AUCKLAND WOMEN'S HEALTH COUNCIL

NEWSLETTER

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PO Box 99-614, Newmarket, Auckland. Ph (09) 520-5175
Email: awhc@womenshealthcouncil.org.nz
Website: www.womenshealthcouncil.org.nz

DISCIPLINARY NOTES TO GO ON MEDICAL COUNCIL WEBSITE

Last month the Medical Council announced that they are going to link disciplinary decisions about doctors to their online medical register in order to provide more information to the public about doctors. Information relating to Health Practitioners Disciplinary Tribunal hearings and the Medical Council's own professional Conduct Committee hearings will soon be readily accessible via the Medical Council's website.

According to a report in *NZ Doctor*, Dr John Adams, chairman of the Medical Council, told delegates at the closing session of the GP Continuing Medical Education South conference held in Dunedin in August that he agreed to some extent with criticism that the Medical Council has not been as accountable as it could have been. There have also been challenges to the Medical Council on whether it is meeting its legislated mandate of adequately protecting the public through regulation of the medical profession. (1)

The Good Doctor

Following criticism from the public, the media and more recently from the former Health and Disability Commissioner Ron Paterson, with the publication last year of his book *The Good Doctor*, the Council has finally agreed to make some changes so that the public has better access to important information about doctors.

Doctors who have been removed from the register will be named in a separate list on the Council's website.

The Medical Council is also developing memorandums of understanding together with DHBs and private hospital providers, like Southern Cross, setting out employer responsibilities in relation to conduct of doctors.

Among other changes, the audit of clinical practice will be broadened and work-based place assessment, rather than knowledge-based exams, will be introduced.

The changes were not met with universal approval. Alexandra GP and Otago University lecturer, Martyn Williamson, asked exactly what the Council expected to achieve in making the changes. Dr Adams said he hoped there would be a greater understanding of the work of the Medical Council, and reminded delegates that the Council's main purpose is to protect the health and safety of the public.

Medical Council membership

The Council's membership has also come under scrutiny in recent times with the Council for Healthcare Regulatory Excellence (CHRE) pointing out in its audit of the Council that the way appointments are made via the Minister of Health could be more open and public. CHRE also questioned the doctor/lay person mix highlighting the situation in other countries where there is a 50/50 mix.

Currently, there are eight medical representatives and four lay people on the Council with the four lay persons and four of the doctors appointed directly by the Minister of Health. The other four doctors are elected by the profession and then appointed by the minister.

There are some obvious problems with the process of elections and ministerial appointments. One major concern is that it has resulted in there currently being no female medical practitioners on the Council. It also does not ensure that there is the right mix of skills on the Council.

Dr Adams was reported as saying that the Medical Council has reviewed the recommendations and considers the current balance of representatives is appropriate, adding that the Council does not support elected representatives, preferring instead a more transparent process that the current appointment process.

Similar criticisms can of course be levelled at the process of appointments to other health professional Councils and Boards. Questions need to be asked about whether the Minister of Health should have the power to make the final decision upon all appointments to such health authorities. District Health Boards have both locally elected members and ministerial appointments, so a good argument can be made that a similar process should be put in place for all health authorities.

But tackling this issue will probably have to wait until we have a change of government.

References

1. Liane Topham-Kindley *NZ Doctor* August 2013.

The Cartwright Legacy: At 25 years

Friday 27 September 2013

Fickling Centre, Auckland

A Cartwright Collective has formed to organise a one-day event to mark the 25th anniversary of the release of the Cartwright Report in August 1988.

Cartwright Collective members include Sandra Coney, Phillida Bunkle, Betsy Marshall, Ruth Bonita, Jo Fitzpatrick, Lynda Williams, Jo Manning and Clare Matheson.

Confirmed Speakers include: Silvia Cartwright

Charlotte Paul on *The Saga of Cervical Screening in NZ*.

Martin Tolich on *Ethics Committees post 2012.*

Lester Levy on *Building a Culture of Transparency*

Phillida Bunkle - *The Unfortunate Legacy of the Unfortunate Experiment*.

Marie Bismark on *Learning from Patient Voices*.

The conference will also feature two panel discussions on ethics committees and on patient rights.

For more information contact Lynda Williams at: awhc@womenshealthcouncil.org.nz

The brave new world of NIPT

Professor Dennis Lo was in Auckland on 26 August 2013 to give a lecture on a prenatal test that is going to become part of prenatal screening or testing. Having attended a session on NIPT (Non-invasive prenatal testing) at the Human Genetics Society conference held in Queenstown at the beginning of August AWHC co-ordinator Lynda Williams decided to attend the lecture to find out more about this prenatal test that has received significant media coverage over the past year. She reports:

Professor Lo is the director of the Li Ka Shing Institute of Health Sciences and chair of the department of chemical pathology of the Chinese University of Hong Kong. (1) He began his lecture with the fascinating story of how he came to work on trying to develop a blood test to detect the presence of chromosomal aneuploidies such as trisomies 13, 18, 21 (Trisomy 21 is the aneuploidy that results in Down syndrome) after working in the field of cancer research.

