Public funding of bariatric surgery

We applaud the enthusiasm and vigour with which Drs Flint and Kelly—Why is publicly funded bariatric surgery still not fully supported? N Z Med 2011;124(1346). http://journal.nzma.org.nz:8080/journal/124-1346/4963/content.pdf—make the case for bariatric surgery and how they point out the benefits of this surgery as well as the large unmet need in our community. The provision for public funding has been acknowledged and small steps are being taken by the Ministry to allocate additional funding to the regions around New Zealand.

While this funding support is clearly insufficient to meet the current need there is some scope for surgeons and surgical departments to take some additional initiative in the matter.

Not every new procedure can be expected to come with new funding—the introduction of laparoscopic innovations, sentinel node biopsy, ileorectal pouch surgery and breast reconstruction are just a few examples where special additional funds have not followed. Surgeons and surgical services have adopted these advances and integrated them into the funding for their particular services. With it came the need to carry out a complex, often unenviable task of prioritising what can be achieved within the given budget. This should also be applied to bariatric surgery. With the same generic clinical priority assessment tools used to determine access for general surgery amongst such diverse conditions as gallbladder disease, oesophageal reflux, rectal prolapse and abdominal wall hernia it seems that gastric procedures for obesity sits well within that mix.

This approach has allowed public bariatric surgery to have been available in the Southern District Health Board (DHB) for many years. Indeed Dunedin Hospital has provided until very recently all the public hospital based Bariatric services for the South Island based on this. We are appreciative of some additional funding and especially to be sharing the load with an additional new service in Southland Hospital.

While we are glad to see these changes we would urge general surgeons and surgical departments along with their managers in public hospitals not to hold back but to take a lead in ensuring this potent remedy for morbid obesity is made more available on site in their hospitals—now.

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