Signposting has been improved throughout (now that I am working through the last chapter I was able to go back and say where specifically I talk about various things (e.g., as discussed in Chapter 1, Section 1.3.4).

I have also fixed up minor typographical errors an inconsistency of notations (e.g., author last name, year, pg., page number). throughout.

Again, the examiner isn't really my intended audience (my intended audience is those who have knowledge of the systems and the power to improve the structures so that we can develop medicine / surgery in this country so we can provide 'first world' care to our peoples).

Again, the examiner seems to be basically doing their best to deny or to negate everything I have to say. This isn't a work of analytic philosophy. This isn't a work of applied philosophy. I am allowed to ask questions in print. I am allowed to say things in a thesis that are designed to get other people to start thinking, too, and make up their own mind about things. I do not have to write a piece that is designed for someone with brain switched off to accept a short statement by brute force of my having repeated it over and over and over and over and over and over and over.

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 experiments have a role in philosophy as 'devices of the imagination used to investigate the nature of things' so I am not taking it to be a criticism that this section is based on imagination rather than based on evidence or argument. https://plato.stanford.edu/entries/thought-experiment/.

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.

Fair enough. I have made it clearer we are dealing in thought experiments here. In Chapter 3 I extensively quoted the UN. In revising Chapter 3 in response to critique I was more explicit about how this material was laid out in Chapter 3 but would be returned to and made more fuller use of in Chapter 5. Now the time has come to pay the piper. I have been more clear in Chapter 5 about how the ideas that were introduced in Chapter 3 link up to here. More particularly, we are now putting the UN's view of treaties to work.

With respect to evidence in this section I have also added references to support the claim that something like the view that I articulate is to be found in popular culture (i.e., the authors imagination got the idea from somewhere). Much of this section (and the next) is a 'let us consider' sort of a picture that I am painting than an argument or description of facts (that need to be referenced) though, that is true.

I have extensively added to this section which has involved referencing Adam Smith and Immanuel Kant.

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.

I have added references most notably back to the United Nations as I cited extensively in Chapter 3.

It fails to show a good understanding of the Treaty.

I extensively cited / introduced what The United Nations had to say about conditions under which Treaties could be made / honoured in Chapter 3. The point of this section is to introduce United Nations literature on treaties to New Zealand. Not to convey the party line (whatever it may be) on Treaty of Waitangi Interpretation. Maori retain sovereignty and are granted the same human rights that are afforded to British Subjects because Maori are people, too.

It doesn't explain the role of the section in the thesis. No relevant literature or actual arguments on the topic are considered. I have referenced back to the Charter of the United Nations.

"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.

A treaty is a treaty… A treaty is a co-operative activity. A fair trade is a cooperative activity. I hope I have explained what I am doing better. Trying to be illuminating. Perhaps it is metaphoric.

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,

I was thinking that it was. I did not realise that was controversial. I have altered it to `may not appear to be rational' I think the examiner is right that my focus is on self-defeating or undermining (not sustainable) rather than irrational, specifically. Especially because of the way that economics defines rationality as an agent pursuing narrow self-interest (aka being non-cooperative). I have introduced Adam Smith on individual rationality.

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.

I always try and use the principle of charity. I do not wish to waste anyone's time (not even my own) attacking straw men. I mean that genuinely. I have done my best to present my opponents or the Skeptics view in the strongest light I can muster.

p. 134: " …trade deal… " The Treaty wasn't a trade deal at all.

It was an agreement to stop the wars, I thought. A 'we will stop killing you and you will stop killing us' sort of a trade-deal, at the very least, I would have thought.

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.

You can be moral, or you can use the ring of Gyges. Is that a false dichotomy? You can use it on Mondays, Wednesdays and Fridays? Only to rape but never to steal? You can work toward mutual benefit or you can work towards your own benefit – and take more than your fair share if you think you can get away with it. You work for your own benefit always and others only when it co-incides with your own benefit? You only don't carve your initials in organs you transplant if you think you will get caught / get into trouble for it?

I have referenced the section on equity back to the different kinds or notion of equity that were introduced in Chapter 2 (was told to use these or lose them)

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.

I have referenced this. I have been exposed to modern game theoretic interpretations of Pascal’s wager (where it looks more like Prisoner’s Dilemma than Pascal’s original argument, for sure). This is my articulation of the pay-off structure assigned to each square / outcome. It is not a ‘poor’ version of the argument (it is not worse than any of the others on the market as it borrows their form). I am not using prisoner’s dilemma because that would be a set-up where people are choosing who to co-ordinate with (accomplice or police) for their own personal gain (it’s a game for psychopaths and I am not persuaded super-rationality is the way to go (see Hoffstater)). That is not a game I am trying to get people to play. I am trying to get people to buy-in to a non-psychopathic game where mutual benefit is the primary goal rather than individual.

