THE MEDICAL TOWER TUMBLED – Legally aided?

Introduction

"Blessed be this place

More blessed still this tower

A bloody, arrogant power....."

W.B. Yeats is having a rant, as old men are wont to do, about the deterioration of his estate, in a poem he called "Blood and the Moon" so it is a small inductive leap, for a gynaecologist anyway, to matters about the health of women and what has happened to the service during the last two decades.

First, I must tell you about the male change room on the 9th floor of the City Hospital where the surgery is done for what is strangely called National Women's Health.

The change room is the size of a garden shed, the walls lined by metallic half-sized lockers and on what little remains of the wall space there are five notices exhorting us to clean our own boots, three of them helpfully with drawings of lollipop people who hold a stop sign with three exclamation marks; none dated nor attributed but there is a dire warning that boots and clogs, most of which are hospital property, will be thrown out if left dirty.

Twenty-five years ago, specialists in obstetrics and gynaecology were treated with respect, some with awe and other emotions – some were in ivory towers – but there have been changes since then and now it seems we are errant workers on the factory floor. Several influences have converged but my topic is the effect on the practice

of medicine in New Zealand of judicial inquiries and legislative change to the health service with the conclusion that not all of it has been beneficial.

Many papers and erudite addresses have been produced on these topics, recently one by Associate Professor Joanna Manning, about access to justice for patients but I am a simple clinician with no pretension to academia; like Andy Warhol, I describe myself as a deeply superficial person and tonight you are getting my personal opinions, as a doctor.

Some of the Inquiries

To start, there was the Committee of Inquiry into Treatment of Cancer of the Cervix at National Women's Hospital which reported in 1988 to the Minister of Health and, as some of you will know, was not about cervical cancer – it was based on a paper published in the United States in 1984 using data from an observational study by Associate Professor Herbert Green, which he undertook between 1966 and 1978, trying to assess the malignant potential of abnormalities of the cervices of women, with the view that the abnormalities did not invariably progress to cancer – that is, invasive disease. Internationally there was doubt about these abnormalities and many women had major surgery for minor lesions. Observational studies were the usual way of doing research at the time.

The Minister of Health, Dr Michael Bassett, who had previously referred to doctors as hoons, responded with alacrity to an article in Metro magazine which, wrongly, suggested that there were two groups of women studied prospectively, one of whom

had no treatment for carcinoma in-situ as it was called then and some women died as a result of not being treated. Sandra Coney and Phillida Bunkle, who wrote that article let the misinterpretation remain in the public mind, even though they were aware there was no such group who had no treatment, there was no trial, it was not an experiment.

Dr Bassett had himself been challenged in Court in 1985 when three members of the Society, Doctors Marshall, Cooper and de Lacey, who with the help of Paul Temm QC, took the Minister to the High Court, who found in favour of the medical doctors, preventing the Fourth Labour government from making general practitioners into State servants. This was a good decision for doctors but Justice Vautier was not knighted and Paul Temm was removed from the Waitangi Tribunal.

For the Inquiry into National Women's, district court Judge Silvia Cartwright was appointed (she had just submitted a paper to the Fourth Labour government on the barriers of advancement for women.) The findings of the Committee of Inquiry included that a special duty was owed to 123 women, later increased to 139, who should be checked immediately - they were and none of them had cancer. However, the conclusion of the Inquiry was that the entire medical profession had failed in its duty. Judge Cartwright had an ally in the opinion of Eliot Freidson, a sociologist in the United States who said in 1988 that "it was the profession's own failure to regulate itself in the public interest that created the legal, economic and political pressures of the past 25 years". Also from Dr Richard Smith when he was

editor of the British Medical Journal and stated "the old system - based on expectation that professionals would keep up to date and do something about poorly performing colleagues, combined with some half-hearted system of self-regulation is dead."

The Neonatal Physiotherapy Inquiry:

Under section 47 of the Health and Disability Services Act 1993, the Director General of Health issued an order that there be an inquiry into "the provision of chest physiotherapy treatment" provided to pre-term babies at National Women's Hospital between April 1993 and December 1994. The inquiry sat in 1999 after the Medical Misadventure Advisory committee of ACC determined that injuries sustained by two babies who received chest physiotherapy, constituted medical error.

