AUCKLAND WOMEN'S HEALTH COUNCIL

NEWSLETTER

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THE GOVERNMENT'S NEW SCREENING STRATEGY - GET RID OF THE MESSENGER

At the Cartwright Forum held on Friday 5 August, those attending the Forum learned that Associate Professor Brian Cox had been dismissed from the National Screening Advisory Committee (NSAC) as a result of voicing his concerns about proposed changes to the National Cervical Screening Programme (NCSP).

Brian Cox was one of the speakers at the Forum which focused on the cervical screening program, its successes, the challenges that still need to be met, and the proposed changes to the program.

Given his long involvement and considerable expertise in screening programmes Brian Cox's knowledge is a valuable resource. His inclusion on NSAC also provided an independent voice, but this proved to be unacceptable to the Ministry of Health and the current government who want their advisory committees to rubber stamp their decisions, not question them.

In March 2016 the *New Zealand Medical Journal* featured an editorial that recommended caution before making the change from liquid-based cytology (LBC) to the human papillomavirus (HPV) test in 2018. (1) Brian Cox was one of the five authors of the editorial and after refusing to back down or change his position on the proposed change to the primary cervical screening test he was fired.

The editorial voiced the authors' concerns about the lack of wide consultation and the extremely short timeframe allowed for the consultation process on what is a major change in policy. It stated:
"We believe that while primary HPV screening shows promise, particularly in de novo screening programs, implementation in New Zealand in 2018 is premature and wrong. This decision could reduce the current level of cervical cancer protection and increase unnecessary referrals for assessment and treatment. The potential physical and psychological cost to women is unknown. Financial projections suggesting savings for the government are optimistic and the proposed change may cost more. The public sector colposcopy services are currently stressed and unlikely to meet further demand without considerable extra resourcing."

Brian Cox was not happy when the NSAC endorsed the proposed change at its November 2015 meeting. He did not agree with them and the committee was supposed to operate by consensus, he said in an interview with the *Otago Daily Times.* "I don't think the Ministry have been as interested in differing views as they should have been." (2)

Professor Marshall Austin, a pathology specialist from the University of Pittsburgh, USA was one of the keynote speakers at the Cartwright Forum, having travelled to New Zealand for the sole purpose of speaking at this event. He described the new HPV test as being relatively unproven technology in a number of areas and said New Zealand should be very cautious about changing its world class cervical screening program. Although there are a few countries thinking about changing to

an HPV test none of them have actually started doing it yet.

He also clearly explained why it was not safe for New Zealand to base the proposed changes on international clinical trial evidence and population-based modelling. Much of the international evidence is based on conventional cytology, rather than the superior semi-automated LBC which New Zealand has adopted. It is important to note here that the NSU's consultation document repeatedly referred to the Australian program which unlike New Zealand's is not based on LBC.

As the *NZMJ* editorial stated:
"Four large European clinical trials provide much of the data used for modelling primary HPV screening. In these clinical trials, 8 of 19 invasive carcinomas tested were negative for HPV 2.5-8 years prior to the diagnosis of invasive carcinoma – a false negative rate for invasive carcinoma of 42%. Three of the four European studies used conventional cytology not LBC, and so their cytology performance is not applicable to New Zealand, where LBC has been the standard since 2008." (1)

Professor Austin went on to draw a parallel between "the unfortunate experiment" at National Women's Hospital and the change to an HPV test. "The irony, in a way, is that they are really proposing an experiment, and that has special meaning in New Zealand because everybody knows that there was another experiment in New Zealand," he said, referring to the Cartwright Inquiry into the treatment of cervical cancer at National Women's Hospital.

He also refuted the claim that HPV is a more accurate screening test than the current cytology test. It is simply not true to say that the HPV test must be more sensitive than cytology as it actually depends on the quality of the cytology.

Furthermore, there are also the issues of over-diagnosis and over-treatment. "Primary HPV screening may harm women through excessive referral to colposcopy and consequent over treatment. HPV screening will detect high-grade squamous intraepithelial lesions (HSIL) earlier, but this will not necessarily reduce overall invasive cancer, as persistent HSIL would have been detected later by cytology before it became invasive. Because the HPV test is less specific than cytology, more women without any identifiable cervical cancer precursor must be sent to colposcopy to find each HSIL. The likelihood of over treatment will be highest in women less than 30 years of age." (1)

One of the solutions proposed to the lack of good data on the efficacy and safety of switching to the HPV test is to adopt a system of co-testing with LBC and HPV as a way of "assessing the contribution of HPV testing to cervical screening in New Zealand and to evaluate its implementation."

Professor Austin elaborated further on this, and as his informative evidence-based presentation was filmed it will appear on the AWHC website and various other websites in due course.

