



THE UNIVERSITY OF  
**WAIKATO**  
*Te Whare Wānanga o Waikato*

# **Report of the** **New Zealand Examiner**

## Examiner's Recommendation MPhil

Attached is my report as examiner of the following Master of Philosophy thesis:

**Candidate's name:** Kelly Roe (9753890)

**Thesis title:** Disability and Equity in Medicine and Public Health

**Chief Supervisor:** Dr Justine Kingsbury

### My recommendation:

- ☐ That the thesis be accepted in its present form as fulfilling the requirements for the degree of Master of Philosophy.
- ☐ That the thesis be accepted as fulfilling the requirements for the degree of Master of Philosophy, subject to minor amendments and/or correcting typographical errors to the satisfaction of the Chief Supervisor, which are completed within 4 weeks.
- ☐ That the thesis be accepted subject to the candidate completing substantial amendments to the satisfaction of the examiner or chief supervisor\*\*, provided that these amendments are not so substantial as to necessitate re-submission and are completed within 10 weeks.
- ☐ That an oral examination be conducted, and a further report, based on the oral examination, be provided by the examiner to the Postgraduate Studies Committee.
- ☒ That the candidate has failed to meet the required standard and that no degree be awarded.

### The amendments should be checked by:

- ☐ The Chief Supervisor
- ☐ The Examiner

**I understand that the full contents of my report will be made available to the candidate**



**Request for anonymity:** (option available only to examiners who will not be taking part in an oral examination)



I have provided a separate, anonymous version of my report for the candidate (refer to 'confidentiality' on the Information sheet provided to external examiners)

Signed:



Date: 13 Sep 19

 - External Examiner (NZ)

Examiner's Recommendation MPhil, Kelly Roe (9753890)

Thesis title: "Disability and Equity in Medicine and Public Health"

My recommendation is that the "the candidate has failed to meet the required standard and that no degree be awarded." This draft of the thesis is far better than the previous one. However, it (still) contains factual errors, weak arguments, and unsubstantiated claims. Much less importantly, it still contains irrelevant material and fails to clearly explain key concepts. I explain the reasoning behind my recommendation below.

I do not think there is any point in holding an oral exam. An oral would help the student develop or explain the arguments, but there is no reason to believe that the weaknesses in the arguments are due to poor explanation. An oral is also sometimes useful for checking that the student understands the written material, but I have no doubts that the material is the student's own work and she understands that material.

I was somewhat inclined to opt for the "substantial amendments" option, but I have rejected this option for the following reasons.

1. As the thesis stands, I would not want to be associated with it, by which I mean that I would not want other people to know that I had passed it. My reasons for this are given above; it contains factual errors, weak arguments and unsubstantiated claims. This means that if the "substantial amendments" option was chosen, I would need to see the thesis again to check that the changes had been made. I am not sure what the phrase "these amendments are not so substantial as to necessitate re-submission" means, but the remaining problems are serious ones.
2. Many of the comments made on the initial version of the thesis have been ignored. Some of these comments could be ignored and the thesis could still pass, but unfortunately some of the comments that have not been responded to are serious problems with the thesis. The student hasn't provided a written summary of responses to the comments on the thesis. This has made marking the revised thesis much more difficult than it needs to be. More importantly, the lack of a written summary of responses to the comments on the thesis means that the student has not given reasons for not responding to previous comments. This means there are no grounds for believing that the students will carry out any required amendments.
3. Some of the revisions to the thesis show the same kind of poor practice that occurred in the initial version. That is, when making changes based on previous comments, the author has made the same mistakes that the initial comments were referring to. Thinking charitably, this may be because the comments were unclear – or the import of the comments for the craft of writing a philosophy thesis was unclear. However, the errors are ones that should not happen at this level, which leads me to conclude that the student doesn't have the skills required at this level.

Given that this is not the case, I have to opt for "the candidate has failed to meet the required standard and that no degree be awarded." I make this decision reluctantly, because the student has clearly worked hard, the thesis includes arguments that are worth developing, and I agree with some of the conclusions reached – the difficulties are with the failure to develop well-reasoned, evidence-based arguments in support of those claims.

## **Examiner's comments – post resubmission**

**Kelly Roe, MPhil Thesis, 'Disability and Equity in Medicine and Public Health'**

### **Comments on structure, style and referencing**

**Writing errors** The revised thesis corrects writing errors and significantly reduces unclear and imprecise claims. Using a spelling and grammar checker would pick up the remaining problems.

**Style** The revised thesis significantly reduces the amount emotive language.

**Referencing errors** The revised thesis has resolved the majority of the problems with unreferenced claims, incorrectly formatted references, and missing references. The remaining problems are minor, such as missing quotation marks at the end or start of a quote, a failure to indent long quotes, missing parts of references, or in one case a source that is not included in the reference list.

