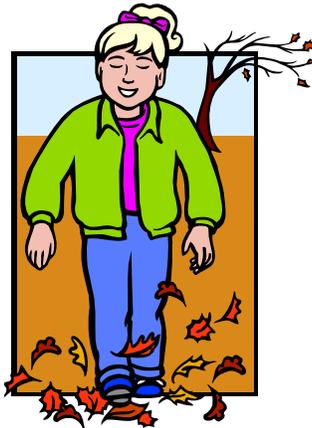




AUCKLAND WOMEN'S HEALTH COUNCIL

NEWSLETTER

APRIL 2015



WHAT'S INSIDE:

- Abortion Supervisory Committee Report for 2013/2014
- "Being Mortal" - Atul Gawande's latest book, and visit to NZ
- HQSC Forum with Atul Gawande - 18 May 2015
- Cartwright Conference - Friday 7 August 2015

PO Box 99-614, Newmarket, Auckland. Ph (09) 520-5175

Email: awhc@womenshealthcouncil.org.nz

Website: www.womenshealthcouncil.org.nz

ABORTION SUPERVISORY COMMITTEE REPORT

The Abortion Supervisory Committee's 37th annual report to Parliament for the year ending 30 June 2014 arrived in the mail in March.

Abortion numbers decline

The ASC's report reveals that the number of induced abortions in New Zealand continues to decline with the numbers for the 2013 year showing a further significant decrease.

Work of the Committee

The Committee notes that it spends a large amount of time corresponding with individual members of the public or groups with an interest in abortion as well as responding to requests for information.

Local access to services

The ASC reports that it has received positive feedback from provincial areas that are now providing local services for women. The latest statistics reveal the establishment of more clinics in provincial area has resulted in a more timely provision of services.

As the ASC has noted in previous reports, having to travel to access services in main centres can delay consultations with certifying consultants, counselling and abortion procedures.

However, the same cannot be said for the greater Auckland region as South Auckland women do not have access to local services. The report states that the Committee is now extremely concerned about the burden placed on the women of South Auckland who continue to have

to travel in to central Auckland as there is no service in their area. The ASC first raised this issue with the Counties Manukau DHB during a visit to South Auckland in June 2008. The issue was raised again in April 2014 when the Committee considered their annual licence renewal application. Counties Manukau DHB refuses to offer a local service stating "CM has a regional agreement with ADHB to manage our FTTOP [first trimester termination of pregnancy] for our population."

This is completely unacceptable as it places additional barriers to abortion services for South Auckland women who are particularly vulnerable as result of low incomes, a lack of transport and various cultural issues.

Harassment

In last year's report the ASC expressed their concern at the harassment of those seeking or providing abortion services. The issue continues to trouble them. The report states: "While the Committee recognises the right to freedom of expression of people and groups with strong views about abortion, we have received reports of instances of verbal abuse and the distribution of offensive material to people entering hospital facilities. Women attend medical service providers for a variety of reasons and should be able to enter clinics without feeling they are the subject of coercion or humiliation. We have addressed this in previous reports and feel it is necessary to highlight again this issue affecting the provision of services throughout New Zealand. We will continue to monitor this behaviour and provide support to ease the concerns of staff providing and women requiring this service."

Long term contraception

One major factor in the falling rate of abortions is the licensing and funding of a long action subcutaneous implant in August 2010. The ASC points to the dramatic drop in the abortion rate of 15-19 year olds which the Committee believes is partially attributed to the introduction of this form of long-term contraception.

However, the Committee has also received frequent feedback from providers about the acceptability of the currently funded device in comparison to alternatives. “A noticeable number of women who have had the currently funded implant inserted are having these removed due to side effects and there have been concerns regarding incorrect placement during insertion. Newer devices with more favourable side effect profiles and an improved mechanism that aids correct insertion are available internationally. The Committee has written to PHARMAC regarding this as we believe the introduction of such an alternative device would result in an even higher level of uptake and be more cost effective long term.”

Statistics

The total of induced abortions performed in 2013 was 14,073, compared to 14,745 in 2012, 15,863 in 2011, 16,630 in 2010, and 17,550 in 2009, which is a significant and continuing decrease given the increase in the population over those five years.

Abortion numbers have continued to fall in both the 11-14 and 15-19 age groups. The ASC notes: “Particularly notable is the sharp decline in abortion numbers for the 15 – 19 year old age group.”

The number of abortions for 11 – 14 year olds declined from a high of 105 in 2006 to 68 in 2011 and 48 in 2013. The number of abortions for 15 – 19 year olds declined from a high of 4,173 in 2007, to 2,822 in 2011 and 2,096 in 2013.

Medical abortions

The number of medical abortions as opposed to surgical abortions has increased slightly with a rate of 9.9% (1,389) in 2013 compared to 6.4% (943) in 2012.

Women aged between 20-24 years accounted for 4,386 of the abortions performed in 2013 a further drop when compared with the 4,560 of the abortions performed in 2012, and 5,160 in 2011. Women aged 25-29 years accounted for 3,174 of the abortions in 2013, a slight decrease from the 3,240 abortions in 2012. Women aged 30-34 accounted for 2,234 abortions in 2013 which is much the same as in 2012. There were 48 abortions for women over 45 years, compared to 61 in 2012.

