THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

Doctoral Examination Information

Report of the

New Zealand Examiner

Examiner's comments

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

Overview

The thesis shows an appropriate familiarity with some, but not all, of the relevant literature. The breadth of the task the student has set herself will make showing an appropriate familiarity with all the relevant literature difficult. If the research hypothesis is refined, and made clearer throughout the thesis, this will make the thesis clearer and the arguments may be improved. The breadth of the thesis makes a sufficiently comprehensive coverage of the subject matter very difficult within a Master's length work. The approach to the research is of extremely mixed quality; at times it fails to meet the standards expected of both a philosophy thesis and, in particular, a work of applied philosophy. The quality of language, expression and general presentation is poor. Finally, the thesis cannot make an original contribution to knowledge as it stands because of the need to correct factual claims and improve argumentation. Faults aside, the thesis does have the potential to make an original contribution to knowledge after substantial revision.

The thesis discusses an ambitious number of potential inequities within the NZ health system, and also an ambitiously diverse range of potential inequities. The equity issues discussed in the thesis relate to housing, vaccination, emergency waiting room times, capitation funding, and university medical training positions. The section on housing needs to make the connection between housing and health clearer and needs editing to remove unsupported innuendo-style arguments and include more arguments based on facts, and preferably primary sources. Chapter 1 and Chapter 2 could also be altered so that the discussion of the social model of health better leads into this discussion of housing. The section on vaccination is based on a false claim about vaccination rate in New Zealand and needs to be rewritten using facts from primary sources. I am not sure how this argument can be successfully revised to add new knowledge on health and equity, but there may be a way to do this. The section on emergency department waiting times has potential, but needs more work to develop the arguments. The section on capitation funding fails to properly consider the reasons for this funding system and makes a number of criticisms that must be supported with evidence to be persuasive. The medical training arguments are partly based on false claims, fail to consider the nature of affirmative action within the medical schools and don't include any evidence about the role of the rural origins policy.

One way in which the thesis takes an approach that differs from many in that it seeks to explain inequities by examining who benefits from the inequities (or in the case of vaccination, this may be an argument about who benefits from removing inequities). The thesis implies in various places that being someone who benefits from inequities is connected to intentionally ignoring or supporting inequities. More argument needs to be included to provide evidence for these claims and the claims need to be critically evaluated.

Chapter 1, 'Models of disability and ill health', provides an overview of four ways of thinking about health: a "pre-medical model"; "medical model"; "social model"; and "economic model". These models of health play little, if any, role in the thesis. One minor way to improve the connection between this chapter and the rest of the thesis wold be to link the first chapter into the discussion of health inequality and health equity in the next chapter by referring back to the conclusion in the first chapter that treating health as only what the biomedical model includes would fail to capture much that is important about health its causes and its promotion.

Chapter 2, ‘Inequality and inequity’, examines international and domestic inequalities before discussing the issue of inequity in general and inequity in New Zealand. Equity plays a central role in the thesis, and the chapter aims to show that some inequalities in New Zealand are inequitable, but this chapter does a poor job of considering equity and its connection to inequality. This chapter mainly focuses on income and housing, which is sensible, although more could be made of the connection between these and health, perhaps drawing on social models of health discussed in chapter 1. The final section is a poorly supported argument that vested interests are behind some New Zealand inequities. I recommend just focusing on health inequality and health equity rather than inequality and equity in the broader sense of the terms. Explain the distinction between equality and equity clearly and precisely; don’t assume that the reader will understand the difference between the two.

Chapter 3, ‘From the United Nations to the District Health Board’. This chapter is important to the thesis in that it aims to spell out NZ’s health and equity obligations – at least I think this is what it is doing – and two ways in which NZ is not meeting these obligations. The chapter begins with a discussion of the UN charter, the Social and Economic Development Council, and the Millenium Declaration goals, before moving on to the Sustainable Development goals. These sections include long quotes that contain information not used elsewhere in the thesis and whose role in the thesis is not made clear. For example, there is a discussion of changes to the Millenium Declaration goals in the Sustainable Development goals, but these are not related to health – or, at least their relationship to health is not explained. This is followed by a very brief discussion of the UN Declaration on Human Rights, followed by a more comprehensive discussion of the constitutional principles of the WHO, which again includes some material that plays no role in the thesis, but which is followed by useful material on disability and equity. At this point, the chapter turns to NZ health equity issues. This section contains many unsupported claims. More importantly, the central argument in this section, the argument that Māori vaccination rates are inequitable because they are higher than those for European NZers rates is based on a false claim: Māori vaccination rates are not higher than those of European NZers. This section of the thesis needs rewriting based on correct statistics. I am not sure how this can be done without substantial rewriting of the thesis, which is a serious problem given that this is one of the ways in which the thesis purports to provide new knowledge. The next section in this chapter, 3.4, discusses DHBs and emergency room wait times. This section need more work to contribute new knowledge on health and equity issues. Like the earlier sections in this chapter, 3.4 includes long quotes that contribute little to the thesis and many claims not supported with evidence.

