



20001-43-026

OFFICE OF THE MINISTER OF HEALTH

WELLINGTON, NEW ZEALAND

29 AUG 1983

Ms C Young
36 Larnoch Road
Henderson
AUCKLAND 8

Dear Ms Young

Thank you for your letter of 2 August 1983 which I read with interest and sympathy. I believe this provides an opportunity to set out some of the issues as I see them and to outline some of the options for improving the present unsatisfactory situation.

The main thrusts of our obstetric services for many years have been to ensure full medical surveillance during pregnancy and to improve standards of hospital care for deliveries and associated procedures. This has been done at considerable cost and, at least until recently, with the overwhelming support of most New Zealand women.

That some women are now seeking to reverse this trend and to demand domiciliary care poses questions which are not as simple to resolve as you suppose. Given this demand for domiciliary care, the question arises whether the Government should provide such a service and, if so, under what circumstances.

It can well be contended that the state has fulfilled its obligations by providing a good standard of comprehensive obstetric care area and if women require a choice, they should pay for the option. This, after all, is the general hospital system where a choice of public or private is available.

You also state that I play with words in calling your mode of remuneration a benefit. But this is precisely what it is. All our primary health and maternity services are based on the benefit system - some being in part payment for services provided, and others in full satisfaction. I

readily acknowledge that the rates of benefit payable to domiciliary midwives are too low but I do not concede that the method of payment is unfair. This is based on a fee for service principle which is the same principle as applies for a number of other medical benefits.

Yours sincerely



A G Malcolm
Minister of Health