

## Access to renal dialysis in South Auckland

Capped budgets under the government's health reforms have always raised the spectre of rationing for life-or-death treatments. Now the South Auckland crown health enterprise (CHE) is grappling with the ethical dilemmas raised when the demand for life-saving treatments outstrips the allocated funds. The CHE says it may have to restrict access to renal dialysis because there is a 10% annual increase in demand for the service, but the projected budget increase is only 4.2%. Renal physicians say they have already made all the efficiency gains they can and, because of pressure on all medical services, resources cannot be transferred from elsewhere.

The National Core Services Committee recommended 18 months ago that a national body should be established to set policy on access to dialysis, but this has not happened. Now physicians themselves are being put on the spot. Physicians recently referred the decision about a borderline case to the managers of South Auckland CHE and the funder of the service, North Health. The managers decided that access should be refused; the patient subsequently died. According to Dr Martin Searle, director of the dialysis unit, "in the past we would have offered the patient a choice".

The previous policy has been to refuse hopeless cases, but to give others the choice of treatment. The rate of dialysis is similar to that in the United Kingdom.

But since North Health has said that it will not pay for expansion of the renal dialysis service, more restrictive criteria are being mooted. Dr Tom Miller, chairman of the Auckland branch of the New Zealand Kidney Foundation, says the directive needs to come "from further up. The physicians are saying, 'We're not going to do your dirty work for you'".

Discussions on new criteria have been taking place. These are based on a list drawn up by the Core Services Committee and they include:

- blindness
- intellectual handicap
- 75 years of age and over
- drug or alcohol abuse
- major antisocial behaviour
- inability to give free and informed consent
- non-resident status
- inability to comply with complex treatment
- cancer with a life-expectancy of less than two years.

At a recent meeting to discuss the issue, physicians said that the criteria were not good predictors of the outcome. Any tightening of criteria would exclude some patients who could benefit. It is estimated that if the budget constraints continue, one out of three or four people who are currently accepted for treatment would be refused.

Searle maintains that it would be "undesirable to restrict dialysis more than

it is. We get it about right. If we have to turn down one in four, I don't think we will be".

The Human Rights Commission says that many of the criteria for exclusion—such as age and disability—may be illegal under the Human Rights Act, although it cautions that since the government exempted itself from the legislation, the public health system may not be covered. Since one-third of the South Auckland population is of Maori or Pacific Islands extraction, and the incidence of diabetes and all renal disorders is five times higher among these races, the Commission has referred the matter to the Race Relations Conciliator.

The controversy has so far been handled as a regional matter but there are national implications. Kidney dialysis is not under the same pressure in other regions, but the health reforms promised equitable access to services throughout the country. The failure of the Core Services Committee to define the "core" of health services New Zealanders are entitled to means that cuts may increasingly be made within treatment areas, irrespective of their relative merit measured against other services. Perhaps most significantly, although North Health has alerted the Minister of Health and ministry to the situation, they have managed to stay outside the furore. North Health is viewed as the problem, whereas the constraints under which it is operating are imposed by central government.

*Sandra Coney*

## Epidemic of hearing loss predicted

Australia faces an epidemic of hearing loss in young people, according to predictions made by the National Acoustics Laboratories. Dr Eric Le Page, a senior research scientist with the federally-funded service, says that within 10 years, 51% of men and 15% of women will complain of impaired hearing. In 20 years' time, those proportions will rise to 78% and 25% respectively. The present levels are 30% and 10% respectively.

Le Page's estimates are based on the otoacoustic emission test, which he says is far superior to conventional audiometry. While audiometry measures the sensitivity of hearing directly, the otoacoustic emission test measures the performance of the cochlea's outer hair cells. Le Page says 85-90% of the function of the outer hair cells can be lost before the person starts complaining of poor hearing. It is analogous to the kidney. In both cases, symptoms appear only when most of the function of the organ has been lost.

A striking feature of Le Page's predictions is the impact on young people. On the basis of 6000 otoacoustic tests on

neonates to nonagenarians, he says teenagers have greater damage to their ears than people in their twenties and thirties. The average 15-year-old's ears are as damaged as the average 45-year-old's ears. He says young people's ears are ageing three times faster than did their parents' ears. "Hearing loss from environmental noise has always been an old people's phenomenon. But in 10 years' time, more young people than old people will be reporting hearing loss", he says.

Why? The most likely culprit is exposure to loud noise. Le Page says that repeated aural assaults at pubs, clubs, and discos are an important factor, as are "Walkmans" and boomboxes. Why do men have worse hearing than women? Probably because of "that whole macho thing" of guns, headbanging, loud music, and a higher likelihood of head injuries. Also more men than women work in noisy industries such as construction, transport, coal mining, and anything to do with machining.

Another possible cause of rising ear damage in the young is the widespread

use of antibiotics. Although aminoglycosides are known to damage hearing, some scientists have suggested that more commonly used oral preparations may be involved. Le Page is non-committal, saying only that he is proposing to study their impact.

"You can't stop people enjoying high level music. It's a very cheap way of getting an adrenaline rush. At discos, they have low frequency vibes so loud you can feel them in your body. People like that feeling, but they don't think of what it's doing to their hearing. We see a lot of kids who go every week to rock concerts. They're aware that their ears are ringing for a day or two afterwards. But by next week they've forgotten, and they're back to the next gig", he says.

Le Page feels, on the whole, that hearing gets a rough deal. "We're a very, very visual race. We pay little attention to sound. We teach our kids not to stare at the sun, but there's no equivalent teaching in schools about moderating exposure to loud noise. I don't want to be alarmist, but people who can't hear properly find it very difficult to interact."

*Mark Ragg*