Chapter 4, ‘Equity groups and statistical parameters’, seems to aim to identify what an equity group is, the current way in which equity groups are identified, critically examine the current approach and argue for an alternative approach. This chapter includes an irrelevant discussion of kinds. The chapter uses a misreading of the WHO explanation of what it means to be part of an equity group, but this has little impact on the work. The arguments need more work and supporting evidence to be convincing.

Chapter 5, ‘Equity targets and empowerment’. It is unclear what the role of sections 5.1-5.4 is in the thesis. These sections are poorly explained, argued and referenced. I think the aim is to argue that cooperation matters for health and requires fair representation of groups whose situation is inequitable, or perhaps groups with poor health within the health profession. If this is the aim, it would be best to develop a more focused argument that leads to this conclusion. The claim that the Otago Medical School takes potential students’ experiences as victims of crime into account when deciding whether or not to admit them into the second year of study is not supported by the

evidence. The Otago Medical School form referred to states that criminal offending is relevant, and includes the standard police vetting form at the end. It is the police vetting form that includes the comment about victims of crime. The arguments about the rural origins policy are not based on facts about the policy.

Comments on structure, style and referencing

There are many errors **writing errors** throughout the thesis. A spell checker would catch some of them. I don't document all of these, but will note some below:

- See, for example, pages 3, 7, 12, 93. But there are errors on almost every page.
- 'If' is followed by a comma in the place before where the 'then' is or would be
- Check that all sentences are actually sentences.
- Check the use of apostrophes

Style requirements vary in different institutions. Check the Waikato attitude towards "etc.", "e.g.", "don't" and other abbreviations as well as the use of colloquialisms; there use is frowned on at my institution. I found the constant use of "/" very irritating to read, especially in places where a comma would have been more appropriate, or where one word would have just as precisely expressed the meaning. (This has had no effect on the evaluation of the thesis, so feel free to ignore the comment.) There is a passage on p. 32 that contains several non-sentences in a row. These might be better expressed as a list. As is frequently mentioned below, don't use emotive language or make snide comments. This is a philosophy thesis. Use clear and precise formal language.

Referencing errors include unreferenced claims, incorrectly formatted references, not using the first name of an author when first mentioning the name in the text, misspelling an author's name, using "page" rather than "pg". Indent all long quotes, for example, the Bierre and Cunningham quote at the bottom of p. 33, the Haworth quote on p. 37. Reference Macfie rather than the New Zealand Listener for the quote on p. 39. No reference for Ian Taylor is included in the reference list. There is no entry in the reference list for Howden-Chapman, P and Bierre, S (2008).

Detailed comments

Chapter 1 Models of disability and ill health

Chapter 1 is primarily aimed at outlining the models of health. These models of health do not contribute usefully to any of the later parts of the thesis. I suggest improving this aspect of the thesis by excluding sections of this chapter that won't be used later in the thesis, and develop the sections that will be used later in the thesis in a way that usefully adds to the overall work. Alternatively, this section could be developed into more of an independent argument for a position on how we ought to think about disability. If neither of these approaches is used, improve the sign-posting throughout the chapter, for example, explain the role of including a discussion of the pre-medical model in 1.1, draw a conclusion about biological anthropology at the end of 1.1.1.

1.1.1, 1.1.2, 1.1.3 These sections are too short to do a good job of explaining the areas or developing anything other than weakly suggestive arguments. To the extent that they develop arguments that matter for the thesis, these arguments would be better separated from the so-called "model of health" and discussed independently.

1.2 The medical model of health does not "[remove] all blame and responsibility from those who are afflicted by locating the problem in factors outside of their control". Think, for example, of attitudes towards STIs and lung cancer, or Samuel Butler in Erewhon, "In that country if a man falls into ill health, or catches any disorder, or fails bodily in anyway before he is seventy years old, he is tried before a jury of his countrymen, and if convicted is held up to public scorn and sentenced more or less severely as the case may be" (Butler, 1960: 78–79).

1.3.1, 1.3.2, 1.3.3, 1.3.4 These sections all make claims that need supporting evidence but lacks references. For example, who says public health is health promotion, or is epidemiology? These claims are clearly false.

1.3.4 There seems no reason to accept the relationship between social models of health and medical models of health assumed in this section. For example: "Social models can be empowering because a medical diagnosis can help people feel like their distress or problems are legitimated"; "social models can be disempowering because a medical diagnosis can prevent people from living the lives they wanted for themselves." Why are these claims about the social model rather than the medical model?

"disempowering because Medical Doctors were the source of authority": is this referring to the social model or the medical model? Whichever model it refers to, it seems possible that the disempowerment had more to do with the politics of war rather than the model of health.

"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.

"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.