Chest tapping, or percussion, had been done since 1980 to help avoid chronic lung disease in these little babies but in June 1993, to save some money, the hours of work of physiotherapists were reduced and nurses did some of the tapping. When unusual brain lesions were noted on scanning, the medical staff made the link, did the research, stopped the percussion, published the data, notified the parents and helped them apply for compensation. The findings and conclusions recognized that the occurrence of the brain lesions could not be attributed solely to the changes in the provision of neonatal chest physiotherapy but there were some differences in the technique used at National Women's. It was not done again and, fortunately, other methods of treating chronic lung disease were available during 1994 so the chest percussion was not necessary but it is still used in Queensland.

Cervical Screening in Gisborne

Between April and September 2000, there was an inquiry into alleged "under-reporting" of cervical smears in Gisborne. The Inquiry, reported three years later and found that Dr Michael Bottrill, as pathologist in the area at the time, had missed some serious abnormalities and that the health system had allowed his mistakes to go undetected. There were 46 recommendations about the cervical screening programme which had been established after the Cartwright Report. Meanwhile, 20,000 cervical smears that had been examined by Dr Bottrill were read elsewhere, the rate of Dr Bottrill's so-called misreadings was not much higher than the accepted level of 10% false positive and false negatives.

He apologized for the mistakes in his readings but he was not aware that he had made them.

Other Inquiries:

Similar judicial inquiries into health care have occurred in Australia and the UK where one in particular was set up in 1998, reporting 2001, about the relatively high mortality amongst children undergoing cardiac surgery in the Bristol Royal Infirmary during the 1980s. The inquiry was headed by Ian Kennedy, professor of Health Law, Ethics and Policy at University College, London. He acknowledged that those working with the children were caring and dedicated but found fault with the lack of insight of some surgeons, with the physical set-up, the organization of the hospital which was described as punitive and the wider National Health Service where

speaking out or openness was not made safe or acceptable. The hospital staff themselves, three years before the inquiry, had decided that complex paediatric surgery should be deferred until a new specialist arrived later that year. The inquiry made 101 recommendations, mostly about more layers of management and control of medical practice by governmental agencies.

There has been one survey of patient safety and care in New Zealand, co-ordinated by Peter Davis, now Professor of Sociology and Wellbeing at the University of Auckland. The weekend Herald put the article on the front page on 1st December 2001 with the headline "Hospital mishaps hit one in eight" and a little box within the article headed "Bad medicine". Eight hundred patients from 13 public hospitals were found to have endured adverse events, 35% of which were described as "highly preventable". It was noted that most of the adverse events were relatively minor, half of them actually occurred before admission to hospital but for 1% of people there was lasting disability or death.

Gynaecologist in Whangarei

On 13th July, 2001 the Health Select Committee resolved to hold an inquiry into the adverse effects on women who were treated by Dr Graham Parry, a gynaecologist in Whangarei. This followed a complaint by a patient in April 1988 to the Health and Disability Commissioner. In December 2000 Dr Parry was found guilty by the Medical Practitioners Disability Tribunal on two charges of disgraceful misconduct and one charge of professional misconduct and struck off the Medical Register. On

appeal in the District Court, the convictions were reversed and Dr Parry was allowed to return to restricted areas of medical practice. There was publicity about the concerns of some women in Whangarei, with television programmes that were like a crusade and the Inquiry was established. One of the findings was that there was no clear evidence to show Dr Parry's rates of error and mishap were significantly higher than internationally accepted best practice. Deficiencies in communication within the hospital and within national organizations were noted and the observation that "multiple systems issues" had been a part of the individual complaints directed at Dr Parry.

Common Features

The inquiries were retrospective, necessarily, but sometimes many years had elapsed, usually it was individual doctors who were named, blamed and shamed even when the problems were primarily systemic and when changes had already been made by the medical profession. The complexity of medical care, the context of the work, particularly the historical context and the uncertainty which is a constant feature of clinical medicine, appeared to be irrevelant.

Medical advice was sometimes questionable; it should never have been acceptable for various benign cervical abnormalities to be described as cancer, nor for a District Court Judge to reject the advice of the Director of the Medical Research Council that Professor Green's study did not qualify for description as a formal research proposal, nor to interfere in the proper function of the Medical Council (Dr M and the MCNZ

Oct. 2003). It should not have been possible to allow the impression that a pathologist reading a smear makes the diagnosis of cancer.

