

14 October 2021

Michael Vaughan

Via email: fyi-request-16802-906337e6@requests.fyi.org.nz

Dear Mr Vaughan

## **Official Information Act** Re:

I am responding on behalf of Taranaki District Health Board (DHB) to your OIA request of 19 September 2021, which was transferred to Taranaki DHB on 30 September 2021 by the Ministry. You have requested the following information:

1) What is the Covid-19 treatment protocol for hospitalised cases?

Taranaki DHB has had one COVID hospitalisation to date. Treatment protocols have been based on Australian treatment protocols, which are currently being reviewed against the recently released guidance from the Ministry of Health: Clinical Management of COVID-19 in Hospitalised Adults.

2) Are some DHB's following different treatment protocols from others?

Taranaki DHB is unable to comment about other DHB protocols. As noted above, Taranaki DHB protocols are aligned to national guidance and international best practice, all protocols are localised to ensure they can be operationalised in local settings.

3) Are DHB's free to make decisions about treatments for individuals with Covid-19?

Taranaki DHB clinicians will make treatment decisions based on assessment of patients' needs, aligned to national guidance and international best practice.

 To what extent are patients able to participate in decision-making about their treatment programmes?

All treatment programmes are discussed with patients and families/whanau; informed consent policies and procedures are maintained as per standard practice.

- 5) If a patient requests a blood test for Vitamin D and/or the administration of high dosage Vitamin C, are hospital staff able to provide these?
  - i. A blood test for Vitamin D is available and could be requested by a doctor if clinically indicated

Taranaki District Health Board

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- ii. In order to answer this part of the question the assumption here is that the person requesting the information is referring to high dose **intravenous** Vitamin C. Under that assumption the answer is 'no' for the following reasons:
  - Intravenous Vitamin C is not listed in Pharmac's Section H (Hospital Medicines List) and as such (under our hospital services contract) we are not allowed to procure it for use in a DHB hospital, whether or not the patient offers/agrees to pay for it
  - Intravenous Vitamin C (Ascorbic acid) is not licensed as a medicine for use in NZ and therefore comes under the 'umbrella' of a complementary therapy
  - The current Taranaki DHB Guideline for the use of complementary therapies in Taranaki DHB hospitals contains the following two statements: No alternative / complementary medicine / rongoa therapy will be supplied by the Pharmacy. If the patient insists on continuing to take such remedies then they must provide their own supply and Taranaki District Health Board staff are not allowed to administer alternative remedies.
- iii. If the enquirer is referring to high dose oral Vitamin C, then this could be administered to a patient here in the hospital (after ascertaining that their renal function was good enough not to result in any adverse effects e.g. kidney stones from the high dose Vitamin C)
- 6) Do hospital staff have the right to refuse a patient's request and, if so, is there a process for a patient to appeal the decision?

Clinicians can decline treatment if it is not evidence based and would not be considered to be of benefit. Patients can ask for a second opinion, use the DHB complaints process or the Health and Disability Commissioner complaints process if they have concerns about treatment decisions.

I trust the above information answers your OIA request.

Kind regards

Gillian Campbell

**Chief Operating Officer** 

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