"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 Read Christopher J Murray, 1994, as the originator of the theory, for a better understanding of why the theory was developed.

"The idea, here, is that most people don't simply want medicine and medical treatments that promise to extend their lives…": reference the claims in this section – where did you read that these were the ideas behind the DALY system?

"A person with disability will always be discriminated against in virtue of their disability in a system where DALYs criteria is used to decide issues of health resource allocation.": Explain what is meant by "discrimination" here, or provide an argument that explains why ranking a year in the life of someone without a disability higher than a year in the life of someone with a disability is discrimination. Imagine that you are trying to persuade someone who currently backs the DALY system of resource allocation.

"For example, there are a number of assumptions that we are required to make in order to find ourselves in this mess of a problem of resource allocation…. …then?": Avoid making unsupported claims or poorly supported claims – even ones that are just hinted at. If you can back up the claims

made in this section by developing the argument, add the supporting evidence in if it supports your overall argument.

"…social models which seem mostly concerned with source of power when it comes…": This wasn't clearly shown in this section; edit the section to make this clearer or more supported by argument.

"We ended up briefly considering utilitarian models… " Only one model was considered, and the DALY model is not, properly speaking, a utilitarian model. If this claim is kept in, section 1.4 needs editing.

Chapter 2 Inequality and inequity

The difference between inequality and inequity is important for the thesis. The discussion of inequality could be improved by being refocussed to fill a more precise role within the thesis. (This could be a two-way change, with later chapters using more of the material from chapter 2.) Equity and inequity are not explained well. To improve this section, explain the concept of equity in more detail. I suggest starting off the chapter by discussing the relationship between the two, why that relationship matters to the thesis, and then using that to help direct the reader through the rest of the chapter. Even if you disagree with this suggestion, I recommend, but it is only a recommendation, that you think carefully about exactly what role this chapter plays on the thesis, what you are trying to show, and what the best way of showing this would be, then consider restructuring the chapter to achieve these goals. This chapter has the potential to add new knowledge of a kind that contributes to an MPhil.

The sources used in this chapter tend to be those that support the author's view, and include secondary sources where primary sources are available and would be preferable. For example, Chapter 2 includes a lot of quotes from Max Rashbrooke. Rashbrooke is a good source, but statistics New Zealand provides accurate up to date figures that could form the basis for your own analysis. To avoid the appearance of confirmation bias, include more sources with contrasting positions and explain why they are incorrect.

2.1.2

"Sometimes people try and obscure things by saying we don't know whether poor health causes poor wealth, or whether poor wealth causes poor health": This has been researched. No reference is included here. And, there is no reason to believe the reason for the research is to "obscure things".

"… fifth of poor households report going without shoes, heating all rooms of their house, giving birthday presents to their family and in half of poor households food runs out because there isn't enough money." This is an **inaccurate minimal paraphrase** of Rashbrooke, who writes: "Over a quarter of poor households report going without … shoes , heating all the rooms in their house, or giving birthday presents to their family. In half of poor households, food runs out because there isn't enough money…" (These sentences are both followed by references to the original source.) This is improper practice and not acceptable even in undergraduate work.

"it is rather surprisingly common, still, for government officials,": Include a few references to back up claims of this kind.

The section of quotes from the WHO on pp. 31-33 could be reduced and the material presented in a way that shows more processing by the author.

“In New Zealand Poor quality housing and overcrowding has been described as leading to: [A]ppalling…” this is not referenced.

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.

2.2.1 Between countries: “The issue of inequalities between countries is complicated to assess and I won't have much of anything to say about it here.” 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.

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: This section needs work so that it usefully discusses the relationship between equity and inequality.

Why should the reader car that Ian Taylor thinks that high pay is not a sensible motivator

The paragraph beginning “If people only want to take on…” makes a number of unsupported claims and contains a false dichotomy.

“If we try and find some sort of common-sense understanding of ‘equity’ then we will find something along the lines of…” (sic): 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. IO recommend deleting them form 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.

“There is an extensive literature…”: But, none of this is referred to or referenced.

“It is often described…”: By who? Where?

“This is something I have come to see appears to be lacking in many people - if they think they can get away with taking more than their share they think they would be a chump for having passed up the opportunity.”: Don’t include anecdotal evidence in a philosophy thesis unless there is a very good reason to do so.

“Equity also has a tradition in law…. Tradition in financial…”: these section need more explanation and references if they are to be included.

p. 44: “capital” not “capitol”

2.4 From inequity to equity group targets in New Zealand. Section 2.4 includes a lot of emotive language and seems to argue that there are vested interests behind health inequities. The emotive language reduces the persuasiveness of the argument. The comments about vested interests benefitting are not supported by strong arguments. I have picked out a few problems below, but there are more.

The “causal chain at the bottom of p. 45 and on p. 46 is difficult to follow. Reproducing the original diagram would be clearer. Include an argument explaining and supporting the causal chain.

