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Health corner

Going to the doctor in New Zealand – what's different?

It happens to all of us sooner or later: An accident, a minor or major illness, stress that's a bit overwhelming - and we need to see a health professional. Many of us are very comfortable with the English language and the way things function at home and at work, but feel unsure about how to tackle health issues. There is often an inbuilt distrust in the healthcare of another country.

I have worked in New Zealand general practice for longer than I care to remember and would like to share some of my experiences with our readers. Today, I try to give you an overview of how the system works. In further editions I will cover more practical aspects about your relationship with your health professionals and deal with specific conditions. I will appreciate your feedback on what you would like to see in future.

We have several health practitioners of various backgrounds in our club, who will take it in turns to populate this health corner. You are most welcome to contribute – contact the Editor if you feel like writing about YOUR health interest.

Health is a major political issue in most countries. No wonder – it concerns us all, costs more than we can afford to pay and someone has to decide how to share the pie. Successive New Zealand governments have tinkered with the way health is administered and built up large organisations, only to overthrow these again when the administration changes.

At the moment, most of the health budget is administered by the 20 DHBs (District Health Boards) who either provide health services or contract others to do so. Overall, I feel New Zealanders have a good health system and would rather be sick here than in Switzerland!

Your first point of contact with the NZ health system is often the GP or General Practitioner. This is different from Switzerland, where you go directly to a specialist with different complaints.

It pays to be 'enrolled' at a General Practice if you are a permanent NZ resident.

The enrolment is done through a PHO (Primary Health Organization, a large association of up to several 100 GPs). The PHO is funded by the DHB to deliver health services. The GP practice receives a specific amount of money (depending on the age and location of the patient) every three months for each enrolled patient, whether s/he is seen or not and your consultations will be cheaper. In most cases – except children under 6 – there is still charge to pay. You are expected to pay at the time of consultation, not like in Switzerland where you are sent an account.

Some NZ GPs work alone, but increasingly, they work in groups of various sizes. Until recently, most owned their business. Now larger organisations are buying GP practices and employ the doctors. I have particularly liked the small group practices in my working life here.

Patients feel they still know 'their' doctor and nurses, and vice versa. It has been rewarding for me to get to know two, three and even four generations of one family. Because we do most referrals to specialists and in turn get their reports, we have a good grasp of all the health issues of a patient, which can only be an advantage to her/him.

Another thing I like about working here is the use of computers. New Zealand was at the forefront of computerised medical notes using very good software. Patients get better care overall if their records are organised in an integrated way.

We receive most reports online, so the process is very streamlined. Confidentiality can be an issue and is monitored carefully, as we can log into laboratory results and prescriptions issued elsewhere. I find the advantages of sharing reports outweigh the dangers.

Not only does it save much time and money; I do feel it is safer for patients and they get better care.

Most GPs don't work 24/7. If you need to be seen after hours, you are advised to go to an emergency surgery. Usually, the charges are higher there than at your local practice. You can try and present at the local hospital's emergency department where you will be seen for free.

They discourage you to attend with trivial issues; the waiting times for non-emergencies can be so long that you will get better before you are seen! But if you have a serious medical emergency, you will be attended to quickly at a hospital, and it is better to go there rather than to your GP.

GPs don't usually keep medications at their surgeries. Instead, you will take a prescription to any pharmacy. Most medications are subsidised; you pay \$ 3.00 only (soon it will be 5.00) for each item. Laboratory testing is free for almost all tests.

Your GP can refer you for an X-Ray or a specialist consultation. You have a choice of having these done privately, and paying for it – maybe you have insurance – or be referred to a public hospital. Hospitals have waiting lists.

If your condition is potentially dangerous – e.g. it could be cancer – you will be seen within a reasonably short time. If it is 'just' painful, or otherwise inconvenient, the wait might be anything between long and endless. Public hospitals are free for New Zealand residents, be it as inpatients or outpatients. Private hospitals, where you pay, tend to mainly do non-urgent operations.

If you have an acute condition – e.g. a severe infection or injury – you often have no other option than going public, even if you have medical insurance or the funds to pay for it in private. You can find more on the health system on www.health.govt.nz.

I look forward to your feedback.

By Nelly Steinemann