### **Abbreviations used below**

[N] No change made in response to previous comments (in some cases I have edited the comment)

[M] Minor problem – these contribute little or nothing to my final evaluation

[A] Accuracy

[X] Argument

[R] Relevance

[C] Clarity

[E] Evidence needed

### **Detailed comments**

#### **Introduction**

[M; A] "The idea is that more factors are likely to provide a more thorough or complete explanation": There is good evidence that they do provide a better explanation.

"though what they have to say has largely been ignored in New Zealand." [X] The thesis cannot establish this because it does not and cannot evaluate all of the actions taken in NZ to improve health disability and equity issues in response to the UN.

"New Zealand has focused on understanding equity only in the context of Māori". [A] This claim is false. The thesis itself includes work that could be used as evidence against this claim, for example, Signal, Martin, Cram and Robson, 2008; Matheson and Dew, 2008.

#### **Chapter 1 Models of disability and ill health**

Chapter 1 outlines several models of health. The revised thesis does a better job of showing the relevance of these models to later parts of the thesis

1.1.1, 1.1.2, 1.1.3 These sections remain short with weak explanations and arguments, but they do not play a key role in the overall thesis, and, for this reason, do not do serious harm to the thesis.

1.3.1 The explanation of public health and the social model of health has improved; the revised version goes some way to showing the diversity of the field of public health and explaining the link to issues of equality.

1.3.2, 1.3.3 Brief, but clear and adequate to the task they have in this thesis.

1.3.4

[C; X] I am still lost here. Is the claim here that “medical professionals” diagnose “social causal factors”? If so, isn’t the tension connected to the fact of diagnosis – or the approach to diagnosis – rather than the social causal factors? That is, the tension seems not to be tied to the social models.

[N] “Today, some people are required to get a note from their doctor if they take time off work for sickness.”: True, but this has more to do with employers (and academics) requiring evidence that people are not skiving rather than the medical or social model of health.

[N] “Governments may be less likely to respond to citizens complaints than to medical doctors complaints... respiratory problems...” (sic): This seems related to expertise rather than a model of health.

[N] “A psychiatric (medical) diagnosis of one of these conditions might be as effective (or even more effective) in preventing a person going on to a professional career than if they had been not only charged but actually convicted with criminal activity involving serious misuse of power (e.g., sexual offending or violence against children).: True, or it might not... Evidence would help here.

1.4 This section has been significantly improved after revisions.

[N; A] “We ended up briefly considering utilitarian models... ” Only one model was considered, and the DALY model is not, properly speaking, a utilitarian model. This may seem pedantic, but edit to say: “We ended up briefly considering a consequentialist economic model...”

## **Chapter 2 Inequality and inequity**

This section is still poorly developed

[A] “I introduce public health to some of the evidence and literature that has accumulated within sociology and law in New Zealand that inequality is increasing and that overall New Zealand is doing worse on the world stage than other countries.... It has not been the dominant paradigm ... in public health.” This misrepresents NZ public health workers. You present some work by Philippa Howden-Chapman, for example, and she writes about this. Nick Wilson also knows about and writes about this, as do: Don Matheson, Tony Blakely, Belinda Loring, Philip J. Schluter, Michael Baker, and many others. I recommend altering the wording.

2.1.2

[N; E] “it is rather surprisingly common, still, for government officials,”: Include a reference to back up this claim.

[N; R; A] 2.2 Future inequality: Begin this section by explaining its role in the thesis. Why look at potential future inequalities? The sections under this heading are not discussing the future, although some comments do discuss trends.

[N; C; R] 2.2.1 Between countries: “The issue of inequalities between countries is complicated to assess.” Make clear why this section is included in the thesis. Write a conclusion at the end of this section that, again, makes clear its role in the thesis.

The section aims to show that New Zealand lags behind many other countries economically. The claim at the end of the section seems to differ from the aim of the section: “This is a different picture or paradigm from the story New Zealanders are typically told about how we are one of the most equal countries in the world.”

The role of this section in the thesis is still not clear, nor does it say anything about future inequality – although presumably the claim is that if NZ doesn’t do something different the future will remain the same and we will continue to have a low income per person compared to other OECD countries.

[N; M] 2.2.2 Within New Zealand: as with other sections, make it clear to the reader what role this section has in the thesis.

## 2.3 From inequality to inequity

[N] The explanation of the relationship between equity and inequality remains weak.

[N; X] Why should the reader care that Ian Taylor thinks that high pay is not a sensible motivator? Avoid using an argument from authority whenever possible. If an argument from authority is used, alternative arguments need to also be considered.

[N; X; E] The paragraph beginning “If people only want to take on...” makes a number of unsupported claims and contains a false dichotomy.

