# AUCKLAND WOMEN'S HEALTH COUNCIL

# NEWSLETTER

## JUNE 2012

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## BREASTFEEDING RATES PLUMMET IN EAST ASIA: WIKILEAKS CABLE REVEALS ROLE OF USA

On 1 May 2012 UNICEF, the United Nations Children's Fund, issued a press release lamenting the major declines in breastfeeding rates across East Asia, and called for greater attention to be paid to the critical importance of breastfeeding for children's survival and cognitive development, as well as economic development in the region.(1)

"The falling rates of breastfeeding across East Asia are alarming. In Thailand as little as 5% of all mothers breastfeed while the rate is less than 20% in Vietnam. In China, only 28% of babies are breastfed," said France Begin, UNICEF nutrition Advisor for East Asia and the Pacific.

UNICEF claims that the low breastfeeding rates are the result of both economic developments enabling more women to enter the workforce, as well as aggressive marketing of infant formula in the region. It is calling on infant formula companies to adhere to the International Code of Marketing of Breastmilk Substitutes, while encouraging the efforts of several countries in East Asia to adopt the Code of Marketing and enforce it through national legislation.

In India where all advertising for formula is prohibited, sales of infant formula remain low and breastfeeding rates are not declining.

In the Philippines breastfeeding rates had declined significantly since 1987 while sales of infant formula had increased dramatically. By 2007 only 16% of babies between 4 – 5 months are exclusively breastfed which is one of the lowest documented rates in the world. As 70% of Filipinos have inadequate access to clean water, the result is a public health disaster. The World Health Organisation estimates that around 16,000 Filipino children die as a result of "inappropriate feeding practices."

At the end of last year the release of more WikiLeaks cables, revealed how in 2005 the US embassy lobbied against a breastfeeding campaign in the Philippines and blocked revisions in the Philippines' Milk Code's Implementing Rules and Regulations (IRRs).(2) The Milk Code and its IRRs regulate the advertising of milk formula for infants. They are based on the International Labour Organization Maternity Protection Convention 183 and the International Code of Marketing of Breastmilk Substitutes, as well as UNICEF's Global Strategy on Infant and Young Child Feeding.

WikiLeaks cable 05MANILA5839 referred to a meeting between the US embassy's economic counsellor and the Philippines Department of Heath Undersecretary, Alex Padilla on 12 December 2005, held to convince the government to meet with the pharmaceutical companies before signing the revised Implementing Rules and Regulations of the Milk Code into law.

At the meeting Padilla provided a copy of the latest draft IRRs, noting that several controversial provisions had already been removed. He pointed out that Philippines has a high mortality rate for children under 5 years of age and that diarrhoea is a significant cause of death for this group. Much to the annoyance of the US embassy staff he singled out infant formula as a major cause.

Following this meeting, the pharmaceutical industry, through the Pharmaceutical and Healthcare Association of the Philippines (PHAP), continued to lobby the government over its objections to the revised IRRs through subsequent talks with Padilla, and sought a Supreme Court order that would restrain the Department of Health from introducing the new IRRs.

The chief executive of the US Chamber of Commerce in Washington then wrote a letter to Philippines President Gloria Arroyo, objecting to the new rules which he claimed would have "unintended negative consequences for investors' confidence." The reputation of the Philippines "as a stable and viable destination for investment is at risk." Four days later, the Supreme Court reversed its earlier decision and imposed the restraining order that PHAP had requested.

The Department of Health then asked a senior government lawyer, Nestor Ballocillo, to contest the order. In December 2006 Ballocillo and his son were shot dead while walking from their home. Following the shooting, the Solicitor General said the killing may be linked to Ballocillo's advocacy for breastfeeding, although the murdered lawyer was also involved in other cases that challenged powerful vested interests. (3)

In February 2007 PHAP ran a series of advertisements expressing concern for women unable to breastfeed their children. These ads were described by the UN's special rapporteur, Jean Ziegler, as "misleading, deceptive and malicious in intent" in that they manipulated data with the sole purpose of protecting the interests of the infant formula industry and thus ignored the best interests of Filipino mothers and children. PHAP also filed a suit against the Department of Health secretary and all the undersecretaries and assistant secretaries who had signed the revised IRRs in 2006.

In 2007 the Supreme Court threw out sections 4 & 11 of the Milk Code's IRRs that had banned the advertising, promotion or sponsorship of infant formula, breastmilk substitutes, and other related products. It also declared null and void a section on administrative sanctions.(2) The effect of this ruling was that the Philippines government was unable to prevent companies from breaking the international code.