After it was discovered that tumour DNA was present in the plasma and serum of cancer patients, Professor Lo began investigating if the same thing occurred during pregnancy - whether foetal cells could be found in maternal plasma and serum. He described how he spent 10 years trying to get foetal DNA from maternal blood plasma. The results of his research were first published in the *Lancet* in 1997. (2)

His research team found that cell-free foetal DNA is present in the plasma of pregnant women. It consists of short DNA fragments among primarily maternal DNA fragments. They also found that entire foetal and maternal genomes were represented in maternal plasma at a constant relative proportion. As a result of this discovery, Professor Lo believed that it would be possible to diagnose foetal genetic disorders prenatally in a non-invasive way by taking a blood sample from the pregnant woman. Such a test has been developed and is now being heavily marketed to pregnant women in countries such as Australia and the USA.

At the Human Genetics Society conference the NIPT was referred to as a screening test rather than a diagnostic test - it was not recommended for use if the pregnant woman had not already had a blood test and a 12-week NT scan. During his lecture Professor Lo explained that due to the cost of the test when used as a diagnostic test (around $8,000), a cheaper version is currently been marketed as a screening test for pregnant women who have already been identified as having significant risk factors for having a Down syndrome baby.

What Professor Lo didn't mention is that this NIPT may also reveal abnormalities in maternal cells. But according to the presenter at the Human Genetics conference pregnant women are not told about the possibility of this incidental finding.

Welcome to the nightmare of the new world of prenatal genetic testing.

References

1. http://www.aacc.org/about/awards/hall_of_fame/pages/yuk-ming07.aspx#
2. www.thelancet.com/journals/lancet/article/PIIS0140-6736(97)02174-0/abstract

PREVENTING OVERDIAGNOSIS

At the beginning of September Lynda Williams, the AWHC's co-ordinator, travelled to the Dartmouth Institute in Hanover, New Hampshire, USA to attend the first international conference on Preventing Overdiagnosis. This is her initial report on the conference. Future issues of the newsletter will feature additional information gained at the conference.

The 3-day conference was organised by an alliance of the one of the world's most respected medical journals, the *British Medical Journal*, and the United States' most trusted consumer organisation, Consumer Reports, The Dartmouth Institute and Australia's Bond University.

It was attended by 322 people from 28 countries across 6 continents, many of whom had, like me, funded their own attendance at the conference. New Zealanders were well represented at the conference – there were ten of us in Hanover, including two health professionals who were presenting papers at the conference, and two women who are currently working overseas, one as a GP in the UK and the other at McMasters University in Canada.

A common theme among the various health professionals and academics attending this conference was how isolated and marginalised many of them felt in their home countries. In many respects this conference felt like a meeting of those who are regarded as being on the lunatic fringe as far as their interest in and work on the harms posed by the increasing amount of overdiagnosis, over medicalisation and the resulting overtreatment.

Keynote speakers

The keynote speakers were all impressive and included:

- Virginia Moyer, chairperson of the US Preventive Services Task Force
- Lisa Schwartz & Steven Woloshin, Professors of Medicine at the Dartmouth Institute for Health Policy and Clinical Practice and co-authors of *Overdiagnosed*
- Jim Guest, President and CEO of Consumer Reports
- Otis Brawley, Chief Medical Officer of the American Cancer Society and author of *How We do Harm*
- Fiona Godlee, Editor in Chief of the *British Medical Journal*
- Barry Kramer, Director of Cancer Prevention, National Cancer Institute
- Peter Gotzsche, Director of the Nordic Cochrane Centre and author of *Deadly Medicines and Organised Crime: How big pharma has corrupted healthcare"*
- Deborah Cotton, Deputy Editor of *Annals of Internal Medicine*
- Iona Heath, former president of the Royal College of General Practitioners
- Allen Frances, Chair of the DSM IV Task Force and author of *Saving Normal*

The Issues

The major issues addressed during both the keynote presentations and during the concurrent sessions were on defining overdiagnosis and what is driving it, expanding the definitions of disease and medicalisation, risk as disease, screening and overdiagnosis, mental disorders, overdiagnosis and overtreatment in end of life care, how to define normal, policies and interventions to reduce overdiagnosis,

bad guidelines and overtreatment in primary care, and assessing the harms of screening.

Tim Cundy, Professor of Medicine at Auckland University presented on "Gestational diabetes – expert opinion or independent review?"

Erik Monasterio, senior clinical lecturer at the Psychological Medicine department at Otago University, Christchurch, gave a presentation on "Off-label use of atypical anti-psychotic medications in Canterbury, New Zealand."

