

# American Journal of Psychology and Brain Studies

<https://urfpublishers.com/journal/american-psychology>

Vol: 1 & Iss: 1

## Health and Disability Act of New Zealand Legislation Commission Case Study

David Logan\*

DipLog, CertMental Health, DAPAANZ, NZAS, NZNO, NPANZ, New Zealand

**Citation:** Logan D. Health and Disability Act of New Zealand Legislation Commission Case Study. *Am J Psychol & Brain Stud*, 2023;1(1):19-25.

**Received:** 17 October, 2023; **Accepted:** 30 October, 2023; **Published:** 03 November, 2023

\***Corresponding author:** David Logan, DipLog, CertMentalHealth, DAPAANZ, NZAS, NZNO, NPANZ, New Zealand.

**Copyright:** © 2023 Logan D. This is an open-access article published in *Am J Psychol & Brain Stud* and distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Under New Zealand legislation Healthcare providers have obligations to ensure the code of rights for professional practice that outlines 10 basic and fundamental rights for persons wishing to receive services from a healthcare provider.

These fundamental and alienable rights are as follows: 1) The right to be treated with respect; 2) The right for Freedom, discrimination and coercion, harassment or any kind of exploitation, for gender, race, sexual orientation, culture or religion; 3) The right to have dignity kept intact, and to promote independence; 4) The right to receive service of an appropriate standard; 5) The right to have information effectively communicated; 6) The right to receive all relevant information; 7) The right to provide informed consent; 8) The right to receive support; 9) The right to be made aware of education or research in which case studies are provided for the purposes of training or study; 10) The right to complain.

For this case study I refer to an injury that I received in September of 2022.

The injury was to my right clavicle and humerus region and required reconstructive surgery as the result of car accident.

Following the surgery, I received shoulder muscular movement reduction of my right rotator cuff as a result of extended sling usage and atrophied muscle scarring from the surgery.

Due to the nature of my employment as a casual worker, I was ineligible to receive compensation under the Accident Compensation Corporation of New Zealand.

My employers were involved in council, civil and healthcare service provision, however the health and disability commission does not consider the code of rights as applicable for employment purposes, as the rights only extend to those of patients receiving care.

I was assured during my stay at a publicly funded New Zealand Hospital in the Metropolitan area of Auckland, covered

by the Counties Manukau Regional branch of Te Whatu Ora (Ministry of Health NZ), That I would receive occupational support services and a home based carer that would be assigned to me through the hospital assigned social worker support via ACC.

My stay at the hospital was extended as I developed delirium from the severity of injuries sustained, and changes to pain relief and Psychiatric Mediation for which I normally receive, to maintain a neurological dissociative type epileptic seizure condition, which has co-morbidities of Psychosis and Anxiety.

Following the change to my regular psychiatric medications of Epilem, and Olanzapine to the medications Bupropione and Aripazole, my symptoms of fever induced delirium associated with my removal from regular medications, exacerbated symptoms of Psychosis, as the change was required for these medications due to potential of further neurological complications.

As a result, I was referred to a community based mental health respite in the Counties Manukau region for rehabilitation and a return to my regular psychiatric medications whilst my shoulder was still in recovery from surgery.

The Occupational Therapists and Home-Based Health Care Assistants were not informed that I had been transferred to a community mental health service and attempted to visit my rented home share area at my residential address.

This then resulted in a cessation of these services, I was also required to contact Work and Income New Zealand to apply for a benefit service as being ineligible for the ACC provided service.

I was placed on the jobseeker benefit, a benefit that I had already been on and off again from as a result of the COVID-19 Pandemic and employment contracts being offered being of too low a wage or only of temporary nature, this resulted in a large accumulation of debt directly to Work and Income.

I also had attempted to enforce an existing family court order that had been issued in 2018, that my ex-wife had not been following citing the COVID-19 Pandemic as a basis to alter this legal document via a temporary change whilst in hospital that was then made permanent after I identified significant gender bias in the family court system, with extreme prejudice against father's in favor of giving an unequal share of care for children in favor of the mother, I withdrew my case and sustained significant legal bills, also exacerbating financial and emotional distress with my family.