In an email sent out alerting breastfeeding advocates to the UNICEF press release, a breastfeeding advocate commented:

"*We should all be concerned about these major declines in breastfeeding as New Zealand is playing a big part in the marketing of infant formula in countries such as China and the Philippines mostly through Fonterra/ Golden Fern products for example. A globally well respected nutritionist who has worked and lived in China calls the flooding of milk and milk products into China (which had one of the healthiest diets in the world) 'planned nutritional contamination'."*

**References**

1.http://www.unicef.org/media/media_62337.html
2.http://www.abs-cbnnews.com/-depth/09/10/11/wikileaks-cable-us-lobbied-vs-breastfeeding-philippines
3.http://www.babymilkaction.org/press/press14dec06.html

# SCREENING FOR HIV DURING PREGNANCY

The Otago University AIDS Epidemiology Group's HIV/AIDS report for 2011 was published on their website earlier this year.(1) Despite the fact that the offer of an HIV test is now part of the routine care provided to women during pregnancy, the report does not include any information on how many women were identified as being HIV+ as a result of the antenatal HIV screening programme.

**Official Information Act request**

An Official Information Act request to the AIDS Epidemiology Group was emailed to the National Health Board asking for the numbers and ethnicity of women identified as being HIV+ during pregnancy in 2011. The same request made in the previous two years resulted in a reply saying there were three women identified as being HIV+ as a result of being screened during pregnancy.

In 2009 the information provided revealed that two of the three women diagnosed as a result of antenatal HIV screening were African and one was Maori.

In 2010 one of the three women was European, one was Asian and one was "other" which usually means African. Two of the women lived in the North Island and one in the South Island.

**One woman**

There was only <u>one</u> woman diagnosed as HIV+ during her pregnancy in 2011. She was identified as "other" and was from the North Island.

**Costs of the screening programme**

This raises the issue of the cost of a screening programme that is only resulting in the identification of one or two women. To provide further context for this result, it has been estimated that an HIV+ woman has a 25% chance of passing the virus to her baby during pregnancy. So it is quite possible that none of the women identified as being HIV+ over the past 2 – 3 years would have given birth to a baby with HIV.

Aside from the millions being spent on the National Antenatal HIV Screening programme, there are also concerns around the adverse impact on some of the women being screened for HIV, as well as the lack of informed consent for an HIV test.

Antenatal HIV screening has now become a routine part of the first blood tests that are taken – usually during the first trimester – throughout New Zealand.

**Lack of informed consent**

Reports from childbirth educators in the Auckland region reveal that many pregnant women are unaware that they have been tested for HIV, something women's health groups have been concerned about since the programme was first proposed. During the roll out of the HIV screening programme there was an emphasis on the need to gain informed consent, not only for an HIV test, but for all the tests included in that first blood test. However, it now appears that the status quo has reasserted itself and in many instances women are sent off for their first blood test not knowing that the HIV test box has been ticked.

The legal requirement to gain informed consent before screening

people or 'encouraging' them to take part in other public health initiatives such as vaccination programmes is a vexed issue that still needs to be addressed. To date neither the Ministry of Health nor the Health and Disability Commissioner has been prepared to take any significant action about the practice of ignoring rights 6 and 7 of the Code of Consumers' Rights.

**Non-negative results**

The other issue of concern is the fact that some women will be screened for HIV and receive what is referred to as a non-negative result. A non-negative result is one in which there was a low level of reactivity to the test, and a subsequent blood test will usually result in a negative HIV test.

Although the percentage of women receiving a non-negative result is much lower than anticipated, the impact of being told that the test for HIV was not negative, and that another blood sample is needed in order to do another HIV test is considerable. Women are likely to experience a range of extremely distressing emotions and may not absorb the reassuring information that the second test is highly likely to result in a clear result that shows she does not have HIV.

When screening programmes are introduced the most important maxim is the requirement to first do no harm. Screening programmes are undertaken on well populations and have a significant responsibility to ensure that screening does not cause more harm than good. Careful monitoring is therefore needed to make sure that the benefits of screening far outweigh any possible negative impacts.

When a screening programme only offers a potential benefit to one person it is hard to justify the considerable resources being spent on it, especially when such screening appears to be doing more harm than good. A letter has been sent to the Minister of Health questioning the wisdom of continuing with this particular screening programme.

**Reference**

http://dnmeds.otago.ac.nz/departments/psm/research/aids/pdf/69_AIDS-NZ_March_2012.pdf

## "TIME TO CARE"

*Time to Care*, subtitled *How to Love Your Patients and Your Job*, is a recently published book written by anaesthesiologist Robin Youngson.

Dr Youngson is also the founder of the international movement, **Hearts in Healthcare.**

*Time to Care* describes a health system that is failing both patients and health professionals, a system that is based on a culture of detached clinicians who believe they are too busy to care. It also presents an evidence-based approach to how the system can be transformed by doctors and nurses who practise the skills of compassionate caring.

The book is available both in paperback and as an e-book at: www.time-to-care.com

# CANCER SCREENING LEADS TO OVERDIAGNOSIS

Over recent years specialists have become increasingly concerned at screening programmes for cancer that are resulting in overdiagnosis of the disease. Cancer screening programmes in particular are leading to overdiagnosis, causing some people to live under the axe of such a diagnosis without gaining any benefit. Sometimes patients then undergo unnecessary procedures which cause further distress.

