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Widening the lens of evidence-based healthcare

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We see clearly that Aotearoa New Zealand's health system is built on the evidence-based medicine/practice movement (which Keith (1987) refers to as science), which is assumed to solve the ethical dilemmas health professionals face of where to focus their attention. However, the discourse of science privileges biomedical-pharmaceutical knowledge and has not led to enhanced healthcare in terms of reduced health and socio-economic disparities, including the number of children living in poverty. Evidence – science if you will - has typically been directed to service delivery at a secondary and tertiary level, leaving the advancement of the right to health lagging.

This is the situation we have found ourselves in with the COVID-19 pandemic; that the continued emphasis on funding technological secondary and tertiary healthcare advancement has been at the expense of ensuring a robust public health system focussed on the fundamentals of health. Drawing from Bronowski's (1973) work, Keith argues that humans prepare selectively for imagined futures. The under-investment in primary health care and in improving the social determinants of health mean that in 2021 the right to healthcare continues to eclipse the right to health. This tunnel vision is captured by Askerud and colleagues (2020):

"The social determinants of health are recognised as contributing to the earlier development of long-term conditions, yet for people on low incomes, access to a user-pays primary health-care system remains problematic. Adequately funded person- and whānau-centred care that is embraced by patients and health professionals requires a cultural and systemic change within NZ's primary care institutions, and for people with multimorbidity in our society. The question remains as to why New Zealanders in 2020 continue to wait for a consistent nationwide approach to long-term conditions care and universal health-care coverage" (p. 121).



Keith argues for “a coherent process of setting needs and determining priorities” (p. 20). Those of us committed to the priorities of primary health care laid out in the Declarations of **Alma Ata** (WHO, 1978) and **Astana** (WHO, 2018), and the **Ottawa Charter** (WHO, 1986), watch with hope and healthy scepticism to see whether the Health and Disability System Review (2020) undertaken by the current Labour government will substantively contribute to the right to health.

References

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