



# AUCKLAND WOMEN'S HEALTH COUNCIL

## NEWSLETTER

FEBRUARY 2017



### WHAT'S INSIDE:

- A review of Ron Jones' book "Doctors in Denial."
- An apology from RANZCOG at the book launch
- Breast implants linked to a rare form of cancer
- Thank you on page 8

---

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

Email: [awhc@womenshealthcouncil.org.nz](mailto:awhc@womenshealthcouncil.org.nz)

Website: [www.womenshealthcouncil.org.nz](http://www.womenshealthcouncil.org.nz)

---

## **“DOCTORS IN DENIAL”**

Members of the AWHC were among the almost 200 people who attended the book launch of Professor Ron Jones' book, *“Doctors in Denial – the forgotten women in the unfortunate experiment”* which took place on Monday 13 February.

Ron Jones is a retired obstetrician and gynaecologist and former clinical professor at the University of Auckland. *“Doctors in Denial”* is his account of Herbert Green's study into the natural history of carcinoma in-situ of the cervix (CIS) that took place in the 1960s, 70s and 80s at National Women's Hospital (NWH), a study that subsequently became known as the “unfortunate experiment.” The book documents what happened at the hospital; Jones' co-authorship of the 1984 scientific paper on the outcome for the women that was published in the prestigious medical journal *Obstetrics and Gynaecology*, which then led to the publication of an article by Sandra Coney and Phillida Bunkle in *Metro* magazine in June 1987; and the setting up of a ministerial Committee of Inquiry – the Cartwright Inquiry.

Ron Jones joined the staff at NWH in 1973 and soon became what he describes as a silent observer to the “dark secret that was beginning to surface” at the hospital. He met Bill McIndoe, an older doctor who took him into his confidence, and slowly became enmeshed in the resulting national scandal and controversy over Green's experiment on women who had been referred to the hospital with CIS and, under Green's management, went on to develop invasive cancer. Many of these women died.

The hospital's failure to address the concerns expressed by those at the bottom of the hospital's hierarchy who were observing and documenting the harm being done to these unwitting victims of Green's study is what led to Ron Jones co-authoring the 1984 paper that blew the whistle on Green. The paper came to the attention of the two well-known feminists, Sandra Coney and Phillida Bunkle, who wrote the *Metro* article which led to the ministerial inquiry and a great deal of media attention.

As Ron Jones writes, the Cartwright Inquiry has had more impact on the practice of medicine in New Zealand than any other single event. It resulted in the establishment of a national cervical screening programme, the formation of the office of the Health and Disability Commissioner and the patient advocacy system, the development of a Code of Consumers' Rights that is enshrined in legislation, and the setting up of ethics committees that placed the welfare and protection of patients at the heart of the approval process for research studies.

*“Doctors in Denial”* is an absorbing story that begins with two chapters that set the scene for the events that unfolded at NWH. Ron Jones describes the patriarchal, hierarchical attitudes and behaviours of medical practice within the hospital in the 1950s and 60s, the personalities of those involved including Professor Denis Bonham, Associate Professor Herbert Green, colposcopist Dr William McIndoe, and pathologist Dr Malcolm (Jock) McLean, as well as society's deferential attitude towards doctors. He also describes how NWH was structured in terms of the medical administration of the hospital.

The third chapter deals with the proposal that Green put before the Senior Medical Staff Committee which was then rubber stamped by the Hospital Medical Committee on 20 June 1966. He writes: "There was a well-established medical hierarchy within the hospital, with academic members of the postgraduate school at the top and non-academic medical specialists making up the bulk of the staff. In matters of research the latter deferred to the academics, whose role included the critical examination of scientific evidence. It was not surprising that when McIndoe, a quietly spoken doctor at the bottom of the pecking order, spoke out against Green's proposal, his opinion was taken less seriously than it should have been."

Chapters 4 and 5 record the concerns that were subsequently expressed both nationally and internationally by academics and health professionals about Green's study and the risks it posed to women. When McIndoe and McLean raised their concerns about the numbers of women developing cervical cancer with the then medical superintendent-in-chief, Dr Fred Moody, he declined to become involved. A subcommittee was set up to examine the 29 cases of concern, but for reasons unknown 15 cases were excluded. The subcommittee's report was basically a whitewash, leaving both McIndoe and McLean upset but not that surprised.