Contraception Used

A total of 7,704 women (54.7%) were not using any form of contraception, 3,581 (25.4%) were using condoms, 1,572 (11.2%) were using combined oral contraceptives, and 417 (3%) were using progesterone only contraceptives. A total of 205 women (1.5%) had used emergency contraception, 208 were using natural family planning (1.5%), 230 (1.6%) were using an intra-uterine device, and 112 (0.8%) were using depo provera injections.

The ASC now requires every operating surgeon to record the type of contraception provided to women at the completion of the procedure.

Repeat terminations

The statistics in the report record that 3,312 women had had one previous abortion, and 1,821 women had had two or more previous abortions which, taken over the past two years, represents a small decline in the number of terminations of pregnancy sought by women who have already had one or more abortions.

Ethnicity

The ethnicity graphs revealed that there were 8,015 abortions for European women, 3,459 abortions for Maori women, 2,405 for Asian women, 1,712 abortions for Pacific women, and 158 for Middle Eastern, Latin American and African women.

Consultant fees

The fees paid to the 167 certifying consultants totalled \$3,985,754 (excluding GST) in the year ended 30 June 2013.

Further statistics are available on the Statistics New Zealand website:

http://www.stats.govt.nz/browse_for_stats/health/abortion/AbortionStatistics_HOTPYeDec13.aspx

The full report is available on the Ministry of Justice website:

<http://www.justice.govt.nz/tribunals/abortion-supervisory-committee/annual-reports>



WAITAKERE WOMEN'S CENTRE COURSES

The Waitakere Women's Centre has a number of activities and courses on offer over the next few months.

They include:

"The journey of the butterfly," an 8-week course supporting women to break the cycle of violence – the course starts on 4 May.

A Tai Chi Qi in 18 Movements" 10-week course, starting on 28 April.

"The Iceberg" which focuses on understanding and managing your anger – an 8-week course which starts on 29 April..

"Personality Type," a 2-week course held on 15 and 22 May.

A crèche is available on request.

The Women's Centre also offers:

Counselling with a qualified counsellor – subsidised sessions (\$10 or koha)

Relaxing massage (sliding scale \$20 - \$40)

A friendship group for women wanting to meet others for coffee, outings, etc.

A women's library.

Contact the Waitakere Women's Centre on (09) 838-6381,

Email: info@womenscentre.org.nz

Website: www.womenscentre.org.nz

“Being Mortal”

Atul Gawande is an American surgeon, author and public health researcher. He is also one of the speakers taking part in this year’s Auckland Writers’ Festival. He will be speaking at two sessions - one on Saturday 16 May and as part of a panel on Sunday 17 May.

His latest book, “*Being Mortal: Medicine and What Matters in the End*,” was published in 2014. As with his previous books Atul Gawande writes about the struggles of his profession – in this book he focuses on medicine’s limitations and failures when it comes to the inescapable realities of aging and death. In the introduction to his book, he writes:

“Modern scientific capability has profoundly altered the course of human life. People live longer and better than at any other time in history. But scientific advances have turned the process of aging and dying into medical experiences, matters to be managed by health professionals. And we in the medical world have proved alarmingly unprepared for it.”

Over the past 50 to 60 years there has been a massive shift from home to hospital for those at the very end of their lives. Sixty years ago most deaths occurred in the home. By the 1980s less than 20% did, and many of those who did die at home did so because they died too suddenly to make it to the hospital. Across the entire industrialised world, the experience of advanced aging and death now takes place in hospitals, nursing homes and hospices.

Atul Gawande says: “This is a book about the modern experience of

mortality – about what it’s like to be creatures who age and die, how medicine has changed the experience and how it hasn’t, where our ideas about how to deal with our finitude have got the reality wrong.”

Atul Gawande shows just how badly medicine serves those approaching the end of their lives in a series of moving stories about his own family members as well as some of his patients. He describes how ill-equipped he was when he was first faced with terminally ill patients and how difficult it was and how long it took to learn to talk to patients and their families about the things that really mattered to them.

“*Being Mortal*” has eight chapters that address a number of issues – the independent self, what happens when things fall apart, dependence, assistance, living a better life, letting go, having the hard conversations, and the importance of courage. As part of his investigation into what being mortal looks like in the modern world, Atul Gawande follows a hospice nurse on her rounds, a geriatrician in his clinic, and describes reformers who have turned nursing homes upside down. He finds people who are able to have the hard conversations with their patients, and who know how to ensure that what people really care about never has to be sacrificed. Through his stories he reveals that medicine can and must do better.

One of the many fascinating issues explored in this book concerns the changes that have occurred in society as life expectancy has increased. In countries such as India and China which have until fairly recently maintained the traditional patterns of

care for their elders, major changes have occurred very rapidly. Elderly family members who were once cared for in multigenerational households with three generations living under one roof are now living markedly longer lives and are choosing to remain independent. Their children leave home, and often leave the country and do not return to live near or with their family of origin.