[N] “If we try and find some sort of common-sense understanding of ‘equity’ then we will find something along the lines of...” (sic): My initial comments said:

Where do we find this? Why do we want to find a common-sense understanding of equity rather than a more considered understanding of equity? Equity types (2) and (3) aren’t relevant here. I recommend deleting them from the rest of the thesis. If you include them, read more about them and check the ways that they are used later on. Equity (1) needs more explanation and discussion.

I understand that the writer thinks “these three notions of equity are important”, but the sense that is relevant here is type (1), types (2) and (3) are only relevant inasmuch as they are treated as somehow related to type (1). Equity (1) still needs more explanation and discussion, and there is a literature out there looking at related arguments on equity, equality, health equity, and the connections between these three concepts.

[N; E] “It is often described...”: By who? Where?

[N; E; R; M] “Equity also has a tradition in law.... Tradition in financial...”: these section need more explanation and references if they are to be included.

## 2.4 From inequity to equity group targets in New Zealand.

The use of emotive language in Section 2.4 has been significantly reduced. There are still many claims that are unsupported and there remains a lack of serious consideration of views that differ from the author's.

[N; M] The "causal chain" at the bottom of p. 45 and on p. 46 is difficult to follow. Reproducing the original diagram would be clearer.

[N; C] Include an argument explaining and supporting the causal chain.

[N; A; X] "When the state owned houses were sold off to private investors, to be rented at market rates (thus making housing more unaffordable for people) who brought up the state owned houses? .... 32 MPs are declared residential landlords owning 59 residential properties between them...." No link has been shown between these situations. Avoid making unsubstantiated claims of this kind.

[N; C] "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: Explain what legislation is referred to here and what developed nations are being referred to.

[A; X] The section on Howden-Chapman and Bierre 2008, p. 55-57, is uncharitable. The other references in the thesis show that the writer has a good understanding of the cluster of research projects this group was engaged in at this time and in the period since this time. That they were not "asking who profits from the status quo" does not reduce the value of their research or of the changes in public policy that followed that research.

[N; C; R] "running a smokefree campaign (instead of legislating against the tobacco industry) might well be more likely to benefit big tobacco": explain why, and make the relevance of this clear.

[N; X; A; E] "Howden-Chapman and Bierre 2008..." This paragraph remains emotive, contains no evidence to support claims, and is poorly argued.

[N; E] "the New Zealand Government has failed to legislate to protect its people comparably to the governments of other nations." (sic): This claim is not supported by evidence in this chapter.

[N; E] "While it is the case that there are people who have borrowed extensively to become landlords because they were promised returns on their investment that required them to maintain slums": provide evidence to support this claim.

[N; E] "The counter-narrative is one that is not responsive to reason.... ": provide supporting evidence to back up the claims in this paragraph.

[N; R; C; M] The long quotes on p. 53 do not help the thesis. When quotes are included always integrate them into the body of the text by explaining what they say and what role they are playing in the thesis.

[N; E; A] "In New Zealand we may wonder whether Māori and Pacific peoples have similarly been targeted for observational studies...": Don't make claims like this unless they can be backed up by evidence.

[N; A; R; E] The Matheson and Dew quote does not suggest that "we sit back and watch / fund another observational study".

[N; R; X] "We may well wonder for every dollar of New Zealand taxpayer's money that goes into funding our Public Health System - how much of that is spent on the 'right services'": This sentence doesn't help the thesis.

### Chapter 3 Equity groups and statistical parameters

[M; R; C] The introduction to this section is brief and unclear.

#### 3.1 Kinds of kinds

[N; R; E] Much of this discussion of kinds is irrelevant to the aims of the thesis. (The exception is on pp. 68-69.) This section is still missing references.

#### 3.2 Case studies in kinds of people

##### 3.2.1 Biological sex, gender, sexual orientation, marital status

This section is presumably intended to do what is stated in the preceding sentence, that is consider which groups are “victims of inequality”. It starts by explaining that people don’t just come in XY male and XX female, still includes claims about intersex people and their treatment that are arguably false and not backed up by evidence, and includes either no, or a very weak explanation of associated inequity. (Focusing on inequity rather than inequality or difference would be more useful in this section of the thesis.) The discussion of homosexuality is also weak on evidence and argument. A thesis can’t discuss everything, but when the thesis is about inequity, it needs to do a good job of explaining what it will and won’t discuss and why.

[A; M] pp. 76, 77 “inequalities of biology”, “inequalities in morphology”. It seems very odd to think of these as inequalities. I suggest changing this to “differences”. (Not all differences are inequalities.)

[R; M] “There used to be a lot of research...” This paragraph isn’t tied into the thesis or the section.

##### 3.2.2 Racial ancestry, ethnicity, skin colour

[N; A; E; X] “People are often asked to state which ethnic groups they identify as being a member of on forms, for example.” This is a poor example. There are good examples that relate directly to the thesis – choose one of those.

