



AUCKLAND WOMEN'S HEALTH COUNCIL NEWSLETTER

FEBRUARY 2009



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Centre for Compassion in Healthcare

In early January the AWHC received an email about the campaign being undertaken by the Centre for Compassion in Healthcare to add “the right to be treated with compassion” to the Code of Consumers’ Rights. Having not heard of the organisation before, the first thing the Council did was check it out, which began with a visit to their website.

Exploring the Centre for Compassion in Healthcare’s website was a truly inspiring way to start back at work. It contains a wealth of information about the Centre, its mission and the members of the Trust. It also has some wonderful resources that can be downloaded. The website states the Centre is “dedicated to restoring caring and compassion as core values and daily lived practices for all of our health professionals and institutions.”

Founded by anaesthetist Robin Youngson the Centre for Compassion in Healthcare Trust was established in Auckland in 2008, with its pilot programmes based at Waitakere Hospital where Robin Youngson is a practising clinician. Among many other achievements, Robin is well known out West for his pivotal role in the formation of the Waitakere Hospital Maternity Forum. In his message on the website he says:

“I believe that all health practitioners enter their profession with a genuine desire to provide caring and compassionate service to patients and families. Unfortunately, the

evolution of our health professions and institutions has seriously limited the expression of that humanity and compassion. Clinical detachment and objectivity are emphasised over and above compassionate. Our hospitals are overcrowded and under stress. Resources are limited. There doesn’t seem time to care.

Yet experience shows that when practitioners develop the skills to bring open-hearted compassion to their patients, then the effectiveness of care greatly increases and our patients and families feel safe and cared for.”

As part of the organisation’s aim to make compassion an importance part of health care, the Centre is spearheading a national campaign to amend the Code of Consumers’ Rights by adding “the right to be treated with compassion.” The proposal is to change Right 1 from the “Right to be Treated with Respect” to the “Right to be Treated with *Compassion* and Respect” and add a clause to Right 1 which says “Every consumer has the right to have services provided with compassion, including a prompt and humane response to distress, pain and suffering.”

Petition

There is an on-line petition at <http://www.petitiononline.com/compassn/petition.html>

Submission

As stated in the article that featured in the December issue of the AWHC newsletter, the Code of Rights and the HDC Act are currently being reviewed.

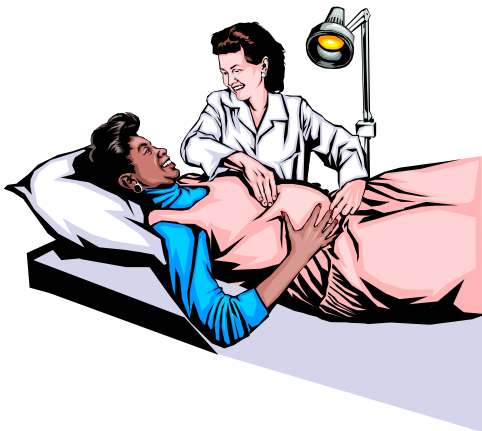
Consumers have this window of opportunity which currently only occurs every five years (and the current Commissioner is once again wanting to change this to every ten years) to make a submission in support of this and/or any other changes to the Code of Rights.

Letter to Minister of Health

There is also the option of writing to Tony Ryall, the Minister of Health at Parliament Buildings, Wellington (no stamp required) or emailing him at tony.ryall@parliament.govt.nz and asking him to add "The Right to be Treated with Compassion" to the Code of Consumers' Rights.

Written submissions on the HDC Act and the Code of Rights are due by 28 February 2009. They can be emailed to hdc@hdc.org.nz or posted to Review of HDC Act and Code, Health & Disability Commissioner, PO Box 12299, Wellington 6144. For more information on the Review or a copy of the consultation document go to www.hdc.org.nz.

For more information on the Centre for Compassion in Healthcare go to www.compassioninhealthcare.org



SCREENING DURING PREGNANCY: YOUR CHOICE

The Maternity Services Consumer Council (MSCC) has a new pamphlet on the increasing number of screening procedures that women are offered during pregnancy.

The pamphlet contains information on what the first antenatal blood sample is tested for, weight checks and BMI assessments, ultrasound scans and NT scans, amniocentesis, Polycose and Oral Glucose Tolerance Tests, as well as screening for domestic violence and sexual abuse.

Copies of *Screening During Pregnancy: Your Choice* are available free of charge. A donation to cover postage/handling costs for orders over 40-50 copies is requested.