As Atul Gawande points out, as soon as their elders have the financial resources to continue living their own lives in their own homes, they do so, “preferring what social scientists have called ‘intimacy at a distance.’” Whereas in early-twentieth-century America 60 percent of those over 65 resided with a child, by the 1960s the proportion had dropped to 25 percent. By 1975 it was below 15 percent. The pattern is a worldwide one. Just 10 percent of Europeans over 80 live with their children, and almost half live completely alone, without a spouse. In Asia, where the idea of an elderly parent being left to live alone has traditionally been regarded as shameful, the same radical shift is taking place. In China, Japan and Korea, national statistics show the percentage of elderly living alone rising rapidly.”

This honest and very engaging book is about far more than dying and the limits of medicine with its false hopes and vast array of treatments that shorten lives instead of improving them. Through his stories Atul Gawande shows what is possible when health professionals and patients have the courage to begin the hard conversations. The stories give us a glimpse of a health system that enables well-being, a well-being that is about the reasons a person

wishes to be alive. “Those reasons matter not just at the end of life, or when debility comes, but all along the way. Whenever serious sickness or injury strikes and your body or mind breaks down, the vital questions are the same. What is your understanding of the situation and its potential outcomes? What are your fears and what are your hopes? What are the trade-offs you are willing to make and not willing to make? And what is the course of action that best serves this understanding?”

“If to be human is to be limited, then the role of caring professions and institutions – from surgeons to nursing homes – ought to be aiding people in their struggle with those limits. Sometimes we can offer a cure, sometimes only a salve, sometimes not even that. But whatever we can offer, our interventions, and the risks and sacrifices they entail, are justified only if they serve the larger aims of a person’s life. When we forget that, the suffering we inflict can be barbaric. When we remember it the good we do can be breathtaking.”

“*Being Mortal*” shows how the ultimate goal is not a good death, but a good life – all the way to the very end.



HQSC FORUM

The Health Quality and Safety Commission is hosting a forum aimed at the health care community.

Date: Monday 18 May 2015

Venue: Te Papa Museum, Wellington

Cost: \$280

Dr Atul Gawande is the keynote speaker and will be joining an exciting line up of speakers which include Professor Ian Civil, Professor Jonathon Gray, Dr Brian Ensor, Dr Geoff Green, Dr Barry Snow, and Professor Ron Paterson.

Ron Paterson will be talking about care at the end of life and presenting a patient story.

A draft of the forum's programme is available at:

<http://www.hqsc.govt.nz/assets/General-NEMR-files-images-/Atul-programme-Mar-5-2015.pdf>

As one of the world's leading physician writers, the one-day forum will cover themes from Dr Gawande's books, especially "*Being Mortal: Medicine: What Matters in the End*" as well as "*The Checklist Manifesto: How to Get Things Right.*"



For further information go to –
<http://www.hqsc.govt.nz/news-and-events/event/2009/>

AWHC GENERAL MEETING 26 March 2015

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

- Financial reports
- Grant applications
- Northern A ethics committee
- HQSC Forum on 18 May
- HDC announcement on consultation on clinical trials
- 2015 Cartwright conference

Further information on some of the topics listed above is contained in this issue of the AWHC newsletter.



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 to you, email us at awhc@womenshealthcouncil.org.nz

Send your cheque to the Auckland Women's health Council, PO Box 99-614, Newmarket, Auckland 1149.

UP AND COMING EVENTS

DISTRICT HEALTH BOARD meetings for April/May 2015:

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

The Waitemata Hospital Advisory Committee meeting starts at 11am on Wednesday 20 MAY 2015 and will be followed by the DHB Full Board meeting which starts at 1.30pm. Both meetings will be held in the DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna.

The **combined Waitemata DHB and Auckland DHB** Community & Public Health Advisory Committee meeting starts at 2pm on Wednesday 29 April 2015.

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

The Hospital Advisory Committee meeting will be held at 9.30am on Wednesday 13 May 2015 followed by the Full Board meeting at 2pm. Both meetings will be held in the A+ Trust Room in the Clinical Education Centre, Level 5, Auckland City Hospital.

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

The Community & Public Health Advisory Committee meeting will be held at 1.30pm on 15 April 2015 at 19 Lambie Drive, Manukau City.

The Hospital Advisory Committee meeting will be held at 9am on Wednesday 6 May 2015 at Ko Awatea and will be followed by the Full Board meeting at 1.30pm.



ETHICS COMMITTEE meetings – dates for the four MOH ethics committees are at: <http://www.ethics.health.govt.nz/about-committees/meeting-dates-venues-minutes>



The Auckland Women's Health Council and Women's Health Action will be co-hosting a Cartwright conference to mark the 27th anniversary of the Cartwright Report –

“The Future of Screening: Balancing the benefits and risks of cancer screening.”

Date: Friday 7 August 2015.

Venue: Fickling Centre, Three Kings, Auckland

Further information is available at: www.womenshealthcouncil.org.nz