[N; A] “This is why the New Zealand Government is supposed to...” This is one reason why it is done. That doesn’t mean it is the only reason it is done.

##### 3.2.3 Geographical mesh block

[N; E] Provide references

##### 3.2.4 Poverty and the NZDep score

Take more time to explain what NZ Dep is. Explain that it isn’t just a measure of income. It includes things like not having any qualifications, living in a single parent family, etc.

[N; E; A] “... reluctance to consider poverty to be an equity group.”: Provide evidence to support this claim. Additional comment: clearly some people do consider those living in poverty to suffer inequities that we need to remove – the Walters reference supports this claim. Perhaps all that is needed here is to state who is reluctant to consider those living in poverty to be an equity group.

“There has been a surprising....” and “The socio-economic gradient...” There is an important point here. It is conceivable that being in a particular socio-economic group would not indicate that there was some inequity (Inequality need not = inequity). But, NZ Dep isn’t just any measure of socio-economic grouping. For example, it isn’t a measure of income.



[C; E; A] "Equity is thought to be tied up in other notions..." Again, by who?

"Typically, the notion of equity..." If you want to include this, add evidence, and make the person making the claim clear. Don't use someone who thinks this happens and shouldn't happen as a reference. Use someone who believes that this is the case.

[R; E; A] "If we keep subsidising people..." Think back to what this section of the thesis is supposed to be about. Edit this so that it refers to this section and this section's purpose.

The NZ govt does use NZ Dep as a tool to address inequities – it is used for resource allocation.

### 3.2.5 Disability

[N; A; E] "Prevailing theories of economics don't consider...": support this with references to these theories.

### 3.3 Statistical parameters

[N; A] "intending to obscure discovery of difference in Māori populations in order to further benefit non-Māori New Zealanders": The source cited does not state or imply that this is the case.

[N; E; A] "We know that generally it is poor people and people who don't have the power to hide from data collectors that are the subjects for data collection. Poor people are rather more well studied than rich people.... One might... It seems..." Provide referenced evidence to back up claims. Introduce the possibility that if some types of study are carried out more frequently on those from lower socio-economic groups, that could be to identify inequities. Provide evidence that businesses are more interested in gathering information on poor people.

### 4.4 Capitation funding and assessment of risk

[N; C] "First-Contact, Services to Improve Access, Health Promotion, and Care Plus." These need explaining. If you explain them clearly at the start, this will also help improve the accuracy of some later claims.

[A; R] p. 94. "It is hard to see...." The paragraph misses the point. To help see the meaning of this quote, look at the quote given on p. 96 (the one not indented that needs indenting). Here is the problem. There isn't much data on deprivation, ethnicity and use. The data there is says that the usage rate is the same as other groups. If a decision about how much money was used to provide access was made, it would be based on current provision. No extra money would be allocated. This would cement in place existing inequities because part of the current problem is getting certain equity groups to access the service.

[N; C] Explain what "morbidity-based risk adjustment" is. Add and end quote to the quote that starts 'most risk adjustment... and add a reference.

"Only it is unclear that the resource..." This misunderstands what has been said earlier. Access to GP services definitely isn't the only thing that is lacking. Because of the way the NZ system works, timely diagnostics is almost always tied in part to GP service access. (There are other complicating factors here, as I expect you know – access to GP services is also affected by transport, location, employment, cultural competence, not just funds for GPs.)

[N; A; E; X] paragraph beginning "Improving...." This paragraph and argument needs an overhaul. Add references to back up claims. See below for more specific comments on this paragraph.

It would be far better for the author to refer to “ethnicity-based funding”. The issue is not one tied to race.

[N;A;E;X] “that explicitly says it is focusing on collecting data that is cheap”: add a reference and evidence. Crampton & Foley say something almost like this on p. 121 in your thesis, but they don’t say that the focus is “on collecting data that is cheap”, this has quite different connotations that need supporting with evidence.

[N;A;E;X] “Potential downfalls of doing this were thought to be that race and socio-economic based funding schemes are that there is additional administrative complexity and costs and leaves a large proportion of differences in spending unexplained. 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 individual's heads.” (sic): Provide evidence and a reference here. The second sentence makes a claim that has been very poorly argued for.

[N;A;E;X] “Nobody seems to be expecting them to actually improve health outcomes - the extra money is because of past injustices.”: this is a false dichotomy and is not supported by evidence.

[N;A;E;X] “There does not appear to be any accountability on how the money is supposed to help the supposed primary beneficiaries.” No good evidence was given to support this claim.

[N;A;E;X] “The primary beneficiaries appear to be administrators.” No good argument was given to support this claim.

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[N; C; A; X] p. 97 ff argument by Towns, Watkins, et al. 2004 The development of this argument remains poor and at times unclear. I will add some specific comments below.

