even be assessed, despite pain she rates at four out of five.

Bagshaw believes there is a growing philosophy in Western society that elective surgery is too expensive and if people want certainty they will instead go private. The waiting list model is flawed, he says, particularly for the elderly, and fails to consider that surgery is more cost-effective than the full-time care option.

There will always be a need for private surgery, and always those who choose to pay for it, but there are many who cannot afford health insurance, especially the daunting premiums the elderly have to pay. That there is even a need for a charity hospital in a country like New Zealand indicates there is something seriously wrong with funding levels and the funding model.

The health sector needs an injection of money, while a major rethink of the waiting-list model is well overdue. Without that, as the population continues to age, the problem will only get worse.