Regardless of intention, the hearings are all going to be adversarial and conducted in public with the usual sensationalization and simplification that editors of the news media seem to feel we need. There are goodies and baddies and a doctor, about whom the complaint is made, is immediately the villian while the complainant, however unreliable, becomes a victim from the onset. The report of the National Women's inquiry contains many errors and misunderstandings about medical practice which could have been avoided with good medical advice. The New Zealand Medical Association was a party to that Inquiry at my insistence as I was chairman of the Council at the time but we could not afford to have a lawyer in the room throughout the hearings. Our copy of the Report arrived after the public release and a journalist lent me hers a few minutes before I was expected to comment on national television.

Clinical medicine evolves. There is always uncertainty and controversy, there is the constant reality that there will be some bad outcomes and some deaths, despite everyone's best efforts .

One hundred years ago, thousands of women died from postnatal infection caused by streptococci. By the middle of last century deaths from puerperal sepsis were rare, helped by antibiotics but mainly the result of hygiene and antisepsis. Now,

streptococcal infections are back again as the main cause of direct maternal deaths in the United Kingdom; we have had some near misses as the aviators say. A new study on the care of women with breast cancer conducted by the Memorial Sloane-Kettering Cancer Center in Manhatten suggests that removing all the cancerous lymph nodes is unnecessary and in the editorial accompanying the publication of this study, Professor Grant W. Carlson said that by routinely taking many nodes "I have a feeling we have been doing a lot of harm". There are differences in care and environments around the world, breast surgeons to whom I have spoken here are not about to change their practices and it does not follow that medical work overseas is automatically better than here.

On the topic of standards, prior to 1997, the standard for charges of medical manslaughter had a low threshhold but it was successfully challenged after some anaesthetic deaths in the Waikato region which were notified by the anaesthetists and the Crimes Amendment Bill No. 5 became law in late November 1997 following a campaign by a specially created Medical Law Reform group led by Dr Alan Merry; we were helped by Sir Duncan McMullin and Justice Minister Doug Graham. Now to be criminally liable there must be a major departure from the required standard of care. That was a good outcome for everyone and led to safer anaesthesia.

However, when the case taken by patient A in Gisborne against Dr Bottrill whom she claimed had misread four of her cervical smears, went to the High Court seeking exemplary damages for negligence the matter was taken right through to the Privy

Council. The decision of the Privy Council was that the test of conscious disregard for the consequences of negligent behaviour in all cases, set the barrier for exemplary damages too high. Subsequently the particular case was settled before there was a re-hearing with the lingering doubt about the level of the barrier. It would be a bad outcome for everyone if a Court were to decide, for example, that all smears could be read with 100% accuracy.

Expectations

Obviously, when we are sick, we expect to recover completely without any complications from the treatment but perfection, or the aspiration of perfection is never realistic.

At the time of the Gisborne inquiry there were exaggerated hopes for our cervical screening programme that it would be the best in the world but an independent review three years later found many deficiencies. During the National Women's Inquiry, women were led to believe that cancer of the cervix was preventable and all they had to do was have a smear every three years. Great claims were made for the screening programme soon after it was established, claims based on faith rather than science, overlooking the fact that the rates of cervical cancer and mortality have been falling with ups and downs, since records started in 1944. The current programme has achieved little more than the arrangements for screening that had been in place since 1962 and 160 women develop cervical cancer each year in New Zealand, 60 of them die. Anyone who has the expectation that humans can defeat bacteria forever,

or the human papilloma virus in the case of abnormal smear, has lived a very sheltered life. What these inquiries show is that most people are treated well and adequately, 95% of the very pre-term babies did not get unusual brain lesions and the rate of so-called errors in Dr Bottrill's laboratory were in much the same order as every other laboratory in the country.

Consequences

There is no doubt that some benefit can flow from these judicial inquiries; the Cartwright Report gave impetus to the changes that the medical profession was trying to achieve in the disciplinary process, changes that began in 1985, to the extension of ethics committees and issues like informed consent which had been a theme of the Medical Association's Centennial Annual Scientific meeting in 1987 and, to which Professor Kennedy was a speaker. When legislative changes are necessary there can be long delays; for example successive governments have ignored the problem of an inadequate workforce in medicine, it appears that the Law Commission has had similar difficulties getting parliamentary response to recommendations for changes to the courts and issues like the problem of alcohol; but there have been many changes to the ACC legislation, some good, some not so good.

