

Improving Māori Health

Dear bpac,

Thanks for the interesting BPJ on Improving Māori Health.

Working in a practice with a larger percentage of Māori/ Pacific peoples than Pakeha, I am beginning to believe that one of the most effective ways to improve health outcomes is to have free medication - especially for the older children.

Their parents may make poor economic decisions, but this should not mean the children do not get their medication because the caregiver has no money. We see it a few times per day. Even the adults often do not fill their scripts even though the rapport with staff is good. Their priorities are different.

By the way, has anyone ever asked the Māori/ Pacific communities if they actually want to increase their average life span or is it just another western model of feeling like we have achieved something?

GP, South Island

There are many reasons why patients do not fill prescriptions. While socioeconomic factors may be one barrier, effectiveness of communication between the health practitioner and patient can also be significant.

He Korowai Oranga, the National Māori Health Strategy, encourages Māori to determine their own aspirations and priorities for health and disability and provides mechanisms for ensuring these are taken into account in the planning and delivery of services. Published discourse about Maori aspirations show that Maori want more access to health care, more effective health care delivery, and better health outcomes. PHOs should consider establishing specific services to address the identified needs of the Māori or Pacific peoples among their enrolled population. We encourage you to raise this issue with your PHO and work with them to address it.

The evidence of disparities in health care is significant and the responsibility for achieving better outcomes is clearly shared broadly across society. Bpac will continue to contribute through education, analysis and advice, and we look forward to working with health practitioners who are similarly motivated to provide best practice health services to their patients.

Generic Prescribing

Dear bpac,

Whilst I welcome your article on generic prescribing and wholeheartedly support the practice I have come across an instance where it does not necessarily indicate “good prescribing practice.”

The generic prescribing of oral contraceptives is confusing and causes the most problems especially with scripts written for ethinyloestradiol 30mcg and levonorgestrel 150mcg, which allows the dispensing of four different brands, two of which are subsidised and two of which bear differing part charges.

It would be decidedly helpful in these cases to have the brand specified as the odds of choosing the wrong one for new patients are quite high.

In a patients mind, dispensing Monofeme when they have used Levlen ED in the past is a dispensing error.

Yours generically,

Derek Lang FPS MNZCP

**We value your feedback. Write to us at:
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