

Doctoral Examination Information

Report of the Overseas Examiner

Feedback regarding MPhil thesis

Broadly speaking this is a thesis which shows some clear strengths but also some significant deficiencies that need to be addressed before this thesis will be acceptable.

In terms of strengths the strongest section focuses on the classification of the types and nature of categories that are under discussion within this thesis. This was clear, well written and I felt could potentially come earlier in the piece as a way of focusing and shaping the overall discussion. Clarity overall was good, with a clear writing style, although I did feel the transitions between different parts of the thesis could use more signposting for the reader so that it was easier to follow particularly why the transition was happening and the overall direction of travel of the thesis. Likewise the central insight that it can be useful to think about who the real beneficiaries of a policy are is I think a useful one.

In terms of weaknesses there were I think three significant deficiencies, and a few minor issues as well.

The first significant issue which I think would help the thesis throughout is that while the concept of discrimination is used repeatedly throughout the thesis there is no analysis of this concept within the thesis. I think such an analysis would helpfully inform several sections of this thesis and make some of its conclusions more defensible. For example discrimination is typically considered immoral if it tracks a non-relevant characteristic, however several times this thesis suggests that this kind of discrimination is morally problematic.

A second major issue has to do with an ongoing pattern of making significant empirical claims without providing references to underwrite these empirical claims. Some (non-exhaustive) examples of this include:

"More particularly, we are required to believe that the resources needed to attain health are finite and there will never be enough to meet demand for them." Pg 22.

"It was in the name of tourist or student accommodation that we ended up with large slum boarding house / cheap motel style accommodation with, for example, no balcony space in high rise apartments, and a proliferation of accommodation that would be considered too small and lacking in basic amenities for full time habitation." Pg 47.

"In response, we have seen already how inequality is increasing in New Zealand at a faster rate than it is in much of the world. This is because the New Zealand Government has failed to legislate to protect it's people comparably to the governments of other nations." Pg 52.

"It is the knowledge that they are not being asked (or conned) into that that will result in informed consent being given. Otherwise: Nobody in their right mind would consent to that." Pg 85.

"The service is not trying to be responsive to the people, it is trying to get the people to comply with the targets the Ministry of Health has set." Pg 89.

"There is still concern that while representation of women is increasing (e.g., in Medical School) there is more expectation that they will defer to males - either by choosing to marry a doctor on graduation and / or by selecting a speciality in which there is less male competition." Pg 101.

The final major issue has to do with the analysis and interpretation of some of those empirical claims, where rather than interpreting these charitably, instead the author seems to head to quite tendentious interpretations. While controversial interpretations can of course be correct, typically the evidential bar for such claims needs to be much higher, otherwise you risk arguing against a strawman rather than the actual position you are trying to criticise. It felt that a common pattern of reasoning offered was comparing two positions, and then concluding that since one is false, the other must be true, however there are often many less tendentious positions still available between the two. Some non-exhaustive examples of this are below:

"The argument against us bring our legislation more into line with the legislation of other developed nations has been a retort that we don't want to interfere with the free market. The market is not particularly free for the majority of New Zealanders, however. We are forced to buy the cheapest possible (end of the supply chain crap) because we cannot even afford to pay rent to live in our houses." Pg 47.

"In New Zealand we may wonder whether Maori and Pacific peoples have similarly been targeted for observational studies of untreated infections resulting from living in housing conditions known to be unhealthy. For how many generations are we going to sit by and watch the obvious unfold?" Pg 54.

A clear example of this style of reasoning was in the section on Maori rates of immunisation, which argued that these higher rates were an example of inequity. This was based on the notion that the primary beneficiaries of herd immunity are those who are immunocompromised. This seems a superficial analysis - while it is of course true that if you reach herd immunity levels then the primary benefactors are the immunocompromised, there are still direct benefits to individuals in terms of minimising illness of being vaccinated. And of course herd immunity levels are not reached in all cases. Furthermore given that Maori live in typically worse housing than many other New Zealanders (barring Pacific Islanders) they are particularly at risk in regards to diseases of mass infection. Simply because a very small group of people (some of whom include Maori) are greater potential beneficiaries if herd immunity is achieved doesn't mean that the vast number of Maori who now avoid measles isn't a larger benefit. In other words, even if Maori are not those who gain the most by higher rates of immunity, it might still be the best intervention available to benefit them as well. If that's the case then it is unclear why we should be worried that another (small group) benefits even further than they do.

"Statistics aren't being kept on how many people have made an informed consent decision about whether their child will be immunised or not, however." Pg 83.

It is unclear to me why in principle that the stat on vaccination rates doesn't straightforwardly track onto the stat on informed consent decisions regarding immunisation since it would be illegal for a clinician to administer a vaccine without informed consent. If the author wants to argue that these stats don't track together then they need to offer an argument for this.

"In other words, there is the potential for administrators to make a lot of money off of this bounty that has been placed on certain individiual's heads." Pg 123.

"That there will be special clinics set up for Maori and poor people because capitation funding has put a bounty on their heads where clinics can earn more money off of providing less services to these people when nobody expects a better outcome for them." Pg 128.

"This view of trade where one should take more than ones fair share if one can get away with it is a game that results in a world that is worse off than what would be the case if both parties tried to come to a fair, and mutually beneficial deal." Pg 131.

Economists will differ here - they will argue that the world you describe is actually very efficient since it closely resembles the real world - what you are missing is that trades where each is trying to get as much for themselves as possible can still be mutually beneficial trades. If they aren't then they will not be made.

In terms of minor issues there are a number of typos, broken sentences and grammatical issues throughout the thesis. Another minor issue was the extremely brief use of empirical evidence generated by the author themselves on page 20 – while they acknowledged some of the deficiencies of this evidence, given its weakness I felt it was better to simply exclude it, since it doesn't really add evidence to the argument here.

This is an interesting project, and I offer this feedback in the spirit of improving the overall piece once it is completed.