Reference

1. www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2016/vol-129-no-1431-11-march-2016
2. www.odt.co.nz/news/dunedin/health/screening-editorial-costs-cox-position

DOCTORS WHO BREACH SEXUAL BOUNDARIES

Fifteen years ago the Medical Council wrote to the AWHC inviting the Council to take part in the consultation process it was undertaking as part of an external review of its policies and processes regarding breach of sexual boundaries in the doctor-patient relationship. A discussion document was sent to 250 medical and health consumer groups.

The review followed the publicity surrounding the case of Christchurch doctor, Morgan Fahey who was jailed for six years in June 2000 after admitting to 11 charges of rape, sexual violation and indecent assault. Dr Fahey was struck off the medical register in October 2000.

Back then the Medical Council said it saw its role as one of protecting the public from predatory doctors and it also believed sexual relationships between doctors and patients were never acceptable.

Following wide public consultation the Medical Council published a booklet in July 2004 on the importance of clear sexual boundaries in the doctor-patient relationship which assured the general public that it took a "zero tolerance" position on doctors who breached sexual boundaries. (1) The front cover stated that "the Medical Council supports touch as a crucially important part of the practice of medicine. Healing touch is caring, nurturing and non-intrusive – it is not sexual or exploitative."

It is important to note that 74% of the 70 submissions received supported zero tolerance for current doctor-patient relationships, and 68% of consumer submissions supported stricter controls on former doctor-patient relationships. (2)

In 2002 the *NZ Herald* ran an opinion piece by Ron Paterson who was the Health & Disability Commissioner at that time. Ron Paterson was commenting on the ruling by District Court Judge Margaret Lee who stated that requiring a "clean break" before doctors commence a sexual relationship with their patients could be resented by patients as "unjustifiable interference with their right as mature adults to live their lives as they see fit." The case before the Judge concerned the sexual relationship between Dr Anton Wiles, then Chairman of the NZ Medical Association, and one of his patients. The case was the subject of a complaint subsequently made by the patient's husband, and supported by the patient. (2)

In August 2004 the *NZ Doctor* featured a further comment on the issue by Ron Paterson who began by stating:
"One of the difficult aspects of my work as commissioner is handling messy complaints about alleged relationships between doctors and their patients."

In his column he pointed out that the Hippocratic Oath (c. 200BC) states that in their professional lives doctors must abstain from "the seduction of females or males." For over 2,000 years it has been a fundamental tenet of medical ethics that doctors may not enter intimate sexual relationships with their patients.

This tenet was reconfirmed in 1994 by Dr Robin Briant, then Chair of the NZ

Medical Council who wrote:
The doctor/patient interaction is for the patient's benefit and there is no place in it for a sexual liaison. It would do immense harm to the quality of doctor/patient interactions generally if it were even suspected that intimate or sexual relationships may evolve from medical consultations. Only when people feel safe in a professional relationship can they entrust it with their most private emotional, psychological and physical secrets."

Unfortunately, it has all been downhill over the past decade. Two disturbing articles that featured in the *NZ Herald* in mid-August revealed that over the past ten years more than 90 health care professionals have been found guilty of sexual misconduct by medical authorities. (4) (5) The Herald investigation found that many predatory health professionals don't end up behind bars and some even return to practice. The analysis of all sex-related cases before the Health Practitioners' Disciplinary Tribunal (HPDT) since 2006 has drawn attention to a convoluted four-pronged disciplinary system that serves to protect health professionals and their right to continue to practice while failing to protect patients. In more than a third of the 91 cases that have come before the HPDT and the Human Rights Review Tribunal, the doctors were granted permanent name suppression. Many had only loose safeguards imposed upon them and dozens returned to work after attending a sexual boundary class or were allowed to continue practising under the supervision of colleagues.

The AWHC files contain newspaper clippings from the early 2000s about doctors being struck off, something that rarely happens now.

Even more alarming is the fact that once restrictions on their practice are removed, the details of their sexual offending are removed from the publicly available information about them on the internet. This shows an unacceptable lack of understanding by the disciplinary authorities of the gravity of the problem and the significant risks of reoffending, while leaving patients very much in the dark when it comes to being able to check whether their doctor is a sexual predator.

Professor Ron Paterson agrees. "Authorities must be sceptical about "claims of one-off innocent behaviour" when it comes to sexual misconduct," he said. Research showed this type of behaviour may be a warning sign for deep-seated problems. "Do I think going to a course in medical ethics is sufficient to address these problems? No," he said. (5)

In early August the Medical Board of Australia selected Professor Paterson to lead a review of health professionals being chaperoned while under investigation for serious misconduct.