“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 two situations. Avoid making unsubstantiated claims of this kind.

"income the government hands out to them to invest in the market." This isn't why the government pays them. As above, avoid making unsubstantiated claims.

"Landlords… turn greater profit from being slum landlords": provide evidence to support the claim and explain what is meant by "slum landlords".

"When the government refuses…": there are a lot of emotive and unsubstantiated claims in this paragraph.

Provide evidence that those who invest in aged care facilities have an interest in the demise of the public health system.

"How do the chief executives and members of the board choose to spend their money in the market?" Don't include rhetorical sentences of this kind in a thesis. If you have evidence that they are investing in private hospitals and that those who invest in private hospitals have an interest in not maintaining the public hospital infrastructure, include it in the thesis, with references.

"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." (sic): provide references. Explain what legislation is referred to here and what developed nations are being referred to.

Refer to "Karlo" as "Karlo Mila". Mila's quote can play a useful role in the thesis, but embed it in a serious non-emotive, fact-backed discussion and explain its relationship to the central argument in the thesis about health and equity.

"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.

"We are also given the usual…" This paragraph is emotive, contains no evidence to support claims, and is poorly argued.

"the New Zealand Government has failed to legislate to protect it's people comparably to the governments of other nations." (sic): This claim is not supported by evidence in this chapter.

"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.

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

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 plating in the thesis.

"It isn't just that our government has refused…" The quotes do not show this. It needs to be supported by evidence.

"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.

The Matheson and Dew quote does not suggest that “we sit back and watch / fund another observational study”.

“We should ask ourselves how many politicians decided to personally invest in the purchase of State Owned Asset Sales, in New Zealand, with the intention of profiting from slum landlordism.”: This claim has been repeated about 3 times, with no supporting evidence that it is an issue.

“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 From the United Nations to the District Health Board

“This chapter will take us top-down…” as with other chapters and sections, make it clear to the reader right from the start what each part of the thesis contributes to the whole. I think that the first sections intend to spell out NZ’s health and equity obligations, but it isn’t clear what role the sections under 3.1 play in the thesis, and the role of 3.2 needs to be made clearer.

“we considered in the last chapter how these nations have been making genuine advances and developing on the world's stage.”: This goal wasn’t achieved in chapter 2.

p. 66-67. Make the purpose of these quotes, and why they ought to be included as long quotes, immediately clear to the reader.

3.1.5 The UN declaration on human rights. 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 notion of human rights has received a lot of criticism. One might say that the notion of rights is a lofty ideal that is unattainable in practice. For example, one view is that in order for a small minority to have any kind of quality of life that makes their lives worth living …. consumerism. ” Who makes these criticisms and claims and where are they made?

“In order for this view to have any kind of credibility as a moral theory it requires a certain amount of buy-in.” This is a poor use of “moral credibility”. I suggest rewording.

3.2 The World Health Organisation

“It was established on April 7, 1948 and signed by 63 countries.” What was established and what was signed?

“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.

“Even if we weakened the first principle… “ (1) is a definition of health not a principle.

WHO has responses to some of the criticisms on pp. 70-71. If these are going to be included, it would be good to use the response from WHO. For example, WHO writes, “A common misconception is that the State has to guarantee us good health.” And, “States must make every possible effort, within available resources, to realize the right to health…”

p. 72 “whatever that means”: this is an unhelpful throwaway comment.

“Later we will see inequitable ill-heath as a condition arising from lack of resources needed to attain good health…”: This is important and, if it is a position that you want to argue for, arguing for this claim could be woven into the initial chapters of the thesis. I assume, however, from other things you have said in the thesis so far, that you think inequitable ill-heath arises from poor distribution of resources. This is also worth making a central claim of the thesis that is argued for throughout the thesis.

“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”.

If the long quote on pp. 72-73 is used in an important way in the thesis, head it up with a paragraph explaining its relevance. It might be better to just mention the relevant principles as they are used later.

“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.

“Who should people who are learning practice on?... “ Long runs of questions like this are usually a poor way to try to construct an argument. The argument hinted at here is poor and not backed up with any evidence.

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.

The long quote on p. 74 has no introduction, explanation of its relevance or useful conclusion. If no use is made of these ideas, delete it. If use is made of all these ideas, explain what the use is. If use is made of some of the information, consider introducing it where it is used.

3.2.1 Disability

p. 75 “Social” factors are often taken to include “economic factors”.

p. 76 “On the other hand, the World Health Organistion 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.

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.

P. 77. Add a reference at the end of the quote.

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**”

p. 77 “or C entails”: No, The quote says “They also…” This is another issue, not something entailed…

p. 77-78: “The idea here is that **it is conceptual** that certain kinds of inequality are inequitable.” Provide evidence or an argument to support this claim.

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.

p. 79: “So, equity for Māori is defined as”: This is both false and an uncharitable reading of this passage.

pp. 79-80 Rewrite this paragraph to improve clarity and precision.

