



MIDCENTRAL DISTRICT HEALTH BOARD

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29 October 2021

Michael Vaughan

Email: fyi-request-16802-906337e6@requests.fyi.org.nz

Dear Michael,

Thanks for your request for information. I have added some comments below to the questions you are asking. I would point out a couple of considerations first –

- COVID is a rapidly changing environment with information coming available daily (currently there are over 180,000 per review scientific articles on the American Pubmed web site related to COVID)
- We are amid a global pandemic equal in intensity to the Influenza pandemic of 1918 and the HIV pandemic of 1980's. The way scientific information is actioned may occur of that reflective of the global emergency that we are in (even if we are in relative isolation in New Zealand).

1) What is the Covid-19 treatment protocol for hospitalised cases?

Each case is assessed on a case by case basis but following the general guidelines provided by the following site –

[interim guidance - clinical management of covid-19 in hospitalised adults 2 \(health.govt.nz\)](#)

2) Are some DHB's following different treatment protocols from others?

Most DHB's will be following the nationally set guidelines. Some hospitals can manage different levels of complexities than others and so variations between the hospitals can be expected. Some hospitals for example don't have ICU facilities and hence patients might be expected to be transferred into facilities that do.

3) Are DHB's free to make decisions about treatments for individuals with Covid-19?

Yes, as each case is managed on a case to case basis. Individual patients have their own level of complexities and have to be managed accordingly. The overall general principles will be consistent throughout.

4) To what extent are patients able to participate in decision-making about their treatment programmes?

This is strongly encouraged and partnership between patient / whanau and clinician demonstrates the best outcomes.

5) If a patient requests a blood test for Vitamin D and/or the administration of high dosage Vitamin C, are hospital staff able to provide these?

Where this is evidenced base through the peer reviewed literature, most clinicians would be supportive. I would think that an open two way conversation between both parties occur from a position of mutual respect and sharing of information and knowledge.

However not all medications, procedures and processes that are available in other countries have passed through the regulatory process that exists in New Zealand.


6) Do hospital staff have the right to refuse a patient's request and, if so, is there a process for a patient to appeal the decision?

Clinicians follow the best available evidenced based practice in their respective professions. Usually, the first point of discussion when a major "disagreement" between patient and treating clinician occurs is to get a second opinion. This may occur on treatment modalities, prognosis estimates and planning around discharge.

I trust these answer your issues or concerns.

Please note that this response, or an edited version may be published on the MDHB website ten working days after your receipt of this letter. Please let me know if you have any objections to this as soon as possible.

Yours sincerely



Dr Kelvin Billinghamurst

**Chief Medical Officer, Primary Public & Community Health Executive
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