Following my discharge from the Mental Health respite service, I was returned to my rental property and attempted to chase up regarding the home-based health care support that was offered, my father had installed a support frame to my bed on loan from the hospital for one month and a stool for me to assist in bathing.

The home-based support person was to assist with showering, dressing and to help with cooking and cleaning.

This service was still not provided in this form and eventually only received occasional support to buy groceries and to help cook food, which was discontinued without notification after a month of starting by the provider.

I had also attempted to contact ACC again to seek the use of taxi support for transport due to physical mobility issues, again this service was discontinued after a single use and I had to re-apply for this service.

Increasingly frustrated that my employer within my role as a Peer Support Specialist Casual had contacted me regarding a return for work and increased financial stress from lack of support from both Work and Income and ACC, I sought a return to work, which required the ability to drive myself to work and transport vulnerable members of the community through my employment job description.

I made an in-confidence discussion with them advising them that one the persons I supported had identified this as a health and safety concern and I requested my employer that I not transport the patients due to the concerns of both them and myself around these personal safety issues<sup>3</sup>.

My Doctor and Physiotherapist had also raised safety concerns and neither recommended that driving be performed until a review had been done on improved range of motion of the shoulder areas, especially external rotation, flexion, abduction, subduction movement ranges which had continued show insignificant ranges of improvement that suggested that the socket area of the rotator muscle was performing.

My physiotherapist recommended a referral to a vocational physiotherapist or occupational therapist, this also required a visit to the orthopedic surgeon and scans performed in radiology such as magnetic resonance imaging (MRI), Computed Tomography (CT) and X-Ray scans to analyze changes in muscle and bone density surrounding the shoulder plate which was grafted to my right arm<sup>2</sup>.

Anomalies were identified consistent with tissue scarring and bone growth structure that indicated that calcification was responsible for some of the movement reductions identified my Physiotherapist, General Practitioner and the Orthopedic Surgeon.

I had then been assigned a personal support worker from a my own employers' organization which I then raised an employment dispute with around contractual obligations to assist

with additional training towards a Mental Health and Addiction Community Support qualification, this qualification was highly desired towards obtaining a role within community support services that offer mental health and addiction throughout New Zealand, and specifically within the Counties Manukau region, where due to social inequality, this area disproportionality is over represented in high prevalence of referrals to Mental Health and Addiction support services.

One area that is contributing to this over representation, is often a racially motivated, social system that also alienates the recovery community as a result of community focused discrimination throughout New Zealand towards the perception of this impact of Mental Health related disorders.

I have identified a disconnect between the narrative towards social equity and a right to receive health services due to these unconscious and conscious discriminatory biases within New Zealand community as a whole, particularly around diagnosis of any kind of physical or neurological disability.

This inequality is systemic even amongst those that employ mental health community support workers and within those of the recovery community who have absorbed intergenerational trauma from association of mental health or addiction disorders.

Hysteria and misinformation around the treatment of this marginalized sector of society, those with disabilities and those with mental health and addiction issues, has resulted in social apartheid with the association of these conditions.

In New Zealand society, apartheid as a racial factor through the impact of colonization of the indigenous people in the late 1800's has led to further misinformation associated with racial profiling and prejudice being still prevalent in New Zealand society to this date.

Tangata Whenua or other racially distinct marginalized communities that are less prevalent than the ethnic majority of European's throughout New Zealand continue to receive unequal levels of healthcare, made under these discriminatory attitudes and mislabeling of neurodiversity or physical disabilities as being a defect from the social norm.

This attitude is also culturally ingrained into the Tangata Whenua through the intergenerational scars of social inequity that surround these services.

Although my issues seem severe, having raised employment issues, and training issues towards care of services that I received, I do not feel I my complaint is fully valid upon self-reflection.

I cannot seek sympathy or expect empathy when my scars were self-inflicted.