Chapter 6, "Phoebe's story" is the first of two chapters that tell the stories of two very different women who were part of Green's experiment. Phoebe was a widow who had raised several children on her own and whose life had not been easy. Chapter 12, "Mabel's story," tells the story of

another of Green's patients, a doctor's wife, at the other end of the social and economic spectrum who was also involved in Green's study.

Chapters 7 and 8 describe the events leading up to the publication of the 1984 paper in the journal "*Obstetrics and Gynaecology*." It took six years to get this paper written and then published. The reasons for this lengthy timeframe make for compelling reading. While the truth was then well and truly out in the international medical and research arena, there was a deathly silence within the hospital. Nobody talked to the authors of the paper. And nobody did anything about the women who were at increased risk of developing cancer.

Chapter 9 deals with the *Metro* article written by Coney and Bunkle that was published in June 1987, and led to the setting up of the Ministerial Inquiry into treatment of cervical cancer at NWH. Ron Jones records that he "considered their article to be a reasonably fair and balanced account. Their only mistake was to comment that Group 1 patients had had treatment with conventional techniques, and normal smears." This error was subsequently seized upon by those he describes as revisionists and is still misunderstood by those who continue to deny there was an experiment.

Chapters 10 and 11 document the early backlash to the Cartwright Inquiry and the ongoing refusal by senior doctors at NWH to accept the findings and recommendations contained in the report. In July 1990 *Metro* published another article titled "Second thoughts on the unfortunate experiment at national women's." Did Sandra Coney know what she was doing? Did Judge Cartwright? Did

Professor Green get a fair go? Or was the cervical cancer inquiry a witch hunt? These questions featured on the front page of the magazine. These two chapters also describe the contradictory responses to the report by health professional bodies, NWH, the Medical School and the university, and what happened to the authors of the 1984 paper. Ron Jones' grief at the lack of concern by those responsible for the ongoing welfare of the women at the centre of the Cartwright Inquiry and the danger that many of them were still in of developing cervical cancer comes through very clearly in these and earlier chapters.

Chapters 13 and 14 put the events that led to the Cartwright Inquiry into context. Ron Jones writes: "The very traditional male medical environment in which Green was so dominant was challenged by the feminism that was well established in New Zealand by the 1970s and 1980s. Older doctors were generally uneasy and uncertain what feminism actually meant and how it would affect them and their women patients." He laments the lack of remorse from the doctors who have continued to maintain a 'defend and deny' stance during the almost three decades since the Cartwright Inquiry, but welcomes the fact that the victims are at last being heard. "It is interesting that many of those closest to this tragedy have admitted to the truth in late life mea culpas, while some with more tenuous connections continue to defend Green's actions."

"*Doctors in Denial*" ends with a brief postscript on the revisionism and denial that has emerged in recent years in books published by associate professor of history Linda Bryder.

Bryder has consistently failed to acknowledge the impact on women of Green's study, and in writing her books she has chosen to interview documents rather than any of those who were witness to events during the 1960s through to the 1980s at NWH. In doing so she has told a "distorted story of blameless doctors, grateful patients, and normal scientific conduct" which if accepted will "set back the profession's difficult task of acknowledging and trying to learn from error," Professor Charlotte Paul is quoted as saying. (1)

However, there is a sense in which we can be grateful to Bryder as it was her rewriting of history that motivated Ron Jones to write his book and set the record straight. It was also made possible by the fact that he kept and still has in his possession numerous letters, memos, minutes of meetings, articles and papers, and various other documents from that time.

While "*Doctors in Denial*" is Ron Jones' personal story, it is also a riveting account of professional arrogance and misplaced loyalties, of doctors who turned a blind eye or denied the truth, and more importantly a story that focuses on the needless suffering of the women at the heart of this most unfortunate of experiments.

#### References

1. Ronald W. Jones. "Doctors in Denial: The forgotten women in the 'Unfortunate Experiment.'" Otago University Press. 2017. Page 194.

#### See also:

[www.tvnz.co.nz/ondemand/sunday](http://www.tvnz.co.nz/ondemand/sunday)

[www.radionz.co.nz/national/programmes/nine-tonoon/20170213](http://www.radionz.co.nz/national/programmes/nine-tonoon/20170213)

[www.radionz.co.nz/news/national/324436/doctors'-college-apologises-over-'unfortunate-experiment'](http://www.radionz.co.nz/news/national/324436/doctors'-college-apologises-over-'unfortunate-experiment')

## COLLEGE OF O&Gs APOLOGISES AT BOOK LAUNCH

Almost 30 years after the Cartwright Inquiry into the treatment of cervical cancer at National Women's Hospital, and the publication of the Cartwright Report, the College of Obstetricians and Gynaecologists has finally apologised to the women and their families who were part of Herbert Green's experiment.