The Treaty predates the UN. Why believe that the UN provides contractual grounding for the Treaty?

[X; A] p. 99 “The authors do not consider ethical principles such as Māori being persons with right to health.” On my reading of the arguments, all three arguments are based on the assumption that Māori are persons with right to health. For example, when the authors write “The central tenets of medicine....” isn’t the assumption lying behind this that Māori are persons with right to health? When article three of the Treaty is referred to, isn’t this a way of saying Māori are persons with the rights of full citizens, including any right to health had by citizens?

[C; A] p. 99 “(but we have a duty to work to change that...)” may be read as misrepresenting the reasons given for that duty.

[C; A] P. 99 “give DHBs... more money for having Māori people” I am not sure if the imprecision here is intentional or accidental, but the reason for giving more money is as the next sentence says, to try to improve outcomes. “having” risks having a tone that misrepresents, as in “you get more money just because you have more Māori” when it should be “you get more money because we want you to have the funds to work to improve outcomes for Māori people”.

[E] “one justification for capitation funding”: provide supporting evidence that shows that role played by this justification.

[N; A] p. 100 “I didn’t choose my pre-existing risk” This isn’t relevant to insurance companies. Show that you understand this.

[N X] The insurance premium argument needs work. The claim is that it is unethical to charge people more for insurance if they have a health problem that makes it likely that they will require a more expensive insurance pay-out than other people. The reasons given are: (1) it is discrimination based on disability, but no reasons are given for why this is discrimination; (2) it results in certain groups bearing a disproportionate amount of the burden, but no argument is given about what is disproportionate; and, (3) it involves others exploiting them for their personal gain, but no evidence or examples of this are given.

100-101 The insurance premium argument then returns to drawing a link between insurance premiums and capitation funding, but does not make the actual or purported link clear and does not provide evidence to back up claims. For example, no evidence is given that insurance companies charge more for health insurance for high-risk people so that some other group can get a disproportionate benefit from their insurance.

The previous comments included the following that have not been addressed”

- p. 126 “people tend to think that it is okay to discriminate against people when it comes to calculation of health insurance premiums”: they probably don’t think of this as discrimination at all – there needs to be an argument to claim that it is.
- p. 126 “this results in certain groups in our society bearing a disproportionate amount of the burden, or of others exploiting them for their own personal gain”: I disagree – this claim seems to be based on a misunderstanding of how the insurance system works. To keep this claim in, add an argument explaining why people with my view are incorrect.
- pp. 126-127 “For now, the role of the government is to legislate against discrimination so that it is not a feature of the private nor public sector, and not appeal to its use in the private sector as precedent for them to employ similar, discriminatory practices.” (sic): This is not what is happening. The idea is that both occur because of the costs of health care to these groups and their greater needs.

#### **Chapter 4 From the United Nations to the District Health Board**

[N;A] “we considered in the chapter 2 how these nations have been making genuine advances and developing on the world's stage.”: This goal wasn’t achieved in chapter 2. For example, there is no evidence given that India is “making advances”. Singapore isn’t mentioned. There is no evidence given for the claims made in this paragraph, and the choice of content for this paragraph does less to contribute to the thesis than it might.

##### **4.1.5 The UN declaration on human rights.**

[N; C; X; E] If human rights are going to play a role in the thesis, it is important to develop this section in a way that shows a good understanding of human rights and a good understanding of criticisms of the notion of human rights. The current section has no references and, as it is, can’t contribute anything useful to the thesis.

##### **4.2 The World Health Organisation**

[N; M] “At this point the sceptic might think that the World Health Organisation .... time.” (sic): I recommend looking for actual criticisms WHO and the right to health rather than inventing some poor potential criticisms.

[N; A] "While every person has rights whether a person's right has been violated seems to be something that the World Health Organisation considers tied to their status as a member of a particular group." This claim is based on a misreading of what is being called the "second principle".

[N; X] "Again, the sceptic might..." What sceptic? If you need to construct an objection that you can't find an author for, try to make it as strong as possible. The imagined sceptic's argument is terrible, which makes it a kind of strawman.

[N; X; E; A] There is a strong assumption in the paragraph on p. 73 that student training equates to poor health care. If there is evidence for this, by which I mean, evidence that this is a necessary feature of training, it should be included in the argument.

#### 4.2.1 Disability

[N; A] p. 116 "Social" factors are often taken to include "economic factors".

[N; A] "On the other hand, the World Health Organisation may be attempting not to describe disability, but to predict how it is that those who are diagnosed with disability will be treated." (sic) It is describing, not predicting.

[N] p. 76: "the New Zealand Ministry of Health seems to have missed the part about empowerment..." Avoid writing with this kind of emotive subtext. This is a formal work that ought to be aimed at bringing the reader along with you. Assume that your potential readers include people within the Ministry. (2) Add a reference or a mention of where you demonstrate the MoH is not committed to improving or supporting empowerment.