P. 80 “We are presented with two options: Equity for Māori, and equity for New Zealanders.”: This is a false dichotomy, and defin9itely not implied by the quotes MoH paragraph.

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.

pp.80-85 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 includes many false claims.

p. 80: “the primary beneficiaries of immunisation are the free-riders who are not themselves immunised”: “free riders” is a judgemental term – avoid these. Although it is discussed later, this section fails to mention that those who benefit from vaccinations include those who cannot be vaccinated because they have a health condition that prevents vaccination, or those who were once vaccinated, but cannot be revaccinated because of new health problems.

p. 82: “Immunisation strikes me as being a case that is better for the world overall when rates are 95 per cent - but finding that a group of people have disproportinately higher rates of immunisation is finding a world where that group of people are bearing a disproportionate amount of the burden or cost that goes in towards that greater good. (sic): (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. Look for sources that discuss Māori vaccination rates and what affects them and the effect on Māori when they are low. I will paste one of the many tables available from below.

Table 2

Children fully immunised at selected ages[1,2]

By ethnic group[3]

2009/10 to 2016/17[4]

Ethnic group	2009/10		2010/11		2011/12		2012/13		2013/14		2014/15		2015/16		2016/17	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Coverage at 8 months																
Asian	5,878	86.3	6,367	90.1	6,672	91.6	7,690	94.8	7,809	95.0	8,744	96.1	9,148	95.7	10,087	96.4
Māori	12,463	70.4	12,493	71.7	13,030	76.1	14,059	82.4	14,058	87.1	14,313	90.1	14,775	90.8	14,741	89.3
New Zealand European	21,316	85.1	21,865	86.9	20,908	88.7	21,304	91.5	20,473	92.5	19,963	93.3	19,741	93.7	19,138	93.3
Pacific	5,996	82.6	6,104	84.2	5,993	85.5	6,116	90.0	6,168	93.2	5,905	95.1	5,784	95.3	5,562	94.8
Other	6,844	77.4	6,602	79.3	6,404	83.0	6,021	86.5	5,978	86.8	6,002	88.0	5,979	87.9	5,894	87.0
Total population	52,497	79.9	53,431	81.9	53,007	84.5	55,190	88.7	54,486	90.8	54,927	92.4	55,427	92.7	55,422	92.2
Coverage at 24 months																
Asian	5,586	83.5	5,842	86.1	6,432	92.3	6,853	94.7	7,363	95.3	8,413	95.9	8,493	95.7	9,741	95.8
Māori	13,451	76.1	14,884	83.7	15,515	88.4	15,419	89.7	15,520	91.1	15,424	92.3	14,953	92.1	14,987	91.8
New Zealand European	20,893	83.9	21,848	87.7	23,078	91.0	22,067	91.3	21,504	92.9	20,921	93.3	20,240	93.4	19,747	93.5
Pacific	5,934	82.4	6,483	88.8	6,779	93.0	6,697	94.3	6,442	95.3	6,502	96.4	6,193	96.2	5,761	95.1
Other	7,171	74.5	7,120	77.9	7,030	82.3	6,630	85.5	6,505	86.4	6,271	86.9	6,184	86.0	6,233	86.6
Total population	53,035	80.2	56,177	85.2	58,834	89.5	57,666	90.9	57,334	92.1	57,531	93.0	56,063	92.8	56,469	92.8
Coverage at 5 years																
Asian	-	-	4,143	77.5	4,953	80.5	5,380	80.7	5,515	80.9	6,141	83.0	7,001	86.3	8,037	90.0
Māori	-	-	10,130	72.3	13,062	77.5	13,336	75.4	13,404	75.8	14,210	79.5	14,632	82.3	15,195	86.5
New Zealand European	-	-	15,679	82.5	21,142	85.7	20,502	82.2	20,612	83.7	21,384	86.9	20,841	88.4	20,764	91.3
Pacific	-	-	4,787	75.8	5,543	78.7	5,613	77.9	5,602	77.5	5,753	78.6	5,948	82.5	6,052	89.6
Other	-	-	6,203	71.0	7,196	74.1	6,972	72.6	6,731	73.5	6,887	75.9	6,813	79.0	6,889	82.0
Total population	-	-	40,942	76.7	51,896	80.6	51,803	78.4	51,864	79.2	54,375	82.0	55,235	84.6	56,937	88.4

1. Fully immunised means children who received the most-recently due dose (final) in a vaccine series, according to the standard or catch-up schedules or alternatives, by the time they reach the eight-month, 24-month, and 5- year milestone ages.
2. Coverage figures include pneumococcal vaccine.
3. Prioritised ethnic group reported by the Ministry of Health.
4. Data for each year covers a 12-month period covering the financial year (eg 2016/17 covers 1 July 2016 to 30 June 2017).

Source: Ministry of Health, National Immunisation Register

p. 83 “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”.