Much to the surprise of those attending the launch of Ron Jones' book "*Doctors in Denial*," Dr Ian Page fronted up on behalf of the College and issued a formal and long awaited apology. Clare Matheson, the woman referred to as "Ruth" in the June 1987 article in *Metro* magazine written by Sandra Coney and Phillida Bunkle, was present at the book launch and described it as one of the most moving moments of her life.

### The apology

"The New Zealand Committee of the Royal Australian & New Zealand College of Obstetricians & Gynaecologists (RANZCOG) deeply regrets the events referred to by Professor Jones, are sorry for the harm suffered by the women, as well as the effects it had on them and their families, and extends our heartfelt sympathy towards them all.

The episode was a turning point in the approach to medical research in New Zealand, leading to the Cartwright Inquiry and subsequently the establishment of the Office of the Health and Disability Commissioner. As a consequence of these changes, it is now highly unlikely that such events could recur in any area of medicine in this country.

Within the specialty, the College has developed a Code of Ethics<sup>1</sup> which clearly defines what is expected from its Fellows and Members, and strengthens the ability of others to challenge behaviour they feel is inappropriate. It also spells out the requirements for any research project involving patients. The College also states what is expected from anyone practising as a College Fellow<sup>2</sup> with particular note of ethical behaviour and acting as a patient's advocate.

In addition, the requirements of the Code of Health and Disability Services Consumers' Rights 1996 is clearly brought to the attention of all Fellows<sup>3</sup>.

In ending, I again extend our heartfelt sympathy to the women and their families who were affected by these events."

### References

1. [https://www.ranzcog.edu.au/RANZCOG\\_SITE/media/RANZCOG-MEDIA/Governance/Policies%20and%20Guidelines/RANZCOG-code-of-ethical-practice.pdf](https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Governance/Policies%20and%20Guidelines/RANZCOG-code-of-ethical-practice.pdf)
2. [https://www.ranzcog.edu.au/RANZCOG\\_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20General/Attributes-of-a-RANZCOG-Fellow-\(C-Gen-19\)-Amended-July-2016.pdf?ext=.pdf](https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20General/Attributes-of-a-RANZCOG-Fellow-(C-Gen-19)-Amended-July-2016.pdf?ext=.pdf)
3. [https://www.ranzcog.edu.au/RANZCOG\\_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20General/Consent-and-provision-of-information-NZ-\(C-Gen-2b\)-Review-March-2016.pdf?ext=.pdf](https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20General/Consent-and-provision-of-information-NZ-(C-Gen-2b)-Review-March-2016.pdf?ext=.pdf)



The Royal Australian  
and New Zealand  
College of Obstetricians  
and Gynaecologists  
**Excellence in Women's Health**

## BREAST IMPLANTS LINKED TO CANCER

In December 2016 it was announced on *Radio NZ* that ten women in New Zealand had been diagnosed with a rare cancer that has been linked to the use of breast implants. Anaplastic large cell lymphoma (ALCL) is a rare type of non-Hodgkin's lymphoma that has in recent years come to be associated with breast implants. The New Zealand numbers were revealed after Australian health authorities said the cancer was more common than previously thought. (1)

In 2011 the US Food and Drug Administration (FDA) identified a possible association between breast implants and the development of ALCL (2) At that time, the FDA was aware of approximately 60 cases of ALCL in women with breast implants, including 34 cases that were described in the medical literature from January 1997 to May 2010 with the additional cases being identified by international regulatory agencies, scientific experts and breast implant manufacturers.

Since the 2011 report which provided a detailed analysis of the 34 cases was posted on the FDA website the FDA has continued to gather information about ALCL in women with breast implants.

From August 2010 to September 2015 the FDA received 258 medical device reports (MDR), including those in their original report, of ALCL in women with breast implants. There were three deaths. As the latest report points out: "Although the MDR system is a valuable source of information, it has limitations, including incomplete, inaccurate, untimely, unverified, or biased data.

In addition, the incidence or prevalence of an event cannot be determined from this reporting system due to potential under-reporting, duplicate reporting of events, and the lack of information about the total number of breast implants."

However, the history of the use of breast implants in New Zealand would suggest that both the use of breast implants and the incidence of ALCL is likely to be much higher than what is officially reported.