A Health and Disability Commissioner has been created with separate legislation, after many changes to the Bill; the disciplinary function of the Medical Council has been removed which may be a good arrangement because it means that the Council can concentrate on how to ensure competence. There are still multiple ways for

people to complain and I note a recent advertisement for a deputy commissioner that refers to "an increasing volume of complex complaints" – one would have hoped there would be fewer by now. There are negative effects of complaints because as T.S. Eliot wrote in the "The Hollow Men"

'between the idea and the reality
between the notion and the act
falls a shadow.'

The shadow here is fear; the fear of failure, of making a mistake and being disciplined. Defensive medicine has increased with more unnecessary investigations, antibiotics "just in case" before a diagnosis has been made, more referrals for specialist care and a potential loss of clinical skills. After the Cartwright Report there were many years of over-treatment of young women with minor cervical abnormalities, the medical service has been burdened by layers of bureaucracy with laudable motives about safety and quality but with an astonishing volume of guidelines and protocols.

Ethicist Professor Alistair Campbell wrote in 1991 that "more production of more documents will never produce what is required in health care consultations and can actively impede them by confusing time-wasting procedure with genuine communication". The bureaucracy was not deterred.

Other results are that no physiotherapist wanted to work in the neonatal unit at National Women's, Whangarei lost an experienced, capable gynaecologist, both

general practitioners of a small rural community left after adverse publicity; also the medical voice nationally has been muted, clinical medicine is hampered by top down management and a burgeoning bureaucracy within District Health Boards whilst control remains in Wellington.

The internationally renowned National Women's Hospital and the Green Lane cardiac unit have been subsumed within the other services in Auckland. Even the title of doctor has been taken by other people, including dentists, aborists as tree doctors, there are saw doctors, doctors for garage doors and cleaning rugs.

Some legislative changes

The State Services Act 1988 had an unintentional effect, I think, in that the New Zealand Medical Association could not be the repository of ethics and standards as well as a negotiator for terms and conditions, so the organization needed to be split. The Health Acts of recent decades have changed the structure of the service several times, based on the ideology of the day. At the moment we have a market model where the District Health Boards are corporate entities, we have a new industry of risk management seeking to create absolute safety, to deny misfortune and accidents and should a medical error occur, it has to be scrutinized for the impossible goal – to make sure it doesn't happen again.

We also have the myth makers of today, the marketing chaps, with branding, goals, missions and visions, a plethora of announcements, each new trick of the computer

system is welcomed with breathless enthusiasm and we have to endure the damage to the English language where sentences are composed almost entirely of nouns. Credentialling, a clumsy word for a worthy project, is meant to ensure that doctors have the knowledge and skills to work in a particular setting. It is best done within small units by medical people but now, there is a new "credentialling framework" for all New Zealand health professionals which, in the language of the day, has been sponsored by the minister of health and developed through something called "the nursing organizations and quality improvement and innovation teams in the sector capability and innovation directorate". There were 16 people involved in this work, only five of whom appear to have any contact with patients. It is a reasonable document but hard to implement in large organizations. Also in the spirit of the market place, a manager is a manager so National Women's has had people from from a brewery, a garden centre, engineering, from the post office and more recently from nursing and physiology.

It is difficult for me to comment on anything specific within Health Board activities because I am an employee and not a designated spokesman. I do just wonder though where we are heading when the person who answers the phone at the hospital is a "customer services representative", the chief executive officer refers to "consumers", we are castigated for not doing enough volumes which I think refers to patients and their care and for secretarial work I go to a team support administrator-blended. One example of the current style is in the public arena so I can tell you about a colleague who worked in another hospital and set fire to a patient when he used an

inflammable skin preparation, chlorhexidine with alcohol, and the patient was lying in a pool on the operating table when he used the electro-cautery. This incident is rare and rather than suggest to the individual practitioner that he change his way of applying the antiseptic, the solution was removed from theatres, substituted with one that is much less effective and although it is back in use now, in the intervening years I have had to exonerate theatre staff from any responsibility whilst I continued to use the chlorhexidine with alcohol.

Breast feeding has been in the news recently. The government signed up to the "Baby Friendly Initiative" which is a project of the World Health Organization with a standard for babies to be fully breastfed from the moment of birth and for the first six months of life. Despite the fact that only a tiny minority of women achieve this standard, the goal is pursued with relentless zeal and many women are left feeling guilty and failures. Bottles of formula are locked away and require special permission to be used. I should mention that there are financial incentives for District Health Boards attached to this project and penalties if sufficient staff do not undergo training in breast feeding; this includes anaesthetists and orderlies (now called 'health care assistants'). Of course everyone supports breastfeeding but this campaign denies reality, limits women's choice and tramples on their autonomy which is meant to be an essential part of the maternity service. Also, coercion is not the best way to achieve co-operation.