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. I have developed things. I don’t suppose this is a matter of rationality at the end of the day. If you don’t *see* what I’m saying… If you don’t choose to play my game… I don’t think I can use reason to persuade you. I guess we end up with war, at the end of the day.

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. It is clear. We can’t really explain how triangles evolved – because they didn’t. We might be able to explain how we have evolved the cognitive capacity to apprehend morality or to do triginomotry but that is a different thing. The exaplanandum is different.

p. 138ff The discussion of the social contract needs restructuring to present the information in a more logical order. I think it is logical which is why I presented it the way I did.

p. 138 “The original position was described by Rawls…” Reference Rawls. DONE 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. DONE

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. Done

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. Okay, I will do that when I have some spare time.

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”. I just meant something along the lines of Searle’s notion of a social institution (the medical institution, the institution of the university, the finance institution etc). I have added this explanation to the introduction and made it clear I do not think there is a central conspiracy in NZ. In an earlier chapter (4) as well.

“There is a concern that all of this is nothing other than thinly veiled co-oercion for foreign military” (sic) reword this. I’ll try and make my meaning clearer.

“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. The Tuskegee study. I will refer back. The ideal that it would be more equitable to Maaori if Maaori had higher rates of immunisations (again, not saying that they do and whether they do or do not in fact is irrelevant to the hypothetical claim about what equity in health in NZ would look like.)

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. I didn’t want to name names. There are clinics set up that target Maaori and people with disability because of the extra money the clinic gets for having these people enrolled. It matters whether the administrators and the like (who are getting the profits) are themselves members of the groups they are serving (whether their interests are likely to be shared) or whether they are getting rich at the others expense. Remember. They get more money for having the people enrolled but they aren’t required to see them more often or provide any more treatments or procedures or medications for them. The differences in spending were `unexplained’.

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! Not so much in New Zealand. District Health Boards have been losing their specialist training positions as the specialist training organisations have deemed New Zealand hospitals inadequate for training specialists

> https://www.nzherald.co.nz/business/news/article.cfm?c_id=3&objectid=11482579
> https://www.odt.co.nz/news/dunedin/fraud-possibility-not-disclosed
> https://www.odt.co.nz/news/dunedin/health/radiology-accreditation-cancelled
> https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11846120
> https://www.newstalkzb.co.nz/news/national/waikato-dhb-loses-safe-water-accreditation/
> https://www.odt.co.nz/news/dunedin/health/director-takes-parting-shot-sdhb-radiology-staff
> https://www.radionz.co.nz/news/national/316970/eye-patients-losing-vision-in-long-wait-for-specialists
> https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12033652
>
> Medical specialists and their expertise and their treatments are going away.. We are losing our accreditations. Medicine and surgery is receding from NZ. We have recently been

making do with junior doctors from countries like South Africa and Pakistan and India and Iran and Iraq and former Soviet countries (particularly for psychiatry, the later). The World Health Organisation is starting to want to hold countries to task. It isn't acceptable for us to rely on stocking our public health system with doctors from countries such as these. These countries desperately need their own doctors and their own governments have invested in training these doctors. We are not offering them advancing training we are not contributing towards the development of these countries but are attempting to appropriate the fruits of their investment for ourselves (the same could be said taking teachers from Fiji and the like without a good exchange system or FAIR bonding (rather than an attempt at BRANDING) to pay off the investment).

My intended audience will know this.

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. Decision not to discriminate against on irrelevant grounds which would be unjust. I have explained it.

5.5 Birthright to the `upper hand'

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

"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. I know. I have explained it more in chapter 4 now too. 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.

I don't understand why when I say 'so and so said x' the examiner reads 'the person who wrote this thesis believes x'. Perhaps this is because of the style of writing where I am supposed to provide a reference of someone who agrees with me after I say anything at all and then the idea is that anyone who I cite must be someone I am agreeing with. That doesn't follow, though.

The idea of some people having a birthright to the upper hand relates back to the idea of equity as inheritance or succession (birthright). In that very section I consider how kids of doctors seem to be the ones with the birthright to the upper hand when it comes to Medical student selection.

It seemed pretty clear from Chapter 2 that Maaori don't have the birthright to the upper hand in this country in health since they do worse with poverty and ill-health in this country.