For example, Medsafe, the NZ Medicines and Medical Devices Safety Authority, said only three cases of ALCL had been reported to it.

It is not known what causes the cancer, although one theory is that bacterial contamination is to blame.

For women whose disease is confined within the fibrous capsule that develops around the breast implant, the cancer can be successfully treated by removing the implants.

However, women who present with a mass "have a more aggressive clinical course that may be fatal justifying cytotoxic chemotherapy in addition to removal of the implants." (3)

The New Zealand Association of Plastic Surgeons president John Kenealy was reported as saying that women with implants should examine their breasts for signs of swelling which is the most common symptom.

Swelling typically occurs "three to 14 years after the operation to insert the breast implant. This swelling is due to an accumulation of fluid. Breast implant-associated ALCL has been known to occur as soon as one year after the operation and as late as 37 years after the operation." (3)

## AWHC GENERAL MEETING January 2017

John Kenealy also maintained that surgeons discussed the benefits and risks of implants with their patients.

Given that surgeons are currently urging women not to panic, it is difficult to have much faith in either the information that surgeons give to women contemplating having breast implants or in the way that the risks are presented.

The information on the Medsafe website is also predictably reassuring:

“The Ministry of Health is advising anyone with breast implants concerned following an Australian report showing a slight increase in an already known rare risk of cancer that no immediate action need be taken if they are well.” (4)

It goes on to advise that Australia’s equivalent of Medsafe, the Therapeutic Goods Administration (TGA) will be undertaking a formal risk benefit review in 2017 and New Zealand has been invited to participate. Medsafe will be obtaining more information about the outcomes of the three cases in New Zealand and that information will be provided to the TGA to consider as part of the review.

### References

1. <http://www.radionz.co.nz/news/national/321096/nz-women-affected-by-cancer-linked-to-breast-implants>
2. <http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/BreastImplants/ucm239995.htm>
3. <http://plasticsurgery.org.nz/wp-content/uploads/2016/12/19-December-2016-FAQs-re-breast-implant-associated-ALCL-Logo.pdf>
4. <http://www.medsafe.govt.nz/publications/media/2016/InfoForBreastImplants.asp>

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

- Financial reports
- Grant applications and reports
- Cartwright Forum follow-up actions
- DHB meetings
- Interview process for choosing a new co-ordinator

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  
\$45-95 supporting subscription

**If you would prefer to have the newsletter emailed to you, email us at [awhc@womenshealthcouncil.org.nz](mailto:awhc@womenshealthcouncil.org.nz)**

Send your cheque to the Auckland Women’s Health Council, PO Box 99-614, Newmarket, Auckland 1149, or contact us to obtain bank account details.

# UP AND COMING EVENTS

**DISTRICT HEALTH BOARD** meetings for March 2017:

Lester Levy is now the Chairman of the Board for all three DHBs in Auckland. There was a late start to DHB meetings this year and to the 2017 schedule for meetings appearing on DHB websites.

**Waitemata DHB (Website address: [www.waitematadhb.govt.nz](http://www.waitematadhb.govt.nz))**

The Waitemata DHB Board meeting opens to the general public at 12.45pm on Wednesday 1 March 2017. The Hospital Advisory Committee meeting starts at 1.30pm on 22 March 2017. 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 10am on Wednesday 29 March 2017 in the DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna.

**Auckland DHB (Website address: [www.adhb.govt.nz](http://www.adhb.govt.nz))**

The Auckland DHB Board meeting opens to the general public at 12.45pm on Wednesday 22 February 2017. The Hospital Advisory Committee meeting starts at 1.30pm. 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](http://www.cmdhb.org.nz))**

The Hospital Advisory Committee meeting will be held at 1pm on Wednesday 8 March 2017 at Ko Awatea, Middlemore hospital. The Community & Public Health Advisory Committee meeting will be held at 9am on 15 March 2017 at 19 Lambie Drive, Manukau. The CMDHB Board meeting will be held at 9.45am on 29 March 2017 at Ko Awatea, Middlemore Hospital.



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



## **Thank You**

As Lynda Williams is stepping down from her role as the AWHC's co-ordinator at the beginning of March this is her last newsletter. Lynda has worked for the AWHC for almost 22 years, and writing and producing the newsletters has been one of the most enjoyable parts of the job. Thank you to all those who have contributed to the newsletter over the years and helped widen its circulation, and to those who have proofread drafts of the newsletter, provided comments and suggestions on articles, and forwarded journal articles. Your ongoing support has been much appreciated.