I say this as I identify as of those who colonized the country in which I live, and has the stronger voice.

I do not believe that I should tell their story, for that is theirs to tell. My knowledge of these things has come to me through an educational framework that segregated the Tangata Whenua and forbade them to identify with their culture, their language, their ways of life.

It was myself, and my ancestors who have brought the scars that I must now carry with me, as those who my ancestors inflicted the same scars on the indigenous people of New Zealand have done through colonialization.

The right of British rule in New Zealand can be brought into question and help erase these scars on the Tangata Whenua.

There is an older document that predates the existing legislation that is used as the framework that creates this inequality in the health system.

The name of this document is the declaration of independency that allows Maori (Tangata Whenua) the alienable sovereign rule and authority of their lands, the right to have their own system of Government, the right to have their own Leadership, their own sovereignty, a ruler that was part of the land before the British took from them.

I speak of the Maori Sovereign Ruler, their tribal king who has authority still that proceeds any British Laws.

The British Model is based on a false assumption of cultural and racial superiority over all other nations.

Theirs is a belief that those who do not share the same characteristics of a colonizer are of a lesser people, it is an old Latin terminology that was used, dating back to the days of the Spanish Inquisition, where colonizing people declared land as Terra Nullis, or without people, because in the colonizer's eyes, there were none.

This fundamental United Nation decree of prevention against racially motivated acts of hate, similar to those of the Holocaust, or other great wars of time should be the gold standard for measuring and holding each nation to each other's account.

No more should we forgive and forget these heinous acts of prejudice and racially motivated hate, that leads towards a healthcare system, or social system that is built on these same foundations and excuse them as being socially acceptable.

I know that although my right shoulder rotator cuff has not shown a significant range of movement improvement, but I am call for a different kind of new movement so that my minor aggravations of a self-inflicted wound should be mine alone to bear.

I acknowledge that the same physical scars that I carry on my body, bleed into the hearts of the Tangata Whenua of my home nation, if they must carry these scars then so must I, I cannot deny this, I cannot say to myself that wound is not mine, for I see it on my body, as my body carries this scar.

I see the scar that the Tangata have inside them for it bleeds into my countries land and soil, as the blood is red of colour from these scars, I see my country bleeding in pain, it cries to me as I hear her, shriek out the pain onto those who walk on her soil.

If I could heal the scars of my country, I see the same that which I carry on my body, one that cannot heal.

I see that my country will be stuck in the same old ways of thinking, having its cultural ideas and movements forever restricted like those of my injury.

But as my shoulder slowly heals, so must we be patient and allow our nation to heal the same way.

I do not ever expect sympathy, I know it is something that will never be given.

I do not ever expect to receive a smile or kind word for anything my people, those of a racially ignorant nation, that of one that thought that they had the right to carve these wounds into the living soil and those the people who lived on it ever saw it.

I must pass this guardianship back to those caretakers that can heal this wound in my Nation, just as I must listen to the words of my Psychiatrist, My Support Worker or My Physiotherapist

who can guide me and instruct me on the best way for me to heal.

But I must also allow myself to listen to these teachers, these people of knowledge who understand how the healing process must work, how I can fix it, improve my strength, my ability to function daily, and my quality of life.

These same things, the Tangata Whenua should not have to ask for, it is theirs already.

They are the people of the land, the indigenous knowledge of these lands is theirs, and theirs alone.

My ancestors had no right, no reason to take these things that the people of the land already possessed.

My ancestors had no right to say to them that as a colonizing nation that they as the colonizers should tell the people of this land the laws for which they should obey, and forget the laws that already existed.

My whole nations system of justice, its entire structure is built on British Law.

The British in their ignorance have failed in their obligation to recognize the sovereignty, ownership and instructions for the societal structure that predated the British Laws.

British law itself fails to recognize the history of that nation.

Britain has had many sovereign leaders form other outside neighboring nations throughout the history of the region.

Anyone familiar the Horrible Histories series should remember that this nation is no model citizen, has no moral authority, no sovereign right either, as that nation has had many colonizing influences also.