P. 83-84 “The measure does not seem to be one of empowerment, in other words, the measurement appears to be one of compliance. And not so much for their own good, but more at their expense.” This paragraph suggests that you know why the measurement is as it is, and no evidence is provided that the increase in vaccinations is a sign of disempowerment.

P. 84 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.

p.p 85-86 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.

p. 86 delete the claim that NZ will end up with a civil war because of immunisations.

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.

3.4 District health boards and primary health targets: Start the section by linking it into the overall thesis.

p. 87 The bottom quote adds nothing – I recommend that you delete it.

p. 88 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.

p. 88 “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.

p. 89 “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.

p. 89 paragraph beginning “With respect… “ make the role of this paragraph within the section clearer.

p. 89 “I have seen many people… “ provide evidence and give reasons to support your claims.

p. 90 Include evidence to back up claims

p. 91 “If this health outcome is a proxy for health,..” It isn’t a proxy for health. Be charitable and base claims on evidence.

p. 91, list: 2, 3, and 5 on the list may improve health outcomes. Provide an argument to support your claims.

Chapter 4 Equity groups and statistical parameters

p. 93 “In this chapter I will introduce different notions of kinds or ways of defining groups and settle on the notion of a statistical parameter that is currently employed in a variety of contexts including economics,… “ Explain why you are doing this and how it helps develop the overall thesis.

4.1 Kinds of kinds, pp 94-98: It is difficult to understand why this discussion of kinds is relevant to the aims of the thesis. If it is relevant, explain clearly how it relates and why it matters. Keep your potential audience in mind when you do this. This section is very poorly referenced, with little supporting evidence offered in support of some claims.

4.2 Case studies in kinds of people: As above, explain clearly at the start how this relates to the rest of the thesis and provide evidence and references to support claims.

The initial argument in this section is poor. To reach the conclusion, you need and argument that links merit to justified inequality.

“that we focus on who the primary beneficiaries are.” This approach is a decent one and adds originality to the work.

p. 93 “We have considered already that the World Health Organisation considered what was common to equity groups was lack of power to obtain health and health outcomes…” This is not an accurate restatement of the information on p. 78.

p. 99 Matheson and Dew quote: It would be preferable to argue for this and, in a sense, make the claims your own, by providing evidence in the inequality and equity chapter, then refer back to it here.

4.2.1 Biological sex, gender, sexual orientation, marital status: As above, explain the relevance of the section right at the start, both to the thesis as a whole and to this chapter.

The claims from "In the absence of SRY… " The claims in this section are misleading, arguably offensive, and show no understanding of Swyer Syndrome or Androgen Insensitivity Syndrome.

p. 100-104 provide evidence and references to support claims.

p. 102: It would be preferable to use a primary source rather than Rashbrooke.

p. 102: "it does not seem to be the case that pay increases (across all fields) primarily benefited women." Use statistics to back up claims like this.

p. 103 "It is a lot where biological difference (the fact that women bear children and not men and women lactate and not men) has a significant impact, indeed, on the sort of future a woman can have. It is important not to undervalue the role of access to birth control for women when it comes to the empowerment of women to futures that are not inexorably tied to inequalities of biology." Good, but restructure your work to tie all this together.

4.2.2 Racial ancestry, ethnicity, skin colour: The start to this section is better than 4.2.1, but the way on which it ties the thesis together could still be improved.

p. 105 paragraph beginning "There used to be… ": provide evidence and reference claims.

p. 105: "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.

p. 106-107: Provide evidence and references

p. 107: "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.

4.2.3 Geographical mesh block: provide references and explain the relevance to the thesis within the section.

4.2.4 Poverty and the NZDep score

"There has been fairly surprising reluctance to consider poverty to be an equity group.": Provide evidence to support this claim.

"because more of them experience poverty," Provide evidence – this claim conflicts with my past research.

p. 109 The claims in this paragraph need evidence and referencing. End the section by linking it back to the overall argument in the thesis.

4.2.5 Disability

"Prevailing theories of economics don't consider…": support this with references to these theories.

“People with disability have worse health outcomes”: This is ambiguous depending on what is meant by “disability” and “health outcome” – link this back to the discussion in chapter 1.

“Economic theories focus on DALYs…” ALL economic theories?

“largely the result of how we treat people with disability.” This varies depending on what the disability is. Aim to be more clear and precise. That said, the example of deafness is a good one and the points made are worth making. It might be worth making more of deafness and equity as an issue within the thesis.