If anybody thinks Maaori are *supposed to* have the upper hand (in the name of equity) then that position isn't symmetric, though. It is the one standard when I am winning and another standard when I am losing double standard. The idea of anyone having the upper hand is about a competition and there will be losers and crying 'no fair in the name of equity' isn't different from crying 'I'm a sore loser'. The solution is to not play that game. Equity doesn't have to be about trying to gain the upper hand (that view of equity is not sustainable).

Following is FYI (another go at explaining)

There is concern that politically elite Maaori pick which students they want to do Med (and rule out other Maaori students because they don't consider them sufficiently Maaori or they want their own kids to do it, or whatever. This idea that white people have been doing that for however many generations and so equity for Maaori involves the elite Maaori leaders similarly expediating their kids through at the expense of everyone else. In which case, I guess disability will only get to be an

equity group if the kid of a suitably powerful Doctor or Maaori or Maaori Doctor decides not to let the system veto out / rule out their kid because of their disability.

But then the people (the masses) wise up, you see. The international students realise that they are throwing money away investing in a system that will not reward their hard work (e.g., no matter how hard they work at chemistry they will be failed for population health if that is what needs to happen to prevent their taking a place from some politically elite person's kid. Or the poor people in NZ or even the working class… Realise they, too, appear to be only throwing money away at a system that (for example) refuses to calculate their GPA correctly, and so on…

And then I suppose we have the kids who want to do things like Medicine because they see opportunity to use something like the Ring of Gyges. I mean, that's why people want power, isn't it? This is why people want to be on Medical Selection committees? I mean it isn't a weighty responsibility or burden to really get things right (what you can do for the position) it is more about what the position can do for you and yours…

The system needs to ensure the people are protected against the above kinds of… Individuals serving their own interests (and that of their progeny) given the prevalence of this uh system of morality that most people seem to have and most people seem to think is the norm (and is a single rule and symmetric do unto others – because you take what you can if you can because you can JUST LIKE EVERYBODY ELSE. Especially when this competitive take what you can get attitude is actually presented as a moral position where we don't think the individuals are behaving inappropriately or whatever because we think everyone would similarly abuse power if they had it – that's why people want power, after all. That is why people want to be Doctors? It wouldn't be very responsible to teach people like this very much at all.

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. DONE

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

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. Though it is obvious once I have pointed it out – yes? 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). I mean it standardly / normally so do not define it. IN 2 I talk about discrimination on clinically relevant grounds rather than on grounds that are not relevant. Disability is only relevant insofar as it is predictive of capacity but we learned that the primary incapacity in disability was lack of power. Remember the issue for us is in disability being used to exclude candidates with capacity. Many people who do not have a disability (and many people who do have

a disability) do not have the capacity to study Medicine and share that Medical knowledge with others. Our focus here is on using disability to discriminate against applicants who do have capacity.

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. It isn’t an assertion. It isn’t part of an argument. Read it as ‘one the one hand we could’ or ‘here is an idea of something we could do’

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. I have conveyed what applicants are told about how the vetting system operates. Candidates are not told they will have the opportunity to speak on their behalf if there are issues arising.

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. I provided the link that is the evidence that supports the 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.) I didn’t say the form was a special form for Otago. The University of Otago sees fit to use this particular vetting form that asks the questions that it does. They say how they will use the information. I am reporting this. I’m sorry the examiner doesn’t’ like the way things are. I have provided evidence. I am not making this up. This is not evidence that “the University of Otago considers it appropriate to discriminate against people who have had previous experience of victimisation”. They say they will use this information to exclude people who are otherwise qualified. Or they may. They may choose to.

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. Discrimination on the basis of a person being a past victim is itself inappropriate. It is discrimination to say that people who have experienced trauma previously are not allowed professional career because they have been labelled a ‘victim’ by social services in NZ.

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. Fixed. From the Dean.

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. Because the Maori and Pacific students have a special interview as part of equity (for them, since they are Maori / Pacific, one supposes). The special interview isn’t designed to not offer a place to an otherwise qualified Maori / Pacific applicant – in the name of equity no less – was it?

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. Okay.

This section doesn’t examine the various affirmative action policies in the NZ medical schools. It is important to do so. We are considering them. We are considering how it seems they think they have the right to exclude people with disability who are otherwise qualified and wondering if the same happens for Maaori. Or maybe it’s just a case of pursuit of competitive advantage – if they can get away with it. I just mean to say that maybe all kinds of people are excluded for irrelevant reasons in order for it to be the case that no(? – I don’t think stats are kept on this) kids of…. Doctors? People in charge of Admissions? VC’s daughters? Are declined from taking up their place (birthright to the upper hand) should they want one. The systems need to be fair. Or the whole thing is unsustainable.

