



The human right to healthcare and the nurse practitioner role

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Jocelyn Keith's observation in 1987 that social, political, and economic conditions impact on the uptake of healthcare interventions feels surprisingly current. Health determinants have been extensively researched and there is an evidence-base as to where inequities fall, so why are there still significant gaps in health outcomes? Have health policies and reforms addressed the core issues in service delivery? In Aotearoa, an historic compromise of intended universal access to healthcare means that primary health care (PHC) is predominantly delivered in privately-owned general practices where co-payments are almost universally required (Gauld et al, 2019). This business model, with a fee-for-service, is just one of those structural factors contributing to inequity of health outcomes.

Implementing the nurse practitioner (NP) role shifted the pendulum in the delivery of care away from the once exclusive privilege of doctors. While NPs' clinical knowledge would allow them to diagnose and prescribe, the mantra was to provide accessible, integrated, and holistic services to underserved and vulnerable populations (Ministry of Health, 1998). Over half of the now 530 strong NP workforce work in a broad range of PHC settings. Where NPs work in a general practice model of care, there is increasingly the expectation that the NP encounter with the patient will be the same format and fee as for a general practitioner. How does this utilisation of NPs address the core issues of improving access to healthcare and the right to health?

It is an amazing time to be a NP in Aotearoa. Pioneers have secured a path and have worked relentlessly to alleviate the many barriers to practice. But I believe it is time to revisit our beliefs about the purpose of the role. We marked 200 years since Florence Nightingale's birth in 2020, but the centenary of Loretta Ford, alive and 100 years old in the same year, should cause us to reflect on Ford's



work to develop the NP role, triggered from her own experience as a community-based public health nurse working in child health (Ford, 2015). If the vision of making the right to healthcare a reality is our mantra, then NPs need to explore what models of care realise this, and we need to unite our voices in leadership roles to determine the necessary health policy and service provision.

References

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