[N; A] P. 77. Add a reference at the end of this quote, and the following quotes.

[N; A] p. 77. "Thirdly, the differences (inequalities) that **are** relevant for health in particular are differences with respect to either:" No, the quote says that they "**involve more than**"

[N; M; C; R] P. 78: "Paragraph Two" has no introduction or discussion, but it discusses issues that are worth unpacking. If they, and the content of paragraph three are not worth discussing, delete them.

#### 4.3 The New Zealand Ministry of Health

[X; A] The general argument in this section is uncharitable. That there is a statement on equity in relation to Māori does not show that the Ministry of Health "does not acknowledge that equity is... a concern for ... population groups other than Māori. There is clear evidence that the MoH does work on equity issues that relate to other groups. There are many examples, but High Use Health Cards could be one example.

[N; X; A] P. 80 "We are presented with two options: Equity for Māori, and equity for New Zealanders.": This is a false dichotomy, and definitely not implied by the quotes MoH paragraph.

[N; A] p. 80 Paragraph beginning: "We have already considered..." The explanation here shows a misunderstanding of the two technical uses of the term "equity" explained earlier.

[N; X; A; E] Many problems remain] pp.80-85 (old pages) Paragraphs beginning: "Firstly..": Reference or provide evidence and context for claims made throughout this argument. The argument in this section is unbalanced, that is, it considers only evidence that supports the author's views. This section still includes false claims.

The only evidence given that the MoH want Māori to be immunised at a higher rate than non-Māori is one comment on the Māori equity website that claims that “immunisation rates for Māori children have improved so much they are now equal to or better than non-Māori rates in much of the country”

[Some changes made, but problems with X A and E remain] p. 80: “the primary beneficiaries of immunisation are the free-riders who are not themselves immunised”: If I get a flu vaccine, I benefit, even if my arm is sore for a week afterwards; that here is a cost to me does not mean that only “free-riders” benefit.

[A; E; X] “Unless Māori are over-represented... ] Māori are over-represented in some groups of immunocompromised people, including those with HIV. And, of course, Māori have a higher birth rate, so are disproportionately represented in the population of those too young to be immunised.

[A; E; X] “the story we are typically not told is that the primary beneficiaries of vaccination are the individuals who are not themselves immunised and who are benefiting from herd immunity”. The argument that individuals do not benefit from being immunised is weak and not supported by evidence. Those considering immunisation are routinely told that one of the benefits of this is that it reduces the likelihood that those who cannot be immunised will get sick.

[N; A] p. 123 (1) Is the suggestion that Māori be refused vaccinations when the percentage of Māori vaccinations equals that of non-Māori? (2) What constitutes “disproportionately higher”? Māori vaccination rates are lower than European NZers. See the table below from Stats NZ. Regional statistics are also available online. Does this mean that equity requires us to increase Māori vaccination rates because European NZers are carrying the burden of vaccinations? This seems absurd. Public health experts who support vaccination, and most do, claim that vaccinations benefit the individuals and the society. To improve the argument here, go to reliable sources where these issues are discussed and use them in the thesis.

[N; A; E; X] “It is important to be clear about immunisation in the context of informed consent rather than locating it within a more military-style of public health as a matter of developing world compliance with developed world agenda (or similar).” As mentioned above, look at, and provide, evidence about what has led to the increase in Māori vaccination rates. Is it really because public health in NZ has become more “militarised”.

[N; A] p. 125 Paragraph beginning “ Baum (2015...)” This paragraph misses evidence to support claims, contains false claims and fails to show an understanding of the Australian situation. I suggest deleting it as it doesn’t help the thesis at all.

[N; A; E] Paragraph beginning “Medicine...” This paragraph claims that the current immunisation system in NZ leaves people vulnerable to being experimented on. This is a serious claim. There is no discussion of the existing systems in NZ that have been developed to prevent this from happening and no evidence given that there is reason to believe it is happening.

[N; M] p. 86 “It may sound as though I am being very opinionated (if the reader has a different opinion) but...” I recommend that you delete this. Assume that your reader is a reasonable person who will carefully reflect on your argument and reach a decision based on the evidence. This is a philosophy thesis; write it like a piece of philosophy.

[X] “I hope I have provided enough (sometimes somewhat lengthy) quotations to convey that I am not the only person saying such things” Arguments from authority or argumentum ad populum is

not a reliable way to argue for a thesis. If you need to use an argument from authority, it must be backed up with an independent argument or analysis of some kind.

#### 4.4 District health boards and primary health targets

[N; M] p. 129 The reason for including the long quote is unclear. Only include quotes when they are necessary for your argument. Just like essays the general rule is quote when you really need to show that person X said “Y”, or when you simply cannot put things in your own words.