During one of the reforms in the 1990s, Dr Lester Levy, in a discussion paper called "Health Reform: Vision or Hallucination?" made the observation that "the unhealthy cycle of unrealistic promises, breeding unrealistic expectations and then delivering unacceptable results must be broken if the New Zealand public health system is to have credibility amongst health professionals and the community it serves". All being well Dr Levy, who chairs both the Waitemata and Auckland District Health Boards now will address the Society this year and give his views on the latest re-disorganization of the service.

There is extra pressure in these difficult economic times but the persistent political imperative for the health service to do more work with fewer resources is not good for morale nor for safety.

The Rule of Law

Of course, doctors are not above the law, the notion that we consider ourselves God is a myth but medical practitioners are unlikely to take much notice of the findings of judicial inquiries because they are past events, irrelevant to today's work and they are seen to be unfair. Naturally there are a few doctors who are bad people, there is egregious behaviour at times (in my OED, egregious in the 16th century meant both the illustrious and gross, somewhat like awesome today I suppose) and some of us are mad. The classification of madness has changed over the years, it is being revised internationally now which may affect the defence of insanity. In June Professor Graham Mellsop will be talking about these topics. There are sexual

predators such as Dr Morgan Fahey and in this instance the Medical Council was impeded in dealing with withdrawal of his registration because a police inquiry was underway.

However, the vast majority of doctors are honest people doing their best, often in difficult circumstances with no intent to harm. Some, including the senior doctors of National Women's Hospital, who achieved enormous improvements in the care of women and the newborn at personal cost, were disgraced and their families carry the stigma. They are not criminals so why does the law need to be involved?

The art of judging relies upon certitude and precedence and it is the antithesis of the practice of medicine with its inherent arbitrariness. The rule of law generally, as I understand it involves making decisions of right and wrong, black and white, whereas most of medicine is shades of grey. The cases that call for argument in the higher courts, by and large, are those that are arguable so they could reasonably be decided either way but, in practical terms, there will be a winner and a loser. In hearings that are adversarial which they tend to be when lawyers are involved, there is an alien environment for most medical practitioners down to the detail of being expected to respond to a question or a statement that is cast in double negatives and it is not conducive to a deep understanding of a clinical problem.

When a Court is hand picked, judicial impartiality is threatened and the law of unintended consequences is never far away. When the matter is political, it must be difficult for judges as well as medical advisors, not to have a personal bias.

Politics has been described as partly a mixture of witchery and ceremony, deception and compromise in which perception is everything. Not a good basis for the practice of medicine one would think but certainly the closure of National Women's as a separate hospital and centre of excellence was an exercise in deception and compromise. The hospital, with its solid concrete tower of 11 floors was built through the efforts of many people including women's groups in Auckland in the 1950s and 60s. In 1995 the staff were surprised to be told that the building was unsafe and we had to move to the Grafton site – it stands today, the tower fully occupied by management.

Political imperatives and personal animosity led to recent cases in the High Court and Court of Appeal about laboratory services in Auckland and they have left our city with a service that is inferior and which during the transition, put the health and lives of many people in danger. The decision of the High Court has largely been supported by a subsequent review for the Minister of Health about what can be learned from the process, but in the judgement of the Supreme Court on this matter (DML Ltd v ADHB and others) in February 2009, the final reason for the dismissal of the appeal reads "We have not been persuaded that any arguable question of public or general importance is raised which is likely to be determinative of the proposed appeal". I wish no disrespect to any of the judges or barristers involved in this case but, for me, that statement illustrates a major defect in the current health structure,

because the quality of the laboratory service is a matter of major importance for the public.

Trust

Trust is one of the casualties of public medical inquiries. Good businesses know that trust is also an essential ingredient for a good workplace and a successful enterprise. As one commentator noted business people recognize that trust is essential to "enable high job performance which is in tune with the organization's mission". I read a comment by a psychologist that humans can truly trust only 10 people and there are studies through the centuries that people function best in communities of about 150 people; or our chief scientist put it, the size of our Christmas card list. Good health care relies upon trust which is easily eroded, particularly by unbalanced publicity. However, the medical response to the recent earthquake in Christchurch shows that doctors know how to do what they do, and more, with altruism and without layers of management or piles of protocol.