The history of the world is built on this system of this colonizing idea, this erasure of human ideas, this concept that those who come to the shores of a land know better than those already there.

We think as a society that because there is a piece of land nearby we have the right to take it, even if was already taken.

As a society if we want to receive a better quality of life, a better healthcare model, a better social system, a better justice system we must not build on assumptions that how I think is better than how somebody else thinks.

Each culture, each nation was united as one, however we all went our separate ways, and began to despise each other as that neighbor had nicer looking land than ours.

Our society is built on the false promises of the seven cardinal sins, gluttony, sloth, envy, lust, wrath and pride.

Each of the conquering nations desired that was not there's to have.

The Iliad and Odyssey as passed on through the poet Homer talks of the trails that suffer those who try to take what is not theirs.

The bible teaches us not to covet our neighbor's wife and his possessions, the Quran and Torah instruct us on the commandments on how to live our life yet I see only sin.

The book of Mormon further talks of Jesus Ministry in America, in India the Vedic laws that were passed on to each generation speak of leaving the land that was given by our ancestors yet should be passed on to the next generation.

In Africa the many tribes are scattered and leaderless, separated by famine and war.

In the holy land, the blood of years of hate and anger boils and causes unrest.

In Asia, the sacred arts through Buddhist Sutras, Shinto Priests, Tibetan Monks and the many other orders of men of faith have forgotten their ancient teachings as they have had other people try and erase this ancient knowledge.

As a society we have forgotten our ways and teachings, we desire the new thing, we are careless to our elder, we neglect the sick, weak and dying, we starve each other through the senseless act of coveting that which is not ours to own.

We have forgotten to be content with that which was there for us and given to us from those who came before us.

We have changed and destroyed countless civilizations in the name of progress, abandoning their ways, their knowledge, their treasures.

We erase our own past and attempt to rewrite our learnings, time and time again.

We take more than we should and expect more than we deserve.

We insist that those who were here did not know the best way for us to establish the teachings and instructions.

We no longer congregate in churches, mosques, temples and try and listen to our ancestors' teachings and instructions as passed on to them throughout generations for as long as Man and Woman were there to guide us on these teachings.

Mother's and Father's have neglected their children for petty squabbles and claim each other has more right to instruct their descendants when both have equal right.

Our society is founded on these false inequalities that did not follow the values of those who sought to teach us.

People like myself feel the need to complain that what I get and what I receive is not the same as what somebody else gets and what somebody else needs.

Everyone in society has met and unmet needs. I see some needs that are met and that are considered unmet, on the contrary I see unmet needs that seen as met.

Society is unequal, because of physical, mental, psychological, spiritual, environmental, psychosocial and socioeconomic needs for different members of that society upon its foundation made it unequal.

Taxes were paid to the Church, State, Leader, Ruler or King to supply each Nation with the needs of that nation.

Should we forget what happened during the time of the French Revolution and what became of those Kings, Queens and Nobles who took too much but gave back too little out of worshipping the seven deadly sins and inflicting them upon their people?

Should I as a colonizer who automatically receives a higher or unequal level of healthcare because my ancestors created the system which neglected the existing healers who were here that my ancestors often sought for healing and medicines then later decided to rewrite these curative practices out of this health system in favor of our own system, made from our own ways of thinking that were not connected to the natural resources

that were present in the land available already, have a right to complain that I don't get enough support for myself?

I see that many of my unmet needs that I have identified were in a way met, and my met needs being passed off as unmet with unrealistic expectations.

My shoulder, the injury and its scar has done all the healing that I should expect to in relation to the severity of the accident sustained is consistent with having completed as much recovery in range of motion in its expected range.

My rotator cuff, the calcification around the joint, the muscle scarring and lack of movement range is to be expected with an injury of this nature and the length of time spent in hospital needed to recovery were all part of my body's natural healing process.

I must not expect my body to heal faster than it is capable of, any more than I should expect the land that which my ancestors took from those who lived on its shores should expect the intergenerational trauma from having this happen to them should heal their emotional scars, that bleed into the nation's soil.