[N; E; X] p. 130 “New Zealand generally spends less per capita on health care than other countries...” If this is going to be used as evidence, provide an evidence backed discussion of the relationship between the amount a country spends and the service provided.

[N; E; X] “In 2018, and in every year, the District Health Boards are required to provide statistics on certain health targets that are set by the Ministry of Health as are the Primary Health Organisations. 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. Or, to encourage people to purchase private health insurance.” Provide evidence to support these claims. If it is impossible to both try to be responsive to need and meet health statistics, provide supporting evidence.

[N; M] p. 130 paragraph beginning “With respect...” make the role of this paragraph within the section clearer.

[N; E] p. 131 “I have seen many people...” provide evidence and give reasons to support your claims.

[N; E] p. 131-132 Include evidence to back up claims

[N; E; X; A] p. 132 list: 2, 3, and 5 on the list may improve health outcomes. Provide an argument to support your claims.

### **Chapter 5 Equity targets and empowerment**

#### 5.1 Distribution of benefit

This section is much improved, although some claims need more explanation (e.g. Stanford Prison Experiment), lack supporting evidence or references (e.g. Kant), some claims need some work to improve clarity e.g. (Smith) and some claims are highly contentious (e.g. conscience = “self-interested”).

#### 5.2 Benefit grounded in human rights

[N; E; X; A] This section has one reference and lacks evidence to support many of the claims that are made.

[N; E; X; A] “Consider a Treaty as something along the lines of a trade deal.” It would be better to show an understanding of the Treaty of Waitangi.

[A; M] p. 142 “We can agree that equity has something to do with fairness as all of the notions seemed to employ this.” This wasn’t shown in chapter 2, and it is difficult to see how the claim can be true as not all 3 definitions are normative.

[A; M] p. 143: “...trade deal...” The Treaty wasn’t a trade deal at all.

[N; X] p. 144 “Instead, the source of the Treaty lies in the notion of fair trade between people who are equal in the respects that matter in the sense that they are persons with human rights who are

pledging to uphold human rights and live in peace and prosperity for the good of all. The alternative would be for people to focus on taking what they can get for as long as they can get it because they can get it - which is best exemplified in overt war.”: This is a false dichotomy.

### 5.3 Pascal's Wager

Overall, this section has improved. Evidence and references are still missing.

### 5.4 The Original Position

This section has improved. The changes have introduced some new problems, but these are usually minor.

[X; E] p. 151 “If it turns out that there are no such structures or if it turns out that the structural rules are routinely and repeatedly ignored or violated” This claim is true, but the thesis doesn’t consider the existing structures aimed at avoiding these problems.

[N; A] “There is a concern that all of this is nothing other than thinly veiled co-oercion for foreign military” (sic) reword this.

[N; A; E] “ensure a more equal distribution of the costs of production of Medical knowledge.”: No good evidence has been provided to show that the cost is inappropriately unequal, that is, to show that the costs are inequitable.

[N; A; E] p. 152 “If Medicine wants to particularly target a certain segment of society (e.g., by having the majority of people requiring / requesting treatments being Māori, Pacific Islander, disabled etc) then Medicine needs to accept a similar level of representation amongst it's ranks.” (sic): (1) Provide good reasons for believing that the medical institution in NZ wants the majority of people requiring a certain treatment to belong to a particular ethnic group. (2) Explain what is meant by “Medicine needs to accept a similar level of representation amongst it's ranks” (sic), and why this is rational, equitable and just. (I agree – but an argument needs to be given)

[N; A; X] p. 152 “This position is required if Medicine wishes to persist as an institution. If it is for the benefit of only a small few then it is not sustainable... “: Yet, it persisted for a very long time while not meeting many of these criteria!

### 5.5 Birthright to the 'upper hand'

[N; E; A; X] “not simply a society of Māori and Pakeha where the minority has a birthright to the upper hand”: This was, and still is a contentious claim. The idea that the health system treats Māori as though they have “birthright to the upper hand” needs much more support – support that is not given in this thesis.

### 5.6 Inclusion and empowerment

[N; X] p. 155 “It is important to remember that an early use of medical diagnosis - of feeble-mindedness or mental disorder - was to render an otherwise qualified person illegitimate.” Reference claims like this that are not common knowledge. Explain more clearly why it is important to “remember” this. I assume the claim is that sometimes people think something is equitable and then later discover it isn't.

[N; X] p. 156 “This is nothing other than discrimination.” The use of “discrimination” in this thesis is still imprecise. What is described here may or may not be discrimination. It is plausible that some disabilities will make someone a poor choice for a doctor. This argument could be strengthened if

there was some evidence from the medical school about what disabilities might exclude someone and what disabilities wouldn't exclude someone. (I have anecdotal evidence (that is personal knowledge, so truly no use at all in a thesis) that some students with disabilities are accepted).