References

1. Medical Council of New Zealand. "The importance of clear sexual boundaries in the patient-doctor relationship." July 2004
2. Ron Paterson "Sex with patients: why does it matter?" *NZ Herald* Opinion Column. 2 July 2002.
3. Ron Paterson. "Sex with patients: risky business." *NZ Doctor*. 25 August 2004.
4. www.nzherald.co.nz/olivia-carville/news/article.cfm?a_id=1030&objectid=11692601
5. www.nzherald.co.nz/olivia-carville/news/article.cfm?a_id=1030&objectid=11693766

RESEARCH WINS BATTLE FOR SLEEPING PODS

As reported in the July issue of the AWHC newsletter, the Ministry of Health's refusal to support or fund the use of flax baskets or wahakura and plastic pepi-pods for babies repeatedly made headlines, indicating that their officials did not know or refused to accept the evidence supporting them. After Professor Ed Mitchell took his evidence directly to the Minister, Jonathan Coleman then instructed the Ministry to support this important initiative to reduce the incidence of sudden infant death, especially among Maori.

As reported in the July issue of the AWHC newsletter around 50 babies die unexpectedly in their sleep each year giving New Zealand one of the worst rates of Sudden Unexpected Death in Infancy (SUDI) in the world. The rate for Maori babies is eight times that of the general population.

Dr Pat Tuohy, the Ministry's chief adviser on child health, had previously claimed that there was not enough evidence-based research to support the use of pepi-pods and had described New Zealand's leading cot death expert Ed Mitchell's research as being based on a scientifically weak method. (1)

However, after Professor Ed Mitchell took his evidence to the Minister, Jonathan Coleman wrote to the professor saying that his research "demonstrates that safe-sleeping spaces do have role to play in helping to prevent SUDI."

"In light of our discussion," he wrote, "I have asked Ministry of Health officials to work with you and other paediatric experts around the country to develop a national safe-sleep programme that incorporates the appropriate use of safe-sleeping spaces."

"The aim will be to ensure that every family of a newborn is provided with a comprehensive, but customised package of information and follow-up support."

By overruling his officials, the Minister has thus reversed a decade-long refusal to fund pepi-pods and ordered a national roll-out of the safe-sleeping devices.

The decision was welcomed by experts, advocates and coroners who had lobbied for government support for such an initiative for years. Rotorua coroner Wallace Bain who has long been a crusader for more to be done around safe sleeping environments for babies, and who has ruled on many deaths involving co-sleeping, said the decision to fund them would undoubtedly save lives, especially in the Maori community where co-sleeping was a cultural practice.

He said he had a lot of respect for Jonathan Coleman for listening to the evidence and changing the decision.

"I think he was not briefed properly. Ministry of Health had taken the view there was no evidence-based research and that was quite wrong. He could see what we were saying as coroners." (2)

Reference

1. http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11686108
2. http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11686586

GENDER EQUALITY
Driving Cultural Change

The National Council of Women NZ is holding its annual conference at

Te Papa, Wellington

15-17 September 2016

Inspiring speakers and panellists from New Zealand and overseas will discuss and explore how we as a nation can move forward to improve the lives of people everywhere through achieving Gender Equality.

Gender equality is not only a fundamental human right, but a necessary foundation for a peaceful, prosperous, and sustainable world. The National Council of Women NZ is committed to empowering and supporting women in the first instance, but more broadly promoting the idea that everyone gets an equal chance at succeeding in life.

Inspiring speakers include:

- **Amelia Kinahoi Siamomua**
  Head of Gender Section
  Commonwealth Secretariat.
- **Shamubeel Eaqub**
  Economist
- **Maree Crabbe**

Coordinator of the Violence Prevention Project: Reality & Risk pornography, sexuality and young people.

For more information go to
http://ncwnzconference2016.grow.co.nz/

AWHC GENERAL MEETING 27 July 2016

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

- Financial reports
- Grant applications
- Submissions
- Cartwright Forum
- Updating AWHC website
- Succession planning

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

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UP AND COMING EVENTS

DISTRICT HEALTH BOARD meetings for September 2016:

Waitemata DHB (Website address: www.waitematadhb.govt.nz)
The Waitemata DHB Board meeting opens to the general public at 12.45pm on Wednesday 21 September 2016 and will be followed by the Hospital Advisory Committee meeting which starts at 2pm. 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 31 August 2016.

Auckland DHB (Website address: www.adhb.govt.nz)
The Auckland DHB Board meeting opens to the general public at 12.45pm on Wednesday 7 September 2016 and will be followed by the Hospital Advisory Committee meeting which starts 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 Hospital Advisory Committee meeting will be held at 9am on Wednesday 7 September 2016 at Ko Awatea and will be followed by the Board meeting at 1.30pm.

The Community & Public Health Advisory Committee meeting will be held at 1.30pm on 28 September 2016 at 19 Lambie Drive, Manukau.

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

Women's Health Action is holding its annual Suffrage Commemoration with Louise Nicholas – "From Victim to Survivor: Walking through the Criminal Justice System."

6 – 7.30pm Monday 19 September 2016 Gus Fisher Gallery, 74 Shortland Street, Auckland.

Further information is available at http://www.womens-health.org.nz/suffrage-commemoration-19th-september/