4.3 Statistical parameters

p. 113 “We have also learned that there are dangers extrapolating from adult age blocks…”: good, but add a reference or three.

p. 113 “intending to obscure discovery of difference in Māori populations in order to further benefit non-Māori New Zealanders”: I can’t find where the source cited states or implies that this is the case. If there is evidence to support the claim, provide it. If not, delete it.

p. 114-115 add references to the quotes.

p. 116: “This explains why some people do not think that disability is or can be a group of equity consideration.”: Provide supporting evidence and explain further.

p. 117 paragraph starting “The ‘General… “ It would be clearer just to include the figure if that is possible.

p. 117 “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…. ” 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 because they are recognised as needing help.”

p. 117 “The World Health Organisation considered that what equity groups have in common is that they lack the power to access health / the resources needed to access health.”: This doesn’t fairly represent the information given earlier in the thesis. Back the claim up by with evidence.

pp. 117-118: Who makes the claims given here, where are they made and what evidence supports them? Some of the claims here just seem false – try looking on google scholar for supporting evidence.

4.4 Capitation funding and assessment of risk

p. 119 “First-Contact, Services to Improve Access, Health Promotion, and Care Plus.” These need explaining.

p. 119 bottom of page, this long quote needs indenting and referencing.

p. 121: indent long quotes. Explain that Services to Improve Access is abbreviated as SIA before using “SIA”. Explain “Care Plus”. Explain the section that begins “ In support of this…” more clearly. Add an end quote to the p. 137 quote. Ideally, rework this paragraph so that it is more your own work and less a series of quotes.

pp. 121-122. Quote at the bottom of the page. Start off the quote by explaining what you are doing in this section and why the quote is relevant. Integrate the quote into the overall argument.

p. 122: Explain what “morbidity-based risk adjustment” is. Add and end quote to the quote that starts ‘most risk adjustment… and add a reference.

p. 123 paragraph beginning “Improving…. ” This paragraph and argument needs an overhaul. Add references to back up claims.

“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.

“Potential downfalls of doing this were throught 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 individiual's heads.” (sic): Provide evidence and a reference here. The second sentence makes a claim that has been very poorly argued for.

“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.

“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.

“The primary beneficiaries appear to be administrators.” No good argument was given to support this claim.

“The authors refer specifically to the third article with reference to `equal rights' for Māori as being a relevant part of the Treaty, but they make no reference to the United Nations or to the Declaration of Human Rights that provides the contractual grounding for the Treaty.”: Provide evidence to support this claim.

p. 124 ff argument by Towns, Watkins, et al. 2004. Given that the target is the government’s current system, examining the government’s current system and the justification given for it seems more relevant. Or, if you want to use secondary sources, it would be preferable to find a more recent one. The connection to insurance gets off track, and I haven’t commented on this in the notes below. For example, the government collects fund that are used for health based on income, not on pre-existing conditions. There isn’t much point discussing insurance companies and their justification for charging more. Higher insurance premiums and higher capitation funding are very different things. I do mention below that it is important to provide evidence to back up the claims that you make that there is no need to give DHBs with higher numbers of Māori more health care funding because providing Māori with decent health care is not more expensive than providing health care to European NZers.

p. 125 “The authors do not consider ethical principles such as Māori being persons with right to health.” (sic) I don’t understand the argument here.

p. 126 “I didn't choose my pre-existing risk” This isn’t relevant to insurance companies.

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 simliar, 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.

p. 127 “I do not know whether or not Brash denied or attempted to minimise these later things.” (sic) Read Brash so that you do know.

pp. 127-128 paragraph beginning “What were the… “ Only one source was used to support these claims, and the stated reasons for the extra funding were not sufficiently examined. Provide evidence that Māori don’t require extra funding for GP services, for example. Remove the emotive word use from this paragraph and add references.

Chapter 5 Equity targets and empowerment

5.1 Distribution of benefit

This section is based on the writer’s imagination rather than evidence or argument. Thought needs to be put into what the role of this section is in the thesis, what the argument is, and how to present the argument in a well-reasoned, evidence-based way.

5.2 Benefit grounded in human rights: This section has no references at all and lacks evidence to support many of the claims that are made, many of which are just claims from the author’s imagination. It fails to show a good understanding of the Treaty. It doesn’t explain the role of the section in the thesis. No relevant literature or actual arguments on the topic are considered.

“Consider a Treaty as something along the lines of a trade deal.” This is not a good start. It would be better to start by considering the Treaty of Waitangi as exactly what it is.

p. 134 “This position appears to be hypocritical, in other words. Which is another way of saying that it does not appear to be rational.” Minor point: it is not clear that being hypocritical is not rational, especially given the claims made so far in Chapter 5. I suggest rewording this. More important point: Use the principle of charity, that is, present your opponents’ position in the strongest possible way.

p. 134: “ …trade deal… ” The Treaty wasn’t a trade deal at all.

p. 135 “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

Make the relevance of the section to the overall thesis clear. Add the missing references to the courses used throughout this section. The overall argument is poor.

p. 137 “Firstly, If we pursue co-operativity and are taken advantage of by non-cooperators then we are worse off. But, at least we can say that we tried and at the end of the day one can only be responsible for ones own behavior.” (sic): It would be better to consider, and reference, the work that has been done on this topic. This is a lot more like a prisoner’s dilemma than Pascal’s wager.

p. 137 “One might think…. “This assumes that the person buys into a particular set of moral values that the work so far seems to assume they don’t accept. (I could be persuaded I am wrong about this, but it would take a more carefully developed argument.