To order copies of the pamphlet contact the Maternity Services Consumer Council on ph 520-5314 or email: mssc@maternity.org.nz



PHARMACEUTICAL COMPANY ADDS NEW RIGHT TO CODE OF RIGHTS

In December, as the many health activists around the country were preparing to turn off their computers and take a break from answering the phone, responding to emails, and producing newsletters and submissions, knowing that one of the first submissions due in the new year was that on the Health & Disability Commissioner's consultation document on the review of the Health and Disability Commissioner Act and the Code of Consumers' Rights, some of us were startled to come across a number of advertisements in the printed media informing us that the pharmaceutical company GSK (GlaxoSmithKline) had somehow managed to jump the gun and had added a new right to the Code of Consumers' Rights – "*The right to insist.*" And here we were thinking that submissions on the Code weren't due till 28 February 2009!

But there it was in big bold letters in the *Listener*, in the *NZ Herald's Canvas* and in a number of women's magazines – an ad which said that "If your doctor or pharmacist offers you an alternative to your present pharmaceutical brand, you have the **right to insist** (1) you remain on the medicine you know and trust." The new right appeared in bold letters and the reference was to the Code of Consumers' Rights on the HDC website.

The ad continued with the words "For more information on your rights as a

patient and a consumer, visit www.askforitbyname.co.nz"

As emails began to circulate about the new 11th right – the right to insist – that had just been added to the Code of Rights courtesy of GSK, an email was sent to the HDC remarking on this early Christmas present that New Zealand healthcare consumers had just received from the pharmaceutical industry. How amazing! Apart from "the medicine we know and trust" what else could we insist on, some of us wondered? Free visits to the doctor or specialist of our choice? The top slot on the waiting list? Two weeks postnatal care in the facility of our choice? Five years of publicly funded treatment with Herceptin?

The new right seemed to offer endless possibilities, and to think it was all thanks to GSK.

Why, this was a power that no-one dreamed that the pharmaceutical industry had – the ability to add (and presumably subtract) rights to the New Zealand Code of Consumers' Rights. And what's more they don't even have to go to the bother of writing a submission!

We have since heard that the new Right 11 was news to the Commissioner as well. And he wasn't as pleased about it as we were.

So we are sitting here with bated breath – waiting to see what will happen next.

Watch this space!

ABORTION SUPERVISORY COMMITTEE REPORT

The Abortion Supervisory Committee's 31st annual report to Parliament for the year ending 30 June 2008 is a brief document outlining the activities of the new committee since the belated appointments of new members in June 2007. The members of the ASC committee are Professor Linda Holloway, Dr Rosy Fenwicke and Mrs Patricia Allan.

This year's report comments that "adequate resourcing has enabled the ASC to put in place a work programme to address issues concerning abortion services in New Zealand and in particular work on examining the pathway for the abortion process. The work programme began in August 2007, shortly after the new members of the ASC were appointed."

This year's report is in a different format and begins with a report on the ASC's activities for each of its functions listed under section 14 of the Act.

Standards Committee

The ASC has appointed a Standards Committee to produce a Standards Document for the Provision of Abortion Services in New Zealand 2008. Once the document has been produced it will be available to DHBs, professions and the public. The aim is for this to serve as a useful guide to the equitable provision of quality abortion services and it will be updated regularly to take into account developments in the field.

This Committee has also been asked to look at current and future training and workforce issues.

Statistics

The total of induced abortions performed in 2007 was 18,382, compared with a total of 17,934 abortions in 2006.

Women aged between 20-24 years accounted for 5445 (37.2 per 1000 women in this age group) of the abortions performed, with women aged 15-19 years accounting for 4173 abortions (26.6 per 1000 women in this age group), and women aged between 25-29 years accounting for 3574 abortions (26.2 per 1000 women). For the youngest age group in this table – young women/girls under 15 – there were 104 who had an abortion. These figures are very similar to those from the previous year.

Contraception Used

A total of 9,693 women were not using any form of contraception, 5,236 were using condoms, 2,083 were using combined oral contraceptives, and 398 were using progesterone only contraceptives. A total of 212 women had used the morning after pill, 328 were using natural family planning, 144 were using depo provera injections, and 231 were using an intra-uterine device.

Ethnicity

There were no tables or information on ethnicity in this year's report. The report states: "we have chosen not to include some tables which have been included in previous years because

they have limited relevance without deeper analysis.”

The ASC plans to provide statistical information in a different format for its next report – to present figures in a more user-friendly format and provide some statistical commentary.

Lack of access

As part of the ASC’s schedule of visits to licensed institutions around the country, the committee has become aware that there are many women in New Zealand who are not able to access locally some or all abortion and post-abortion contraceptive services.

The report states: “The ASC is working with DHBNZ in its development of a paper on Services for Termination of Pregnancy. When finalised, the paper will recommend the requirements for the equitable provision of abortion services to women and families throughout New Zealand, given that abortion has been identified as a core service.”

