



10 February 2025

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## Healthcare Professional Regulators Imposing Contested Ideological Positions

Good afternoon,

1. The Free Speech Union is a registered trade union with a mission to fight for, protect, and expand New Zealanders' rights to freedom of speech, conscience, and intellectual inquiry. We believe that freedom of speech is not only a legal principle, but a social good that allows for people in modern liberal democracies to peacefully, freely advocate for the causes they care about without risking unjust retribution.
2. We write to raise our concerns about the imposition of contested ideological viewpoints on regulated practitioners in New Zealand. This concern is becoming increasingly widespread across a range of professional bodies, especially in healthcare. Examples of this are listed in the attached appendix.
3. Regulators are, of course, welcome to consider these perspectives and incorporate them into the professions' available cultural repertoire. To be clear, regulators must foster professional environments where individuals are cared for with respect for and reference to their values, beliefs, and identities. For example, we commend the New Zealand Psychologists Board's *Core Competencies* requirements to "work from a non-prejudicial and affirming stance" and to demonstrate "sensitivity to diversity" (p.6).
4. However, we are deeply concerned by the regulations being forced upon practitioners to assume contested and disputed ideological positions and cultural beliefs. It is clearly inappropriate for contested beliefs to be associated with the ability to be licensed in these professions. Whilst we would support the beneficial aspects of more expansive cultural sensitivities in healthcare practice, there is a profound distinction between promoting this aspect of practice as a benefit and mandating it as a compelled requirement. This is especially true given the monopolistic capacity of these regulators to license professionals.
5. Similarly, we recognise a distinction between cultural competence, which considers the ability of practitioners to engage with patients from different cultural backgrounds with a disposition of openness and cultural sensitivity, and cultural 'safety', which is fundamentally an ideological preoccupation. To suggest that a professional that otherwise meets all criteria for licensing is 'unsafe' due to the fact they contest aspects of the ideological claims is inconsistent with the basic rights of healthcare professionals.

6. As the Healthcare Practitioners Competence Assurance Act 2003 suggests, cultures and races do not receive healthcare: individuals do. Individuals therefore need to be treated *as individuals* within the healthcare system. Cultural 'safety' requirements do not only impose on practitioners, but they also undermine the individualism of patients within the healthcare system, who, through these guidelines, are treated in an identitarian manner, in accordance with their cultural group, rather than in accordance with their individual characteristics.
7. By requiring practitioners to assume contestable positions, regulatory bodies suppress the expression of differing views and opinions, and therefore is in breach of rights guaranteed by the New Zealand Bill of Rights Act (1990), including:
8. Section 13: Freedom of thought, conscience and religion: Everyone has the right to freedom of thought, conscience, religion, and belief, including the right to hold opinions without interference.
9. Section 14: Freedom of expression: Everyone has the right to freedom of expression, including the freedom to seek, receive, and impart information and opinions of any kind in any form.
10. Recently, Associate Minister for Justice Nicole McKee, who has responsibilities for Real Estate Authorities, responded to a High Court decision, instructing the Authority to refocus training for Real Estate Agents. Minister McKee believed that the mandatory training in question in the Janet Dixon case did not meet the expectations of training being relevant to the Real Estate profession. Likewise, we contend that the examples we provide in the appendix threaten to see ideological positions and training foisted on pharmacists, dentists, and nurses.
11. We recognise that in a portfolio like Health, it is likely matters of this kind do not rise to the pressing and urgent nature of other questions and are therefore easier to dismiss. However, we believe that an effective, efficient, professional healthcare service cannot be achieved in New Zealand without due concern for the first principles that enable prosperous, stable, free societies.
12. As such, we invite your response to the following:
13. Whether you, especially given the comments of Minister McKee, hold that these requirements correspond to the core functions of work within these professions, or whether it appears to compel training on contested ideological points that are outside the core functioning of these regulatory bodies.
14. How you will guarantee that practitioners within these professions are able to express and enact differing cultural views and opinions, where these differ from those specified in by their regulatory bodies, without fear of personal censure or exclusion from professional licensing.

Yours

faithfully,

**Free Speech Union (New Zealand) Inc.**



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## Appendix:

We provide examples below from the Pharmacy Council, the Dental Council, and the Nursing Council where cultural safety' requirements for licensing force individuals to assume particular positions with relation to contested cultural practices and principles of *equality* and *equity*.

15. Pharmacy Council Competency Standards:
16. Competency 2.3: Applies culturally safe practice
17. 2.3.2: Analyses how embedded biases may negatively influence health outcomes
18. 2.3.3: Addresses biases within area of pharmacist practice
19. 2.3.4: Recognises the effects of power within a healthcare relationship and articulates how this is addresses within own practice
20. 2.3.5: Understands cultural diversity and adapts practice according to the needs of people to contribute to equitable health outcomes. (p.37)
21. Similarly, the Pharmacy Council guidelines, "Towards Culturally Safe Practice", note that:
22. "In order to practise in a culturally safe way pharmacists (and other workplace colleagues) need to reflect on their own cultural identity, biases, and the potential power imbalance due to your position and recognise how these impact on people from other cultures" (p.1)
23. Dental Council Dentist Competencies:
24. 3.7: Understand the impacts of racism, colonisation and power imbalance on Māori oral health, and the current state of inequitable access to care and *hauora* outcomes.
25. 3.10: Reflect on their own culture (including their own biases, attitudes, assumptions, stereotypes, prejudices and characteristics) and its impact on clinical interactions and the care they provide.
26. 3.11: Understand the inherent power imbalance that exists in the practitioner-patient relationship and commit to work in partnership with their patients and *whānau* or family to enable culturally safe care.
27. Nursing Standards:
28. An understanding of *Te Tiriti o Waitangi*, *kawa whakaruruhau*, cultural safety and health equity is fundamental to patient safety.
29. Nurses are also required to demonstrate *kawa whakaruruhau* by addressing power imbalances and working collaboratively with Māori.
30. [A requirement for registered nurses working in partnership with Māori includes:] Challenges racism and discrimination in the delivery of nursing and health care.
31. Cultural safety in nursing practice ensures that registered nurses provide culturally safe care to all people. This requires nurses to understand their own cultural identity and its impact on professional practice, including the potential for a power imbalance between the nurse and the recipient of care.
32. Can describe the impact of colonisation and social determinants on health and wellbeing.