The effect of western medicine has created a significant amount of culturally inflicted diseases upon the people of the land.

The food which was brought, the disease on the ships, the sickness that bleed into all facets of this people's way of life is still felt.

Maori have a significantly higher and disproportionately misrepresentation in all health statistics.

For cancers caused by tobacco, for inflammatory bowel diseases, for obesity, for liver diseases, for lung, hepatic, renal conditions, for gland disorders<sup>1</sup>.

For malnutrition as a consequence of starvation, for exposure to toxic and polluting substances that effect the water quality, air quality and the growth of fruit, vegetables and the sustainability on the agricultural practices affected as a consequence of the cumulative epidemiological impact this has had at a genetic level on the Maori people cannot be ignored.

DNA sequencing done has shown significant chromosomal abnormalities that that made the Maori people more and more sick.

This can be shown and cited by pubmed data and genomic sequencing that tracks and identifies inheritable diseases.

Maternal and Paternal DNA when matched with ancestral DNA sequences that are connected to the anthropological information can be matched due to the Maori people's cultural practice around burial rites.

Ancestors DNA sequence can show a genealogical effect of passing on more and more diseases inherited from over exposure to a toxin, or DNA altering substance that can show the cumulative effect that colonization has done and impacted upon Maori people.

I seek permission from my local Mana Whenua and would like to engage further in this Korereio and discuss the issue at large as they tell this impact for themselves.

I can only imply from my learnings and applying my westerners' eyes from the science's and teachings that I received that suggest this impact has had on them at a very real and significant level into the DNA of their people and their society.

I cannot ever account for the intergenerational trauma that has been unnecessarily placed into them but I must at least try and start this dialogue into the many aspects surrounding our public health system and all other related social services that do not give justice to the significantly unmet needs that the Maori people have.

The list of unmet needs these people have I am ashamed to admit, make my minor grievances sound like an embarrassment to their ears.

I am whakamaa, embarrassed, ashamed of the way this has been allowed to continue for so long, and the voice of the Maori people got louder and my people didn't listen to their words.

Myself, my ancestors and my colonizers who came to these shores, must and should listen to this story.

To ignore it is morally wrong, it far exceeds the health and disability framework, or code of rights or any other healthcare and social framework that exists in New Zealand.

We must formally recognize that the first language of Aotearoa New Zealand is Te Reo Maori, not English or NZSL as the other official languages.

To give the Maori the dishonor of taking their native tongue from them we must restore their voice to speak, so that we can listen to their story.

The British took this voice from them, they stole it, left the Maori people voiceless, a voiceless people, need to heard and in order to this I want to listen, I want to confront the history of this country and give that voice back to them.

I want the people of Aotearoa New Zealand to listen to them, listen and do not speak, as is the custom when entering a Whareniui or Meeting house when welcomed onto it.

When you are welcomed into the Whareniui the traditions of the greeting process state that you cannot speak until invited or given permission to do so.

My people have spoken too much and listened too little, we silenced a voice that we should have listened to and made it feel like it didn't need to be listened to.

We did not follow the laws and rights of those people, we flipped those laws around and perverted them against them.

It is the Maori people's right now to do the same in return as a gift back to the colonizers.

It is the Maori people's right, to tell us, what laws to follow, and we must follow them.

If we do not do this we dishonor the Maori people and their sovereignty, their ancestral knowledge, which we polluted, corrupted and make sick with diseases that are still killing the Maori people over 175 years after colonization.

If we do not acknowledge that the British brought disease upon this land, and sent the Maori people to die for our wars for our Kings and Queens, and left theirs to suffer we bring more trauma to them as a people, and they will continue to suffer the effects of colonization for many more generations to come.

Their wound may never heal, but we must try and find a way to be part of this healing process, just as I know what healing process I may apply from assistance from my team of specialists, I must allow the Maori people have their own specialists that know the best way for the healing to happen.