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. I am not being snide. I hear what we are told about who profits. But lets track where the money actually goes. I hear we have equity criterion – but I don’t see that in actuality they are used to help equity group members instead of profiting a few at many of their expense.

p. 148 “Presently, the University of Otago seems to be very upfront about collecting data on nonMāori 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. I provided the documentation showing that that is so.

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. Philosophers can ask questions. This is a good question to ask of NZ. We don’t know what rural means. We do not bond rural people. We do have a number of rural boarding schools and a number of affluent rural communities. I do understand we are SUPPOSED TO THINK that rural is about helping those most in need (that the primary beneficiaries are poor rural). I am asking the question: Then why are things getting worse and worse for those most in need as we saw in Chapter 2? It doesn’t seem to be working OR we have been very very very wrong about who the primary beneficiaries actually are.

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,

Indeed. Though,

FYI on the other hand, people seem to like the idea of birthright as head of a hierarchy. Because it is considered to be birthright there is a sense of inevitability that means the hierarchical people can relax instead of peck peck peck peck peck constantly pecking at the people they perceive to be above them. Machieavelli said people loved people who were born to rule / who had birthright. Today people are reluctant to let the monarchy go. Pay a lot to read tabloids and leave them gifts instead of donating gifts to the needy. People may like to think their Doctor or Surgeon was born to it from a lineage. I just mean that there could be a utility (greater productivity) in having people believe that one is born into such a thing (whether or not it is true) if the people are truly hierarchical (and will not settle until they successfully usurp anyone they believe to be not born into such things / upsettlable). I have been thinking on this…

There was a law comment here that has gone. The difference is that places in Law increase in response to demand and there are significantly more than 2 Universities offering Law Degrees in NZ. Medicine can only be done in 2 Universities in NZ and there are caps on the number of training places. Apparently the government heavily subsidises those places and it is supposed to be the case that students are selected so as to contribute positively to NZ society (rather than pursing their own personal riches, for example). This is not the case with Law - it is considered acceptable to pursue financial Law for ones own personal gain, for instance, rather than pursing a career in the public interests, specifically. We have no self-funded places for locals for Medicine in NZ. Our Medical Doctors learn in our public sector (and our self-funded international students are not guaranteed placements in our public hospitals they are expected to find them back home).

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.

https://www.forbes.com/sites/robertpearl/2015/10/15/are-you-a-patient-or-a-health-care-consumer-why-it-matters/#7aab36c72b4d

“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. We are people whether or not we are using the health system, too. There doesn’t need to be a term that applies when and only when.

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. This is an exercise in academic freedom in the spirit of inquiry. I am asking questions. It is disingenuous to suggest a philosopher is not allowed to ask a good question.

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. I have been attending a lot of seminars in general and rural practice and public health and bioethics at the University of Otago over the last couple years. I think it is nicer not to name names. My audience will know what I am talking about. Many seminars required people to state their name and title so it could be decided whether they were sufficiently ‘in group’ enough to be allowed to ask questions in question time. There was an obsession with whether you were a ‘consumer activist’ sort of a person compared with ‘one of them’. There seemed to be this clear idea that one could not be both. This is anecdotal. Lectures are recorded if anybody cared sufficiently to take a look.

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.) You don't find that strange? You don't think that when people hear of that they would ask for an explanation? How about the appropriateness of both kids being in 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. FYI We don't' have many specialists in our public hospitals. Presumably they are working somewhere. Development is typically about increasing specialisation increasing complexity or organisation and increasing division of labour. Why is progress for NZ supposed to be in generalised doctors as head of a hierarchy of allied health practitioners? That seems like a step back (and doesn't' seem adequately respectful of the autonomy and development of allied health fields either).

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. I didn't say it was Also provide more evidence that those treated in training hospitals are disproportionately from disadvantaged groups This is the socioeconomic gradient to health and that this is because people from advantaged groups are being treated in private hospitals. Poor people aren't paying for private healthcare (that's analytic)

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. OKay

"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. okay

"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. You misconstrued what I was arguing in those sections. This is an adequate statement of it here. One minor additional point: whose "transition from the ideal of health" ? The governments? Each successive step is moving from the most abstract to the eventual implementation. Along the way the path seems to be lost.

"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.

The examiner keeps trying to say 'you are trying to do p but are doing p badly' instead of realising (charitably) that I am not trying to do p. I have been much clearer about how I am not trying to do analytic philosophy or applied philosophy. I am painting a picture or telling a story and asking a lot of questions. This is in keeping with the Education Act and academic freedom and the spirit of inquiry that used to be at least part of what philosophy was supposed to be about.

I recommend rewriting the last paragraph to be more clear and precise. It is a restatement of the last sentence of my introduction.