One time when Helen Clark, as Minister of Health, trusted the medical profession there was a good outcome. She accepted our evidence about the harmful effects of smoking. I was chairman of Action on Smoking and Health at the time, Helen Clark took on the tobacco industry and some of her parliamentary colleagues to lead the Smoke Free Environments Act through the House. It would be really good if the same leadership was shown in dealing with the harmful effects of alcohol and the burden of obesity. What was not so good in Helen Clark's time was the amendment

to the Nurses Act of 1990 giving midwives autonomy and the capacity to practise independently, based on choice for women. Whilst there are many wonderful midwives and in my view all women should have a midwife with them when they are giving birth, it is a team effort that is safest and women's choice has been restricted because the funding has effectively excluded general medical practitioners.

The Media

Sensational headlines and superficial reports are damaging to both our professions and the short-comings of our local media are demonstrated every day so I will just make three comments.

The first one is that in his memoir Christopher Hitchins makes a note that he became a journalist partly so that he would not ever have to rely on the press for his information.

Secondly, the New York Times in March 1964 published a story that started: "for more than half an hour, 38 respectable law-abiding citizens in Queens watched a killer stalk and stab a woman in three separate attacks in Kew Gardens.... Not one person telephoned the police during the assault; one witness called after the woman was dead." The story is in all the top selling undergraduate textbooks in the United States about social psychology and is mentioned in the The Tipping Point, the influential book by Malcolm Gladwell about social behaviour as an example of "bystander effect". Forty years on the story forms the basis for a chapter on apathy and altruism in Super Freakonomics. It would seem the story is untrue in almost every detail. The authors of Super Freakonomics are cautious about their findings

but, for a start the attack took place at three in the morning in a dark street, and there were calls to the police. The story certainly was an intentional contrivance on behalf of the editor of a section of the New York Times and the local commissioner of police, for their personal reasons. It supports the old dictum that if something is repeated often enough, it becomes accepted as correct. The "unfortunate experiment" at National Women's will remain in peoples' minds because of the catch-phrase but a professional review of the history tells us otherwise and next month Professor Linda Bryder will be speaking to the Society about this episode.

The third media comment is to quote Professor Paul Moon, from the Department of History at Auckland University of Technology who, on reviewing a book about the Treaty of Waitangi, wrote that history is not "some deftly practised story but an account of episodes that jar, of ineptitude and occasional villians under the parade of generally well-meaning individuals struggling to carry out their tasks in a chaotic world." Obstetrics can be chaotic at times, it is a wonderful specialty, dynamic, confusing, unpredictable and with several events occurring at once; apart from anything else, recall of details is unlikely to be accurate, even with written records.

Feminism

The influence of feminism has to be included in a discussion about the tumble of the medical tower which I do with trepidation because the last time I put influences, feminism and medical practice in the same sentence was in Wellington at the time of the change to legislation granting midwives autonomy and the influences included

feminism and consumerism but the word was changed to threats in Broadsheet which was the vehicle for Sandra Coney's opinions; it was not what I thought then or now. However, the Cartwright Inquiry is accepted as a feminist event, the self-appointed women's health activists controlled it and have continued to be influential, not always in a constructive way.

The submission by the Ministry of Women's Affairs to the Cartwright Inquiry includes the assertion that "ultimately the issues are about who controls medicine and how, about who benefits from it and who are its victims.....The central issue above all is power." After the Inquiry the only acceptable response was to agree with all the findings. Then, a standard text for feminism was "The Female Eunuch" by Germaine Greer soon to be immortalized by having her head on a postage stamp in Australia and in her book she says "Our enemies are everywhere. Doctors, psychiatrists, social workers, marriage counsellors, priests, health visitors and popular moralists." Also, she opined that the route to marriage and children amounts to little more than living death.

In both our professions there are increasing numbers of women, 50% in the medical schools, which is likely to be good because women are better communicators than men in general and there are fewer complaints about them. However, there are implications for the medical workforce because, on average, women work seven fewer hours per week than men, they are likely to take time out for pregnancies and still have the responsibility of the care of children in most families and whilst the

feminist movement may have benefitted women who are educated, who have satisfying jobs, power and their own money, if there are children it is usually another woman who has to care for them.

Relationships in the late 20th and early 21st centuries create a new set of issues, described pithily as competitive coupledom when both partners have responsible jobs and sometimes these issues end up in the Courts. Anne Hinton QC has been invited to address the Society on partners' night this year.