My way of healing is not the Maori people's way, but I wish to apply their teachings, their knowledge to create a system that is built on these foundations, that understand the resources on Aotearoa New Zealand that made them ill, will be extremely difficult, if not impossible to fix, if we do not apply their teachings into the healing process.

I seek their guidance and understanding of knowledge that I may find new ways of allowing healing to happen to myself who carry the wounds of my ancestors on my body, as they carry the same wounds with them however as an invisible scar, one that has been ignored for too long and unable to be seen, because we didn't want to look at how difficult this scar, was as it was a confrontation of our past sins.

If the public health framework of New Zealand was changed significantly and applied a new lens, one that encompassed a Maori Health model then I feel that the damages done throughout the years may start this long healing journey, as it has been a long journey already.

I seek a new system that encompasses a holistic view of healthcare, based fully on the Maori Health model, and this must feed into all aspects of the underlying contributing factors that have led towards the inequity in public healthcare.

We must look at better and more sustainable sources of livestock farming and agricultural practices, as these non-traditional methods have damaged the food supply and poisoned the land.

We must look more closely around regulations that are not achieving good health outcomes for Maori, because they are disproportionately affected in every statistic and not in a good way.

This needs an understanding of the impacts on our food supply, our medicine supply, and all our supply chain networks that can show the negative impact of western foods, western culture, western educational models, western justice systems that are no longer fit for purpose as are making indigenous people like the Maori people of Aotearoa New Zealand sick from the impacts of British Colonization in other parts of the world.

However, I have a caveat, in order to apply this, I implore the concept of "think global, act local".

Real fundamental change, in order become effective must be applied first in your local community.

I see the effect of colonization still as more and more migrants suffer the same effects of the British colonizer's views.

The many different ethnicities of New Zealand's multi-cultural society also have suffered the same intergenerational racism, and carry the same scars of trauma that was inflicted on Maori as their respective nations peoples also came to our lands and the same destructive and ignorant practices were perpetuated on these new migrants, just was done to the Maori people.

I cannot stand blindly to allow this practice to continue and repeat the same cycle of inflicting pain on people based on the color of the person's skin.

It is shameful that New Zealand claims to welcome all nation's and people's but however publicly this is a different story in reality when these different nations do not have a full and accurate understanding of the story of this nation, and the history of shame which is told through the walls of its buildings, for every service that is set to serve the nation, it fails within the

basic mandates of public freedoms and universal human rights.

I want a New Zealand, where we can feel, genuinely that our human rights, our dignity, and all our cultural needs, including spiritual requirements and traditions that are being ignored or completely unmet.

The impact of having such a large amount of unmet needs for a culturally diverse nation, where the dominant culture has been almost annihilated by the effects of colonization, which continues to bring new illness such as the COVID-19 Pandemic and will bring many more illnesses of the same type if we ignore the impact of western medicines and western ways of treating disease.

Westerners believe they have the cure for cancer, they do not, they offer you the cause of all the world's cancers in the form of a poisoned supply chain, and non-sustainable, non-traditional forms of agriculture and livestock rearing, that these environmental factors, have impacted the local climates, bringing earthquakes, cyclones, floods as a result of these inefficient and environmentally hazardous ways of globalization, which is really still, perpetuating another colonization again.

We can either continue to wage wars, inflict famines, steal resources, and destroy our cities, with events like the Maui fires, Syria earthquake, and other phenomenon throughout the globe.

It has been common to hear talk of the increasing increases in global sea temperatures, whilst climate accords continue to be ignored, putting profit over people and the planet, time and time again.

As we look to assess new threats that will impact this healing process, such as artificial intelligence, cyber security, and global factors of crime and instability associated around trying to fight this inequality system, we must be prepared for the real impact this would have on our ability for create significant new unheard-of harm to entire civilizations.

New Zealand, needs the help of indigenous people more and more as we look at creative ways and different models of learning and thinking that are outside the box, and non-homogenous.

We need to disrupt the status quo model system of inequality, we need to flip the voice from the loudest ones to the ones that are quiet, the ones are afraid to talk because they are always silenced, in every room.