[N; X] p. 158 "Or perhaps the idea is to collect data on the equity group status of applicants for several generations in the name of equity and call that an intervention? We should ask who profits from that situation." Don't make "perhaps" claims like this that are not backed up by evidence. This happens a lot in this thesis and it weakens the persuasiveness of the arguments.

[N; A] p. 158 "With respect to the police vetting form while it may be understandable to seek information about known offenders (though, again, innocent until proven guilty and applicants should have the opportunity to speak on their behalf before being excluded)": This suggests a lack of understanding about how the vetting system operates. I recommend deleting the section in brackets.

[N; A] p. 158 "applicants are informed the police will be asked for 'information regarding family violence where I was the victim... Or witness... primarily [but not restricted to] where the role being vetted takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.' In other words, the University of Otago considers it appropriate to discriminate against people who have had previous experience of victimisation / who have witnessed victimisation." This is poorly worded and ends with an unsupported claim. The police aren't "asked for" information about whether someone has been a victim. This information is just part of what comes from a police vetting form. (The form is not a special one for Otago.) This is not evidence that "the University of Otago considers it appropriate to discriminate against people who have had previous experience of victimisation".

[N; X] p. 159: "We need to get clear on two steps: Firstly, we need to stop discriminating against people.": The arguments need to be improved before they can convincingly conclude that there is inappropriate discrimination.

[N; X; C] "We are told that at Auckland there is 'the exception of a small number of students included or excluded directly as a result of interview performance', however (pg., 90-91) The implication, here, seems to be that Māori and Pacific Island students interview better than non-Māori and Pacific Island students": Why is this the implication? There seems to be no connection between the claims.

[N; X] This section doesn't examine the various affirmative action policies in the NZ medical schools. It is important to do so.

[N; X; A; E] p. 160 paragraph beginning "It is unclear.... ": To improve, look at why these policies were introduced. Look at the literature that relates to them. Don't make unsupported comments in a thesis.

[N; A; E] p. 160 "Presently, the University of Otago seems to be very upfront about collecting data on non-Māori and Pacific equity groups for the primary purpose of discriminating against otherwise qualified applicants." This hasn't been established so far in the thesis. Arguments need to be just as rigorous in applied philosophy as they are in theoretical philosophy.

[N; A; E; X] p. 160 Provide more research on the rural origins policy. If you have time, look at the international evidence for such policies, not just the NZ situation.



[N; A; E; X] P. 161 "If it were the case (for example) that 1 in 8 Medical Students still had parents who were Medical Doctors (and perhaps no applicants who had parents who were Medical Doctors had their application deemed unsuccessful) then this would go rather a long way towards undermining public confidence in Medicine." Yes, it probably would undermine public confidence, and this would matter, but the important question is whether this is inequitable. I don't know the stats for doctors, but I do know that law students who keep studying law are often the children of lawyers, and there are very good reasons for this: among other reasons, they had good educations, they are well supported financially, they speak about law school over the dinner table, they know where they are going and their parents know how to help them get there. This doesn't mean that there is no good reason to try to get other people through law school, but it does mean that there is no need to suppose the situation has resulted from nefarious means or goals.

[N; A; E] p. 162 "Partly, as we have come to adopt a more standard market-place view of health-care as something to be purchased (whether by individuals, individual's insurance companies, or by the state)." (sic): This isn't the reason. Do some more research on this change in terminology.

[N; A; E] p. 162 "(even when the people making the decisions when it comes to the running of our health system prioritise health insurance plans for themselves)." Don't make comments like this without evidence. Always remember this is a philosophy thesis.

[N; A; E] p. 162 "They often seem to be known as 'the other' by those employed within the system.": Any evidence? If not, don't say it.

[N; A; E] "It is strange to think that a person sitting on a local school board wouldn't think of sitting on that school board while sending their own kids off to (for example) a rural boarding school and yet a person sitting on a district health board thinks nothing of taking out private health insurance and not seeking medical care in the public sector they have taken a role in administering.: Any evidence? If not, don't say it. (P.S. I know of a board of trustees member who sent one of her daughters to a private school.)

[N; A; E] p. 163 "Medical students learn in our public hospitals. They go on to become qualified and largely choose to work for private practice.": Any evidence for either of these claims? If not, don't say it. (NB: Medical students also train in private hospitals – at least the Otago ones do.)

[N; A; X] "We need to consider whether it is fair to expect people with disabilities, primarily, but also Māori people, poor people, Pacific people to bear the cost of other people learning to practice Medicine while being excluded from similar positions on grounds that they are equity group members." (sic): This is a false dichotomy. To provide a convincing argument, provide evidence that having a trainee doctor as part of your health care team is a disadvantage. Also provide more evidence that those treated in training hospitals are disproportionately from disadvantaged groups and that this is because people from advantaged groups are being treated in private hospitals.