

The Royal Australasian College of Physicians' submission to the Ministry of Health

Death, Funerals, Burial and Cremation Review

Paenga-whāwhā 2020

#### Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback to the Ministry of Health on the Death, Funerals, Burial and Cremation Review.

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.

# **Scope of Submission**

The RACP is primarily concerned with proposed changes to death certification and auditing, due to the significant burden these mechanisms place on the workload of certifying practitioners within the health system in Aotearoa New Zealand.

## **Current State of Death Certification and Auditing in Aotearoa New Zealand**

There are a number of issues with the current death certification and auditing system, which are identified in the Ministry's consultation document. The processes which facilitate certification and auditing are outdated and require modernisation, which leads to errors and inefficiencies throughout the system. Consequently, an unnecessary workload is being placed upon certifying practitioners. As 89 per cent of deaths are certified through this process in Aotearoa New Zealand, any improvements made will be magnified many times in benefit, and will save significant amounts of time for practitioners<sup>1</sup>.

Modernisation of these processes has the potential to both increase accuracy and reduce the burden placed upon professionals working within the system; and as such these reforms are important to implement. We see the introduction of the Death Documents tool as a first step, and will be of even greater value under any new regime introduced as a result of this review.

#### An Overall Purpose for Death Certification

Within the current regime, death certification lacks a unifying purpose or vision for their use. Certifying practitioners lack a mandated lens through which to interpret the process, and thus provide different levels of information on the required paperwork. The RACP contends that, in the guidance proposed in Option 2, as presented in the consultation document, that an overall purpose for death certification should be provided, so as to give certifying practitioners a unifying lens through which to interpret the process.

#### **Benefits of Increased Accuracy in Cause of Death**

If changes to the death certification and auditing system successfully increase the accuracy of recorded cause of death, this has the potential to have significant positive effects on the use of this data.

<sup>&</sup>lt;sup>1</sup> Ministry of Health. Death, Funerals, Burial and Cremation: a Review of the Burial and Cremation Act 1964 and Related Legislation. [Internet]. Wellington: Ministry of Health; 2019. Available from: <a href="https://www.health.govt.nz/system/files/documents/publications/death-funerals-burial-and-cremation-consultation-document-jan2020-v2.pdf">https://www.health.govt.nz/system/files/documents/publications/death-funerals-burial-and-cremation-consultation-document-jan2020-v2.pdf</a>. Accessed 9 April 2020

Cause of death statistics are used in a number of important ways, including as a measure of the health status of the population; in forming health policy; monitoring the effectiveness of cancer screening; immunisations; and other health programmes and for comparing New Zealand cause of death statistics with those from other countries<sup>2</sup>. The current rate of error of 24 per cent, as stated in the consultation document, is very high. Having more granular and accurate data on the causes of death in Aotearoa New Zealand will better inform health responses and policy decisions. This will better allow interventions and investments of the highest value to be identified, and implemented, with resulting benefits to the population.

Improving the quality of ethnicity collection is important in the review of the death certification and auditing system, as it has been noted that there are possible issues with the current ethnicity field. Currently, it is unclear whether the ethnicity field is referring to sole Māori ethnicity, or to the Māori ethnic group, which may mean that Māori deaths and mortality rates are underreported<sup>3</sup>. Within guidance prepared as a result of this review, this should be specifically addressed, so as to reduce any impact this has on data collection.

## **Better Reflecting the Needs of Aotearoa New Zealand**

It is noted in the consultation document that the death certification and auditing system was designed in a time much different from now, particularly with respect to the reflection of cultural practice in both statute and regulation. The RACP believes that the cultural needs of Māori must be better reflected in an updated death certification and audit process which facilitates whānau to remain with the tūpāpaku until burial. This ties into the wider context of review in the health system, surrounding the Wai 2575 *Hauora* report which found widespread systematic disadvantaging of Māori and erasure of tikanga Māori, of which death practices are an important component<sup>4</sup>.

# **Preferred Option**

The RACP agrees with the Ministry's assessment that Option 2 is preferred, as it strikes the best balance of modernising the system while also avoiding any additional burden on certifying practitioners.

This is important because, despite the benefits that can be realised through a modernisation of the death certification system, we do not believe that this should be achieved through a mechanism which places further strain on our health workforce. However, we believe that with relatively minor changes, such as including a unifying purpose for death certification, the process could be further improved.

<sup>&</sup>lt;sup>2</sup> Ministry of Health. Cause-of-death statistics. [Internet]. Wellington: Ministry of Health; 2018. Available from: <a href="https://www.health.govt.nz/our-work/regulation-health-and-disability-system/burial-and-cremation-act-1964/cause-death-statistics">https://www.health.govt.nz/our-work/regulation-health-and-disability-system/burial-and-cremation-act-1964/cause-death-statistics</a>. Accessed 9 April 2020

<sup>&</sup>lt;sup>3</sup> Sporle A, Pearce N, Davis P. Social class mortality differences in Maori and non-Maori men aged 15-64 during the last two decades. N Z Med J [Internet]. 2002; 115(1150): 127-131. Available from: <a href="https://teipuwhakahauaa.teraumatatini.com/uploads/sporle/2002/432\_Sporle\_etal2002.pdf">https://teipuwhakahauaa.teraumatatini.com/uploads/sporle/2002/432\_Sporle\_etal2002.pdf</a>. Accessed 8 April 2020

<sup>&</sup>lt;sup>4</sup> Waitangi Tribunal. Hauora: Report into Stage One of the Health Services and Outcomes Kaupapa Inquiry. Wellington: Waitangi Tribunal; 2019. Available from <a href="https://www.waitangitribunal.govt.nz/inquiries/kaupapa-inquiries/health-services-and-outcomes-inquiry/">https://www.waitangitribunal.govt.nz/inquiries/kaupapa-inquiries/health-services-and-outcomes-inquiry/</a>. Accessed 9 April 2020

# Conclusion

The RACP thanks the Ministry of Health for the opportunity to provide feedback on the Death, Funerals, Burial and Cremation Review. To discuss this submission further, please contact the Aotearoa NZ Policy and Advocacy Unit at <a href="mailto:policy@racp.org.nz">policy@racp.org.nz</a>.

Nāku noa, nā

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