

March 9, 2026

Rt Hon Christopher Luxon
Prime Minister of New Zealand

cc:

Hon Simeon Brown, Minister of Health
Hon Casey Costello, Associate Minister of Health
Rt Hon Winston Peters, Minister of Foreign Affairs
Hon David Seymour, Deputy Prime Minister / Minister for Regulation
Hon Paul Goldsmith, Minister of Justice
Hon Judith Collins, Attorney-General

Dear Prime Minister and relevant Ministers,

RE: Formal Complaint Regarding Medical Council of New Zealand Draft Statement on Hauora Māori

We are writing to you formally as concerned doctors at NZDSOS to object to the Medical Council of New Zealand's current consultation on its draft *Statement on Hauora Māori*, which is open for feedback until 24 March 2026.

We do so in the context of your Government's clear electoral commitment (and mandate) to ensuring that healthcare in New Zealand is prioritised according to clinical need, not ethnicity. It is deeply concerning, therefore, to see a statutory body under your portfolio actively advancing a framework that directly contradicts this principle.

Ideological Overreach, Not Clinical Care

The draft statement is not a document about clinical competence. It is a political manifesto dressed in medical language, and with it the MCNZ seems to rejoin the Long March it began with the previous government – if indeed it ever stopped. It requires doctors to take "meaningful action to



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advance health equity for Māori" by "dismantling unfair systems" and engaging in "critical self-reflection" to identify personal bias.

This is not medicine as MCNZ should be overseeing, but rather the language of Critical Race Theory and what can only be described as medical Marxism. It presumes that all health outcomes are a function of power imbalances and collective guilt, and it demands that doctors adopt a specific ideological worldview as a condition of registration. A doctor who provides excellent clinical care but questions this framing will, under this proposal, be deemed professionally deficient.

That seems less of a standard and more a loyalty test. Doctors are asked to perform public contrition for unprovable 'biases,' knowing that no amount of compliance guarantees safety from future sanction. We have seen this play out already: colleagues who raised covid concerns in good faith remain 'in process' with the Medical Council five years later. This is not right-touch regulation but ritualised obedience training. Medicine is in crisis already; this further top-down imposition will be a final straw for many doctors. If the goal is to backstop the profession with overseas doctors, we wonder how quickly they will assimilate the Treaty awareness that good doctors have woven into their practice already.

Contradiction with Government Policy

Your Government has been explicit: access to healthcare should be based on need, not race. Yet the Medical Council is moving in the opposite direction, embedding ethnicity as the primary lens through which all medical interactions must be viewed. There are strong signals from within some District Health Boards that Māori are given waiting list priority, and this *de facto* reverse discrimination undermines the coalition's electoral promises.

If the Government is serious about race-neutral, need-based healthcare, it cannot allow its own Regulatory Authority to entrench the very race-based thinking you were elected to move beyond. The Council's self-stated role is to protect the public but surely this must be through safe clinical practice, not to compel doctors to endorse contested sociological theories.



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The Question of Credibility

We must also note that this proposal comes from a Council whose judgment on recent public health guidance has been severely questioned. Its [Guidance Statement](#) on the COVID-19 vaccine – which remains glaring out from its website, for "historical reasons" – caused profound moral injury to doctors who were prevented from raising legitimate concerns. The fact that the High Court found the Guidance lawful does not mean it was ethical, nor does it undo the damage done to professional trust and open discourse within the medical community. The MCNZ has one overarching statutory obligation under the Act that created it, and that is to defend medical ethics. In this clearly it has failed, since 2021.

There is hypocrisy in plain sight in the Draft *Statement on Hauora Māori* too. The Medical Council's own bias and power imbalances were on full display during the vaccine mandates, when it silenced doctors and stood by while hundreds of thousands of New Zealanders who asserted basic human rights in opposing mandatory vaccination were ostracised. This, despite its mantra that it exists to "protect the public".

As you well know, we have shown that tremendous damage has been done to New Zealanders by multiple mechanisms of harm from what the prior chairman Dr Curtis Walker referred to as the 'zero risk vaccine'. We understand that the current chair has at least expressed privately her own concerns about vaccine harms. That same body she now leads is asking doctors to trust it with a new ideological mandate. Many will not.

A Better Path

Māori health outcomes are shaped by well-understood social determinants – deprivation, housing, education, nutrition and lifestyle factors. There are numerous targeted initiatives addressing these, from Whānau Ora to specific iwi-provider contracts. Doctors already undertake cultural competence training – but we note the black hole in medical training that is clinical nutrition remains unaddressed, despite its direct relevance to the very inequalities the Council claims to care about. The answer to health disparities is not to compel shame, silence dissent, or mandate political conformity. It is to focus on the fundamentals: access,



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timely treatment, and the social determinants that affect all New Zealanders, regardless of ethnicity.

We urge you to direct the Medical Council to withdraw this draft statement. It exceeds its statutory mandate, it further divides rather than unites the profession, and it undermines your Government's commitment to a healthcare system that treats New Zealanders as individuals, not as members of identity groups.

We feel the time has come to put the Medical Council under administration and appoint Commissioners to return it to its core mandate - to protect and uphold medical ethics, and return the New Zealand Bill of Rights and the principle of right-touch regulation to the fore. This latest decolonisation manoeuvre further derails the ability of doctors to act according to professional judgement and moral compass.

We would welcome the opportunity to discuss this further with you or your officials. We request that you acknowledge this letter and advise whether you will be taking any action in response to these concerns.

Thank you for your attention to this matter.

Yours sincerely,

Three handwritten signatures are displayed side-by-side. The first signature is 'Matthew Shelton', the second is 'Alison Goodwin', and the third is 'Cindy de Villiers'.

Drs Matthew Shelton, Alison Goodwin and Cindy de Villiers
For and on behalf of NZDSOS Members and Supporters



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