Prostate & breast cancer screening

I attended a number of sessions on the harms associated with prostate cancer and breast cancer screening which were addressed in sessions that featured presentations on both screening tests. Unsurprisingly, PSA-testing came in for considerable and universal criticism. Otis Brawley's book *How We do Harm* features a particularly harrowing story on the huge amount of harm caused by PSA testing in the USA. Such personal accounts serve to humanise the research on how lives are devastated and even cut short as a result of over-diagnosis and unnecessary treatment which includes drugs and surgery.

Presentations on breast cancer screening were mixed in their view of the benefits and the amount of harm being done in the form of overtreatment and unnecessary surgery. There was considerable discussion on how to raise awareness of the potential harms of both breast cancer and prostate cancer screening among the general public, healthcare professionals, policy makers and the media.

The conference identified the following priorities:

- Strengthen the science of over-diagnosis, develop consensus around methods to measure the problem, and evaluate strategies to maximise benefits and minimise harms of heath care.
- Develop and incorporate education about overdiagnosis into standard clinical training for health professionals and students.
- Advance strategies to inform the public and policy-makers about the problem and find effective ways to communicate about what are often counter intuitive issues.
- Build on efforts in health systems around the world to reduce overdiagnosis and combat perverse incentives that turn too many people into patients unnecessarily. In particular, change how diseases are defined, by minimising professional and financial conflicts of interest among expert panels, and by rigorously assessing the benefits and harms of expanding disease definitions.

The first international Preventing Overdiagnosis conference ended with the promise of a second one – in the UK, probably at Oxford, in October 2014.

Conference participants were given PDF files of all the abstracts and presenters at the conference (a 200-page document) and a 17-page document on the workshops, as well as a *BMJ* article on CT pulmonary angiograms "When a test is too good."

For a copy of any of them email me at awhc@womenshealthcouncil.org.nz

Update on Auckland's mother and baby unit

Following Health Minister Tony Ryall's announcement in May this year of $18.2 million of funding for acute maternal mental health services over four years, in-house meetings have been held to discuss plans for a mother and baby unit in Auckland. Planning is proceeding at break neck speed as the Minister of Health is more concerned about next year's elections than actually over-seeing the building of a sustainable in-patient service for new mothers with serious postnatal mental health issues.

The Auckland DHB was given until the end of August to get some detailed plans to the Ministry with the expectation that a mother and baby unit will be opened around six months later. Negotiations around such a ridiculous timeframe are prohibited.

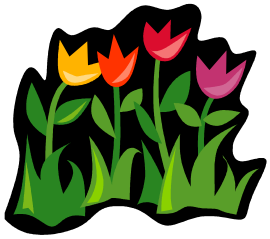
A decision has been made to provide three acute in-patient beds in Auckland and one in Northland. Given there is no commitment for long term funding of these services, the Herculean task of finding space which is suitable, and provides a mother-friendly environment within existing buildings has resulted in there being very few options. You don't need an economics degree to know that $18.2 million over four years isn't going to get you a state of the art centre for these mothers. After all this time, this is what they deserve.

Women's health groups have long maintained that new mothers should not be cared for in mental health facilities. There are many sound reasons for this.

The good news is that the Maternity Services Consumer Council was finally invited to attend a planning meeting which took place on 22 August.

It seems that the solution to the impossible demands made by the Minister of Health is likely to be a place within the Child and Family Unit at Starship Hospital which is currently undergoing a refurbishment.

So it appears that Tony Ryall will get his photo opportunity at the opening of the unit in time for the lead up to next year's election. Wouldn't it be wonderful if everyone boycotted the event, including the media.



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COST: $30 waged/affiliated group
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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 September/October 2013:

Waitemata DHB (Website address: www.waitematadhb.govt.nz)
Waitemata Hospital Advisory Committee meeting starts at 11am on Wednesday 25 September 2013 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 16 October 2013.

Auckland DHB (Website address: www.adhb.govt.nz)
The Hospital Advisory Committee meeting will be held at 9.30am on Wednesday 18 September 2013 followed by the Full Board meeting at 2pm. Both meetings will be held at the A+ Trust Room in the Clinical Education Centre at Auckland City Hospital.

Counties Manukau DHB (Website address: www.cmdhb.org.nz)
The Counties Manukau DHB Full Board meeting will be held at 1pm on Wednesday 2 October 2013 at 19 Lambie Drive, Manukau City.

The Hospital Advisory Committee meeting will be held at 9am on Tuesday 24 September 2013 and will be followed by the Community & Public Health Advisory Committee meeting at 1pm at 19 Lambie Drive, Manukau.

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

JOAN DONLEY MIDWIFERY RESEARCH FORUM

The NZ College of Midwives will be holding the sixth biennial Joan Donley Midwifery Research Forum celebrating midwifery research and knowledge in September.

Date: 19th - 20th September 2013
Venue: Rydges Lakeland Resort, Queenstown.

- Further information is available on the NZ College of Midwives website: http://www.midwife.org.nz/research/joan-donley-midwifery-research-collaboration/the-jdmrc-forum/