**Preventing overdiagnosis**

On 29 May 2012 a paper by Ray Moynihan, Jenny Doust and David Henry was published on the *British Medical Journal* (BMJ) website. (1) "Preventing overdiagnosis: how to stop harming the healthy" describes how there is mounting evidence that modern medicine is harming healthy people through ever earlier detection and ever wider definitions of disease.

In a press release dated 28 May Ray Moynihan, Senior Research Fellow at Bond University in Australia, warns that overdiagnosis poses a significant threat to human health by labelling healthy people as sick people and wasting resources on unnecessary care. (2) He gives a number of examples of overdiagnosis, such as how a large Canadian study found that almost a third of people diagnosed with asthma may not have the condition, how a systematic review suggested that up to one in three screening-detected breast cancers may be overdiagnosed, and how some researchers argue that osteoporosis treatments may do more harm than good for women at the very low risk of future fracture.

"Many factors are driving over-diagnosis, including commercial and professional vested interests, legal incentives and cultural issues, say Moynihan and co-authors Professor Jenny Doust and Professor David Henry. Ever-more sensitive tests are detecting tiny "abnormalities" that will never progress, while widening disease definitions and lowering treatment thresholds means people at ever lower risks receive permanent medical labels and life-long therapies that will fail to benefit many of them."

The paper itself contains a list of some of the many conditions that are currently being overdiagnosed. They include asthma, ADHD (attention deficit hyperactivity disorder), breast cancer, chronic kidney disease, gestational diabetes, high blood pressure, lung cancer, osteoporosis, pulmonary embolism, prostate cancer, and thyroid cancer.

**Incidentalomas**

New terms are used for the outcomes of overdiagnosis. "Pseudodisease" refers to the detection of disease in a person without symptoms, with the disease being in a form that will never cause that person symptoms or early death. "Incidentalomas" refers to the incidental findings during scanning of the abdomen, pelvis, chest, head and neck for other reasons. Some of these incidentalomas are tumours and most of them are benign.

**Drivers of overdiagnosis**

The paper describes the drivers of overdiagnosis in no uncertain terms:
"The forces driving overdiagnosis are embedded deep within the culture of medicine and wider society, under-scoring the challenges facing any attempts to combat them…

The industries that benefit from expanded markets for tests and treatments hold wide-reaching influence within the medical profession and wider society, through financial ties with professional and patient groups and funding of direct-to-consumer advertising, research foundations, disease awareness campaigns, and medical education. Most importantly, the members of panels that write disease definitions or treatment thresholds often have financial ties to companies that stand to gain from expanded markets. Similarly, health professionals and their associations may have an interest in maximising the patient pool within their specialty, and self-referrals by clinicians to diagnostic or therapeutic technologies in which they have a commercial interest may also drive unnecessary diagnosis." (1)

The feature article is timely as its publication occurs just as the hosting of an international conference on overdiagnosis by The Dartmouth Institute for Health Policy and Clinical Practice in partnership with the *BMJ* is announced. The conference will be held next year in the USA from 10-12 September 2013.

**References**

1. www.bmj.com/content/344/bmj.e3783
2. www.bmj.com/press-releases/ 2012/05/28/overdiagnosis-poses-significant-threat-human-health

## AWHC GENERAL MEETING 31 May 2012

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

- Financial reports
- Medical devices
- Breast cancer screening
- Cervical screening committee
- DHB meetings
- Conferences

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 June 2012:

**Waitemata DHB (Website address: www.waitematadhb.govt.nz)**
At the beginning of the year the Waitemata DHB has now moved to a 6-weekly meeting cycle.

The **combined Waitemata DHB and Auckland DHB** Community & Public Health Advisory Committee meeting starts at 2pm on Wednesday 6 June 2012.

Waitemata Hospital Advisory Committee meeting starts at 11am on Wednesday 27 June 2012 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.

**Auckland DHB (Website address: www.adhb.govt.nz)**
The Hospital Advisory Committee meeting will be held at 9.30am on Wednesday 20 June 2012 followed by the Full Board meeting at 2pm. Both meetings will be held in the A+ Room, Clinical Education Centre, Auckland City Hospital.

**Counties Manukau DHB (Website address: www.cmdhb.org.nz)**
The Hospital Advisory Committee meeting will be held at 9am on Tuesday 26 June 2012 and will be followed by the Community & Public Health Advisory Committee meeting at 12.30pm at the Board Room at 19 Lambie Drive, Manukau City.

The Counties Manukau DHB Full Board meeting will be held at 1pm on Wednesday 6 June 2012 at 19 Lambie Drive, Manukau City.

# CARTWRIGHT INQUIRY WEBSITE

A new website has been produced on the unethical experiment at National Women's Hospital in Auckland which resulted in the 1987/88 Cartwright Inquiry.

The website features sections on the Cartwright Inquiry and the reform of patient rights and medical ethics in New Zealand, the continuing controversy, recent revisionism, as well as the purpose of the new website.

**The Cartwright Inquiry website can be found at:**

http://www.cartwrightinquiry.com/