**Editorial: Waiting lists don't tell the whole story**

OPINION: Waiting lists are not a reliable guide to the number of people who need an operation. Many thousands of people who need surgery are not on the waiting list at all. They are, however, in pain and distress.

They are also in limbo, waiting to get on the waiting list. The critics say that the waiting lists, in short, are a lie.

Certainly nobody should take waiting lists as a sign of the health of our system. A new report found that 36 per cent of hip and knee patients in Northland and Hawke's Bay failed to get on the waiting list, which is proof yet again of the problem. Many were suffering severe pain and were significantly disabled, said the study, published last week in the New Zealand Medical Journal.

This was a study of only about 1200 people, and so its conclusions must be treated with caution. But other studies reached similar findings.

A survey of unmet need last year by the Health Funds Association and Private Surgical Hospital Association found that 170,000 are turned away from the waiting list each year. It found that 280,000 people met the criteria for elective surgery, but only 110,000 got on the list.

Any politician who cites the waiting list as proof of an improving health system should be laughed at. The official waiting list might be getting shorter but the unofficial waiting list is huge. Successive health ministers, however, have also bragged about the increasing number of people who actually get elective surgery done. This, after all, is a measure of actual outcomes, and it has certainly gone up - about 40,000 extra operations in the last five years.

Last year the then Health Minister, Tony Ryall, said this meant that people were being seen "at rates faster than population growth, so we will be addressing levels of unmet need." Certainly the number of operations is increasing faster than the general population growth, but that proves nothing about whether the extra operations are meeting unmet needs at a greater rate.

Particularly with issues such as knee and hip problems, the need for surgery increases quickly after the age of 60. The hordes of ageing baby boomers will put great pressure on the system. And well-informed surgeons say that the system is already failing to keep up.

It is a cliche to say that demand for health services will always outweigh supply and that rationing is needed everywhere in the system. The political question is: where should the rationing line be drawn? The new Health Minister, Jonathan Coleman, has continued Ryall's habit of relentlessly pumping out supposedly good news about the health system.

But the population is ageing and the Government is finding it harder to reach its Budget surplus. Public resources will struggle to meet growing health needs. So there are likely to be more stories this political term about the misleading nature of "waiting lists" and the suffering of those who fail to get on to them. Ryall generally managed to keep health issues off the front pages; Coleman will have much more trouble doing so.

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