5.4 The Original Position

“Instead of trying to understand how morality could have evolved out of a state of nature…. The idea is that we can't really explain how morality evolved…. from that.”: This paragraph suggests that the literature behind the state of nature arguments and Rawls’ work is poorly understood. I recommend rewriting to remove mention of the evolution of morality – that is not what the thesis is about.

p. 138ff The discussion of the social contract needs restructuring to present the information in a more logical order.

p. 138 “The original position was described by Rawls…” Reference Rawls. None of his work is included in the reference list. If you are going to use him, read him. Reference Rawls in the paragraphs below too. Show that you know his work.

p. 138 “On Locke’s version… “ Again, no reference. You might want to reference Rawls on Locke given that this is not a history of philosophy work.

p. 138 “The problem is that these factors are not good reasons for depriving people of their equal political rights or opportunities to occupy social and political positions or for positions involving governing or administrating society.” Explain why this is a risk.

Rawls work is criticised, and criticised for reasons that are relevant to this thesis. It is possibly okay to leave out these criticisms given that this is not a PhD, but it would be wise to read them and check for yourself.

p. 140 paragraph beginning “Medicine… “ Remove the emotive language. Provide references and evidence to back up claims. Seriously consider whether it makes sense to speak of “Medicine (Medical Institution)” as though it is a thing. Delete “in this, that, and the other respect” and consider rewording the colloquialism “come to the party”.

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

“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.

p. 141 “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 there is an overarching medical institution in NZ that 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.

p. 141 “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!

p. 141 “The idea of the original position involves people making a commitment to justice.”: Does it? Provide more evidence and explanation to back up this claim.

5.5 Birthright to the `upper hand'

p. 141 Reference Brash properly and include him in the reference list.

“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

“We have seen already that medicine plays a role in determining who is and who is not disabled… ” say where and restate what this role is and what the effect of this role is.

There is a bit of a change in topic in the middle of this first paragraph in 5.6 – join up the ideas.

p. 143 “It is important to remember that an early use of medical diagnosis - of feeblemindedness 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.

p. 144 and p. 145 Indent long quotes

p. 145 “This is nothing other than discrimination.” The use of discrimination in this thesis is imprecise, and the term itself is never discussed. 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).

p. 146 “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.

p. 146 “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.

p. 146 “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".

p. 147: "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.

P. 147 "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)" (sic) It isn't clear where this reference is from.

p. 147 "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 tween the claims.

p. 147 "there is much evidence that interviews tend to select against such students and interviewers are more likely to select applicants who appear similar to themselves and we have already learned how there is a significant lack of diversity in Medicine": Evidence and references needed to back up these claims.

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

p. 148 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, emotive and snide comments in a thesis.

p. 148 "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.

p. 148-149 "It is very unclear who the primary beneficiaries are of the rural origins equity category and it would be a matter of public interest if it turned out that the primary beneficiaries of the previous system had decided to introduce an equity criterion in the name of themselves in exchange for an equity criterion for Māori.": This sentence needs to be reworded to be more clear and precise. Avoid speculation of this kind that is not supported by evidence. 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.

P. 149 "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.

p. 149 "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.

"citizens" seems a poor term because we are often citizens when not using health care services, and sometimes use health care services when we are not citizens.

p. 149 "(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.

p. 149 "They often seem to be known as `the other' by those employed within the system.": Any evidence? If not, don't say it.

p. 149: "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 administrating.: 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.)

p. 150 "Medical students learn in our public hospitals. They go on to become qualified and largely choose to work for private practice.": Any evidence? If not, don't say it.

p. 150 "We need to consider whether it is fair to expect people with disabilties, 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.

p. 150 "In this thesis I have considered different models of disability so we have a better idea of where different groups are coming from.": Are you referring to the models of heath? Reword "so we have a better idea of where different groups are coming from" to make this clearer.

"From the typical Medical view of problems with components to an economic view of the distribution of ill-health to the ideal views of the United Nations and World Health Organisation.": This is not a sentence.

"I considered how the transition from the ideal of health to the reality of focus on immunisation compliance and reduction in emergency room wait times has the potential to miss the point when it comes to empowerment of our people": This doesn't really explain what was argued in these sections. One minor additional point: whose "transition from the ideal of health" ? The governments?

"I then considered equity groups as groups and instead of focusing on intrinsic features for stabilising the trajectory or projected futures for people who are members of equity groups I introduced the idea of statistical parameters which raises issues of how people can bet on outcomes

and invest accordingly.”: this also seems a poor description of what was argued and achieved in these sections.

I recommend rewriting the last paragraph to be more clear and precise.

THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

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.