

Medical care in New Zealand - do we need insurance?

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Health Corner

Medical Care in New Zealand – do we need insurance?

Medical insurance is compulsory in Switzerland. It must be the right thing to do in New Zealand, too – or is it? Like in most areas of life, the answer is not black and white. My thoughts reflect my personal experience and are abbreviated. They only apply to those eligible for publicly funded health services. That's NZ citizens, permanent NZ residents, or people who hold a work visa for two or more years, and dependents of those. For more specifications, search 'eligibility' at www.health.govt.nz.

What do we get free through the public system?

Acute medical care is freely available in public hospitals. If your problem needs to be attended to today because it could be dangerous to wait, you will be seen now. Be it a heart attack, stroke, severe infection like meningitis, pneumonia, appendicitis, and much more, you will be admitted to one of the public hospitals, examined and treated.

You do not have a choice of hospital, as they are zoned into DHBs (District Health Boards). With some exceptions (e.g. heart attacks, some surgical and gynecological issues), private hospitals do not usually treat these conditions.

You might elect insurance cover mainly for disorders which are not acute. Some of them require referral to medical specialists and expensive tests, while some will lead to operations. Common examples are recurring headaches, sinus problems, gallstones, gynecological conditions for women, chronic abdominal pain and hundreds of other issues. You have the choice of being referred to a public hospital for these at no charge to you, or can elect to see a private specialist.

If you go public, your GP (family doctor) will write a referral to the hospital. A specialist there reads the letter and gives you a priority. Generally, the more serious your condition is, such as cancer, the sooner you will be seen. If your GP strongly suspects cancer, the wait may be a

matter of weeks, but definitely not months. If your problem is pain 'only', as in arthritis, there might be a long wait. This not only varies from hospital to hospital, but also from month to month. If the wait is going to be longer than six months, they will tell you so and refer you back to your GP, rather than giving you a space on the waiting list.

Currently, this can happen with many lumps under the skin which are not cancerous, with varicose veins, with unmentionable things like piles, and with many other conditions. In those situations, it is convenient to have medical insurance. It can still take several weeks to see a private specialist, but you get a firm booking and can plan your life.

In summary: Medical insurance is probably not going to save your life, as the public system covers you well and (usually) timely for life-threatening ailments. You may suffer more pain and inconvenience though.

If you do choose to take out insurance, you not only have to decide between several companies, but also study the many schemes within those. Websites or brokers can give you quotes. Some issues to consider.

- ◇ Insure only for treatments that you could not otherwise afford. Why take out insurance for visits to GPs which will cost you in the vicinity of \$50.00. It makes more sense to only have insurance for specialists and expensive investigations, or even for operations only.
- ◇ Insurances sometimes pay up a fixed amount only for a procedure. This may fall well short of what it costs you.
- ◇ Some insurances have 'preferred providers' and your choice of specialist may be limited.
- ◇ You usually have a choice of excess ('Selbstbehalt'). The higher the excess, the lower the premium.
- ◇ Pre-existing medical conditions must be mentioned. Your interpretation may differ from that of the insurance. Read the small print. Some schemes do not cover you at all, while some will after a few years. Be particularly careful if you change your insurance.
- ◇ If you are disciplined enough to do so, you may want to put a certain

amount of dollars under your mattress or into a specified bank account for medical care on a regular basis, either as your total 'self-insurance', or to top up what your insurance does not pay.

ACC, Accident Compensation insurance, is compulsory. You pay for it with your taxes and with your car registration. ACC covers anyone in NZ, residents and visitors. They also approve claims for the after-effects of injuries sustained overseas once back in NZ, if you were a permanent NZ resident at the time of accident.

Having an injury accepted by ACC means that your doctors' visits are slightly cheaper. Physiotherapists, osteopaths and the like are a lot cheaper. Specialist consultations, investigations and operations can be done in the private sector at no charge to you if approved by ACC after more scrutiny. You also get weekly compensation: From the second week of your inability to work, ACC pays 80% of your wages. Different rules apply for the self-employed.

There is a fine line between what's considered to be an accident, and what is an illness, or 'wear and tear'. Difficulties very often arise with back pains. Falling from a ladder and fracturing a vertebra is definitely an accident. Having back pain the morning after a day of gardening is more questionable. 'Gradual process' (overuse) injuries are another bone of contention. ACC only accepts responsibility for these if they are incurred during paid work. Thus, a professional tennis player would be covered, but definitely not a recreational player. ACC has very firm ideas on which jobs cause overuse injury.

Overall, I have found ACC reasonable. There have been exceptions - cases where I felt they were wrong in not offering cover and occasionally ACC employees who are less helpful than expected. You do have the option of challenging their decisions. For more information, go to www.acc.co.nz.

We are interested in hearing about your views and experiences! Please write to the Editor at editor@swiss.org.nz or at 12 Kate Sheppard Ave, Torbay, Auckland 0630.

By Nelly Steinemann