

Submitted to About the Act and Code Review  
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Your details

1 What is your name?

Name:  
Vanessa Julie Pritzwald-Stegmann

2 What is your email address?

Email:  
[REDACTED]

3 Are you submitting as an individual, or on behalf of an organisation or group?

I am submitting as an individual

4 How did you hear about this consultation?

Select from the following options:  
HDC website

If you selected other, please specify below:

Questions for individuals

[REDACTED]

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[REDACTED]

Topic 1: Supporting better and equitable complaint resolution

1.1 Did we cover the main issues about supporting better and equitable complaints resolution?

Please add your response below:

Yes

1.2 What do you think of our suggestions for supporting better and equitable complaint resolution, and what impacts could they have?

Please add your response below:

The clause in regards to non-retaliation under Right 10 I think is brilliant. In my opinion, most patients or caregivers don't want to lay a complaint about bad treatment for fear of being treated differently or worse at a later time. That fear is not imaginary. It has happened to me multiple times over the years. It's as if the Code of Rights doesn't apply to doctors, and God help you if you criticise their level of care, especially in the Te Whatu Ora Waikato Emergency department.

1.3 What other changes, both legislative and non-legislative, should we consider for supporting better and equitable complaint resolution?

1.3 changes - supporting better and equitable complaint resolution:

People from all walks of life need to be made aware that it is safe and especially needed to make a complaint about poor service delivery, otherwise doctors, nurses and the system will never change.

### Topic 3: Making the Act and the Code work better for tāngata whaikaha | disabled people

3.1 Did we cover the main issues about making the Act and the Code work better for tāngata whaikaha | disabled people?

Please add your response below:

As the Code stands at the moment, it should include patients from all walks of life, including disabled people, but that is not how we are viewed in reality. In reality, your definition of disabled people are treated with even less respect than Maori and Pasifika.

I'll give you an example:

I am classed a "disabled person. I have multiple mental health conditions, complex physical health conditions and I am physically disabled. If I go as a patient into my hospital ED for treatment, which I try to avoid now unless it's life or death, I will be treated as a nuisance, total inconvenience and like a speck of dirt under the ED doctors shoe and shoved out into the waiting room telling me there was nothing wrong with me BEFORE even asking me why I was there! Life and death only, remember? I knew I had sepsis, but ED didn't want to know, because I'm a "mental patient". Yes, I had to go to urgent care in the end for the hospital to listen that I was critically unwell. Did I make a complaint? What was the point. Unless you, the HDC, can get the doctors in our hospitals to start treating us like people and actually adopting the Code, nothing will change, and myself and thousands of others will still be in the same rocky boat.

3.2 What do you think of our suggestions for making the Act and the Code work better for tāngata whaikaha | disabled people, and what impacts could they have?

Please add your response below:

The definition of disabled people needs to be put in bold print and drummed into the heads of every health practitioner in New Zealand.

We are treated the worst of the worst, and that is completely unacceptable in 2024. We know our conditions best, and clinicians should listen to us instead of stomping on us.

3.3 What other changes, legislative and non-legislative, should we consider for making the Act and the Code work better for tāngata whaikaha | disabled people?

Please add your response below:

More advocates need to be available to people. Both in the mental health and physical health sectors.

It should be easy and comfortable for disabled people to find and engage with a service, whether it's to make a complaint or trying to get a service to engage.

### Topic 5: Minor and technical improvements

5.1 What do you think about the issues and our suggestions for minor and technical improvements, and what impacts could they have?

Please add your response below:

Good.

5.2 What other minor and technical improvements, both legislative and non-legislative, should we consider?

Please add your response below:

None.

5.3 What are your main concerns about advancing technology and its impact on the rights of people accessing health and disability services?

Please add your response below:

I feel this needs to be tightly regulated. The human doctors don't respect and protect us now. How will AI be any better?

5.4 What changes, both legislative and non-legislative, should we consider to respond to advancing technology?

Please add your response below:

It needs to be tightly controlled legally, and be accountable to the law ,like malpractice, just like the human clinicians.

## Publishing and data protection

May we publish your submission?

Yes, you may publish my submission

Please note any part(s) of your submission you do not want published::

Reasons to withhold parts of your submission

Yes, I would like HDC to consider withholding parts of my submission from responses to OIA requests.:

No

I think these parts of my submission should be withheld, for these reasons: :

If needed, can we to contact you to follow up for more detail on your submission?

Yes, you can contact me

Would you like to receive updates about the review?

I'd like to receive updates about the review, I'd like to receive updates from the HDC about this and other mahi