Regrettably most women are not treated any better now than they were during the previous century, they are still responsible for contraception in most relationships, only half the pregnancies in New Zealand are planned, 17,500 pregnancies are aborted, that is one in five pregnancies, under the terms of the legislation in 1977, for adjustment disorders. Over 35% of pregnant women who attend National Women's are overweight or obese which doubles almost all risks, diabetes is more prevalent with its attendant complications and 31% of women have a caesarean section for the birth, many of them on request. Sexually transmitted diseases are rife, prostitution thrives and there is a lot of family violence.

W.B. Yeats is a poet many people associate with violence but he had a softer side and in his poem "He wishes for the Cloths of Heaven" he writes
"I have spread my dreams under your feet. Tread softly because you tread on my dreams".

My Dreams

There are 15 parts of my dream to match the separate, disparate fragments into which National Women's hospital has been broken.

* The medical profession is trusted to regulate itself as befits a profession and the College programmes for continuing professional development are recognized as more than polishing the apples without noticing the bad ones.

* The Medical Council has a majority of elected members and is freed from the omnibus legislation for health professionals.
* Parliament pays serious attention to the recommendations of the medical organizations.
*. When there are errors there is open disclosure, sincere apologies and honest explanations as part of the acceptance of the moral responsibility of the practice of medicine.
* Inquiries into adverse outcomes are led by doctors with community involvement, done expeditiously and protected by legislation, extending the assessments of competence done by the Medical Council and will be more effective because it is the reputation amongst our peers that matters most.
* Mediation will be readily available and the determination of an expert where appropriate, the goal being to learn, not lynch as Ron Paterson put it so well and doctors will accept that complaints are educational. Afterall, the word doctor comes from Latin "to teach".

* There will be coroners' inquiries of course and sometimes a judicial event and, if so, the judge or QC will be appointed as part of the usual court process with medical advisors appointed by the medical colleges after approval by the members. Reports will be available for comment before release.

* Professionalism will be taught in the workplace to build on the teaching during the undergraduate years and the focus on compassion and commonsense; all doctors will be mindful of our own practice and that of our colleagues.

* Clinical teaching shall emphasise the central importance of differential diagnoses which include normality, with only appropriate investigations and treatment.

* People will take responsibility for their own health and have realistic expectations if they make no effort to lose weight or to stop smoking, for example. Most of the obesity of today cannot be excused as genetic, cultural or hormonal but the result of the human weaknesses of sloth and gluttony that we call our lifestyle.

*. Without excusing negligence, parliamentarians and the public will accept that to err is human, doctors are human and we will all make mistakes. The next line in The Essay on Man is "to forgive, divine", for which personally, I have cause to be grateful as every day there are reminders of the babies who might be alive today if I had made a different decision.

* Also in that essay, Alexander Pope wrote that "A little learning is a dang'rous thing, drink deep or taste not the Pierian spring". So the next part of my dream is that there is maturity in the news media, the journalists recover

their objectivity, they look deeply behind the headline, stop generalizing from the particular and keep the hyperbole for appropriate use. Also, our critics will learn to get some facts before making assumptions.

* In the hospital, the management pyramid will be turned upside down with clinicians at the top supported by a slim collection of professional managers the organization will be risk aware, not risk averse, and will shed its Kafkaesque systems.

*. The rebuilding of National Women's as a centre of excellence will continue and the good reputation of our former leaders will be restored.

* The foundation of my version of Pierian spring is medical leadership. That must flourish as noted in the report in 2009 for McKinsey & Co "Health care systems that are serious about transforming themselves must harness the energies of their clinicians as organizational leaders".

Despite all the difficulties, we have a good public health service and the trend toward clinical leadership has started in New Zealand, it needs to be supported by parliament and by legislation when the Health Practitioners Act is reviewed, and we need medical leaders who can cope with the mendacity of politics to provide a cohesive collaborative approach to health care, with a positively powerful medical profession.

To end, I thank Ian Gault for his presidency of our Society during 2010 and Ian Civil who leaves the committee and, instead of an Irish rant where I started, I give you some gentle wisdom from another old poet – Leonard Cohen who gave a concert here last year and I think he said

"Let the bells ring
The bells that can ring
Forget the perfect offering
There are cracks, cracks in everything; to let the light in."

Goodnight and I hope you enjoy this year.

M.A.H. (Tony) Baird

29th March, 2011