I want to listen to these ideas, I want to hear this voice, this story and this solution to applying a holistic model that encompasses all aspects of the health system as being interconnected to many different factors that have different needs for each person, rather than assuming that everyone should receive an equal amount of unacceptable health services, we need to understand the societal impact that globalization and colonization continues to deliver as a solution to these healthcare models.

I want the indigenous people to tell me this solution, because I know they have the solution, I know this because my ancestors don't have the solution, we offer up the cause of the problems as the solutions.

In closing for this case study, and my personal account, in my findings, I feel that the solutions I have to heal my injury are available to me, I may not like some of the outcomes, I may not enjoy some the employment related and vocational issues, and loss of mobility that I have as part of my shoulder surgery.

I do however accept that most of the healing that I have tried using my own knowledge and assumptions doesn't offer many solutions and has continued to have a consistent range of motion throughout the area that is consistent with the nature of the injury sustained, and I was made aware by my surgeon and emergency staff at the time of the accident, that this type of injury would never return to it's full range of motion.

The calcification and muscle scarring surrounding the plated area where the surgical incision is consistent with the size of the fracture and the area needing to be replaced.

As the area is a large and complicated region of the body to heal I cannot expect additional healing if I do not significantly force the range of motion outside my pain and comfort barrier.

I need to be comfortable with the uncomfortable, I need to accept the limitations offered to me as offered as part of this injury, and look for ways that I accommodate the discomfort I feel in doing activities that are uncomfortable and often extremely painful for me to bear.

I must accept that my body will bear this injury and its scars for the rest of my life, I must be content that I have the ability to perform many daily activities, and I have a good quality of life that many consider myself to be more fortunate not currently possess.

I accept that in my country I am grateful for the receipt of many publicly available healthcare services that far exceed some countries standard of living are available to myself, I consider myself lucky and fortunate to have had an amazing surgical team, and the great support of health staff that allowed me the ability to recover from a serious injury and additional complications from comorbidities of other health conditions, some that I have had since I was young adult or late teenager, when my neurological and psychiatric conditions were first identified when studying my science degree at university<sup>4</sup>.

As a note, I never officially completed my Master's Qualification as a result of the development of these psychiatric and neurological disorders.

I formally request that the University of Otago, in Dunedin New Zealand, be sent a copy of this case study, in order to fulfill the Thesis component of my research which was left uncompleted.

All other perquisites towards the Master's qualification were completed, including postgraduate papers in biochemistry which

are part of the materials provided as part of this case study around genetic and epigenetic factors, and associated health disorders at a biochemical, physiological and environmental level that contribute development of diseases at a DNA level and can be inherited within certain ethnic populations of New Zealand, and predisposition of these disorders<sup>5</sup>.

## References

1. Smith LA, O'Flanagan CH, Bowers LW, Allott EH, Hursting SD. Translating Mechanism-Based Strategies to Break the Obesity-Cancer Link: A Narrative Review. *J Acad Nutr Diet* 2018;118(4): 652-667.
2. Yazigi Junior JA, Nicolao FA, Netto NA. Magnetic resonance imaging reproducibility for rotator cuff partial tears in patients up to 60 years. *BMC Musculoskelet Disord* 2019;20(1):383-388.
3. Moore Y, Shotton E, Brown R, Gremmel J, Lindsey S, Pankey J. Effects of incentive spirometry on perceived dyspnea in patients hospitalized with pneumonia. *Medsurg Nursing* 2018;27(1):19-23.
4. Laver KE, Wakeling ZA, Crotty M, Lannin NA, George S, Sherrington C. Telerehabilitation services for stroke. *Cochrane Database of Syst Rev* 2020;1(1):CD010255. Carolus, A, Weihe, S, Schmieder K, Brenke, C. One-step CAD/CAM titanium cranioplasty after drilling template-assisted resection of intraosseous skull base meningioma: technical note. *Acta Neurochir (Wien)*. 2017 Mar;159(3):447-452.