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**The Royal Australasian College of
Physicians' submission to the Asthma &
Respiratory Foundation NZ**

NZ Child Asthma Guidelines Update
Haratua 2020

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback to the Asthma & Respiratory Foundation NZ on the update of the NZ Child Asthma Guidelines.

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

Deficit Framing

The guidelines, as written, are grounded in a deficit approach, as shown particularly in *1.10 Top 10 ways health professionals can help childhood asthma (apart from prescribing medicines)*. This section recommends assumptions be made about low levels of household income, health literacy (and appropriate language), adherence and poor device use technique. Focusing on deficits in this way does not empower whānau to be in control of their health and makes assumptions that may not be founded in reality¹. It embodies a paternalistic, individualised and Pākeha-centric vision of healthcare, which is at odds with the direction of the health system in Aotearoa New Zealand. This is not to say that levels of household income and health literacy are not important, but that the way they are addressed currently in the Guidelines is not desirable for improving health outcomes. Currently it is suggested that assumptions are made on poor adherence, health literacy and housing conditions, which may be better framed as a directive not to assume that good adherence, health literacy or health conditions will be a reality.

Centring equity through a Māori lens is important, both for engaging the populations which are most vulnerable to childhood asthma, and to keep pace with the wider health sector. This means a focus on partnering with whānau, and empowering them to have control over their own health. Whānau must be trusted to take on knowledge, skills, and agency, and support must be designed to facilitate this. This is particularly important, as the Guidelines are situated in a context where inequity is widespread, as outlined in the introduction. Expanding on the already present acknowledgement of the relationship between healthcare practitioners and whānau to reflect this would make a significant impact on the relevance of the Guidelines.

Hauora – Wai 2575

The Waitangi Tribunal's *Hauora – Wai 2575* report outlines the past failings of the health system with regard to Māori health outcomes and equity in primary care, and the path forward towards a more equitable Aotearoa New Zealand for all. As written, the NZ Asthma Guidelines do not reflect this². Asthma care will largely be managed in primary care for many people, and as such it is important that the Guidelines are in line with change throughout the system.

¹ Robson B, Harris R (eds). *Hauora: Māori Standards of Health IV*. [Internet]. Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare; 2007. Available from: <https://www.otago.ac.nz/wellington/departments/publichealth/research/erupomare/research/otago019494.html>. Accessed 20 May 2020.

² Waitangi Tribunal. *Hauora: Report into Stage One of the Health Services and Outcomes Kaupapa Inquiry*. Wellington: Waitangi Tribunal; 2019. Available from <https://www.waitangitribunal.govt.nz/inquiries/kaupapa-inquiries/health-services-and-outcomes-inquiry/>. Accessed May 2020.

Key principles that must be embodied in the Guidelines are both the promotion of equity, and the empowerment of Māori to have control over their own health (tino rangatiratanga in health). With the Guidelines intended to be applicable until 2025, it is key that these principles are reflected. Otherwise, asthma care will fall behind the evolution of the wider health system, and fail to properly care for what is a priority population in Aotearoa New Zealand.

Lack of Consideration of Other Population Groups

Important population groups have not been specifically addressed in the Guidelines as written. Particularly, no advice is offered on interacting with vulnerable groups such as migrants and refugees, which will require specialised approaches to properly engage in asthma care. It is widely acknowledged that migrants face significant language and cultural barriers to accessing healthcare, which must also be acknowledged in guidelines which aim to be relevant to a diverse society such as Aotearoa New Zealand³.

This is also true of large population groups such as the Asian community, who are not addressed in the guidelines despite their large population share, and the reality that they too suffer the effects of asthma. While much of the Asian community in Aotearoa New Zealand are not migrants, like other groups they have unique needs, which should be reflected in the Guidelines.

Format of Consultation

We note that updates to Guidelines such as this are difficult to respond to in the format given for this consultation. Providing a summary of changes, or explanatory note would greatly aid ease of response, and encourage in depth interaction with proposed changes.

Conclusion

The RACP thanks the Asthma & Respiratory Foundation NZ for the opportunity to provide feedback on the update of the NZ Child Asthma Guidelines. To discuss this submission further, please contact the Aotearoa NZ Policy and Advocacy Unit at policy@racp.org.nz.

Nāku noa, nā



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³ Namer Y, Razum O. Access to Primary Care and Preventative Health Services of Migrants [Internet]. Berlin: SpringerBriefs; 2018. Available from: <https://link.springer.com/book/10.1007/978-3-319-73630-3>. Accessed 21 May 2020.