Consultant fees

The report reveals that the fees paid to the 195 certifying consultants totalled \$5,048,096 in the year ended 30 June 2008.

High Court Proceedings

The Right to Life organisation sought a judicial review of the ASC’s powers and functions under the Contraception, Sterilisation, and Abortion Act 1977. The resulting High Court decision was that abortion law neither confers nor recognises a legal right to life for the unborn child. It also dismissed Right to Life’s challenges

to the way the ASC has interpreted its obligations in relation to counselling services provided to women under the Act.

The report states: “The Court held, however, that there is reason to doubt the lawfulness of many abortions authorised by certifying consultants and that the ASC has misinterpreted its functions and powers under the abortion law, reasoning incorrectly that the Court of Appeal decision in *Wall v Livingston* means it may not review or scrutinise the decisions of certifying consultants.” The ASC has appealed the High Court’s decision to the Court of Appeal. The Right to Life has cross-appealed.

- Further information can be found at www.abortion.gen.nz



PROPOSED CHANGES TO THE AWHC’S CONSTITUTION

The AWHC is in the process of making a few changes to its constitution. Twenty years after it was written, the Council’s constitution needs some fine-tuning in order to reflect the current environment and the changes to the health system which have occurred over the past two decades, eg references to the Auckland Area Health Board. The proposed changes are mainly those relating to the AWHC’s objectives.

The AWHC proposes to replace the current objectives with five new ones.

The objectives are:

1.1 To contribute gender, women's health and consumer perspectives to the development of policies that are likely to have an impact on women's health and well-being.

1.2 To identify and implement ways to work with the District Health Boards in the Auckland region to support the establishment and evaluation of services for women in the region.

1.3 To ensure the rights of women's health consumers are upheld, eg by monitoring medical disciplinary procedures and pharmaceutical industry practices to ensure health professional accountability to consumers, and the provision of evidence based health services that support informed choice.

1.4 To promote and support freely available access to, and information about, contraception, sterilization and abortion services; and to provide information and support to women about accessing these and other health services in Auckland.

1.5 To work collaboratively with other consumer women's health groups, as well as public health and women's sector NGOs in order to fulfill these objectives and to play a leading role in promoting the health of communities in the Auckland region."

Further discussion of the proposed changes will occur at the Council's AGM which will be held in March/April this year.

AWHC GENERAL MEETING 28 January 2009

Detailed minutes of this meeting are available on request. Matters discussed included:

- Financial reports
- Changes to AWHC's constitution
- Upgrade of AWHC's website
- HDC Medico-legal conference
- Gardasil campaign
- Review of HDC Act and Code
- AWHC AGM



AWHC NEWSLETTER SUBSCRIPTION

The newsletter of the Auckland Women's Health Council is published monthly.

COST: \$30 waged/affiliated group
\$20 unwaged/part waged
\$45 supporting subscription

If you would prefer to have the newsletter emailed, email us at awhc@womenshealthcouncil.org.nz

Send your cheque to the AWHC, PO Box 99-614, Newmarket, Auckland.

UP AND COMING EVENTS

DISTRICT HEALTH BOARD meetings for February 2009:

Waitemata DHB (Website address: www.waitematadhb.govt.nz)

The Community & Public Health Advisory Committee meeting starts at 11am on Wednesday 11 February 2009 and will be followed by the Hospital Advisory Committee meeting at 1.30pm.

Waitemata DHB Full Board meeting starts at 1pm on Wednesday 25 February 2009 and meets in the DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna.

Auckland DHB (Website address: www.adhb.govt.nz)

The Auckland DHB has changed the days of all its meetings as well as the venues. This year the advisory committee meetings will be held on different days. The Hospital Advisory Committee meeting will be held at 12 noon on Wednesday 4 February 2009 followed by the Full Board meeting at 1.30pm.

The Community & Public Health Advisory Committee meeting will be held from 2 - 5pm on Wednesday 18 February 2009.

Counties Manukau DHB (Website address: www.cmdhb.org.nz)

The CMDHB Full Board meeting will be held at 1pm on Wednesday 4 February 2009 at 19 Lambie Drive, Manukau City.

The Hospital Advisory Committee meeting will be held at 9am on Tuesday 24 February 2009 and will be followed by the Community & Public Health Advisory Committee meeting at 1pm.



TABS (Trauma and Birth Stress) is holding a Study Day on Friday 13 February 2009. Entitled *Identifying and caring for People with PTSD after Childbirth* the Study Day will be held at the CCS Training Room at 14 Erson Avenue, Royal Oak, Auckland. **Cost:** \$99 Early Bird registration; but it will be \$125 for registrations received after 12 December. Includes lunch.

- For further information email: akfeb09@tabs.org.nz or phone (09) 575-7404.