

Unfinished Business: What happened to the Cartwright Report? Writings on the Aftermath of 'the unfortunate experiment' at National Women's Hospital

Sandra Coney (Editor), Women's Health Action, Auckland, 1993.

The claim that the business of the Cartwright Report¹ is unfinished succinctly summarises (and in many cases understates) the conclusions of the contributors to *Unfinished Business*, each of whom assesses the implementation of significant recommendations of the report. Judge Cartwright made it clear in her report that the rights of patients were paramount, that informed consent was central and that the protection of patients was the aim of her recommendations. Fundamental to all the authors is the point that the health system is for the consumers. Overall, however, their conclusion is that consumers have had little say, and seem to be considered by many health professionals as incapable of having meaningful opinions or input even into those health services which directly affect them. The articles in *Unfinished Business* detail some of this fight for consumers to be recognised and treated as equals.

Unfinished Business begins with a chronology of events since the publication of the original Metro article by Sandra Coney and Phillida Bunkle. This is then fleshed out with chapters written by women who have been involved in the Inquiry and in the implementation of the recommendations. What is most sobering is that the 'business' of the Cartwright Report is indeed unfinished. As the chronology makes clear there has been some dedicated foot-dragging from health professionals. To date, for example, there are patient advocacy services in only three of the main cities, with a smattering in other smaller cities. There is some debate about their independence, as some are employees of the Crown Health Enterprise whose area they are in. The Office of the Health Commissioner which Judge

Cartwright recommended, and successive Ministers of Health have promised, has still not been established. The relevant legislation was rewritten again in late 1993. Patient advocates are now to be separated from the Health Commissioner, and the Health Commissioner is to refer complaints to the 'appropriate' professional disciplinary body. Several authors in *Unfinished Business* lament this change. They argue first that it deprives the Health Commissioner's Office of Patient Advocate 'eyes and ears on the ground', and takes away any real teeth the Commissioner might have had in dealing with complaints which might result in a disciplining of health professionals. Second, they argue that the rewritten Bill weakens patient advocates by denying them the authority of the Health Commissioner's Office, and by placing their independence in question as employees of the Ministry of Health. Since the publication of *Unfinished Business* a national election has occurred and a new Minister of Health has been appointed. It remains to be seen how Hon. Jenny Shipley will view the legislation and advocacy services, and what priority she will give them.

The first chapter of *Unfinished Business* provides a good basis for the articles to follow in the form of a clear overview of the main recommendations of the report and the action or inaction since the report's publication. The contributors are from many different areas. Articles providing overviews are written by Sandra Coney and Phillida Bunkle; Hon. Helen Clark writes on her experience as Minister of Health at the time; Linda Kaye (a lawyer) details the legal proceedings of the women identified by the Inquiry; Lynda Williams, (first patient advocate at National Women's Hospital) outlines her experiences as patient advocate; ethical committee functionings are examined by Pauline Kingi and Judi Strid; Joy Bickley provides the nurses' response to the Report; informed consent issues are addressed by Judi Strid; an assessment of the impact of the Report on Pacific Island women is provided by Doreen

Arapai, Moera Douthett, and Metua Faasisila; Sandra Coney provides an article on the National Cervical Screening Programme; and Debbie Payne concludes with an article on developing treatment protocols. A short biographical piece on each of the authors is provided at the beginning of the book. I wonder if an article was sought from the New Zealand Medical Association, or from Drs Charlotte Paul and Linda Holloway, who were medical advisers to Judge Cartwright during the Inquiry. Contributions from angles such as these might have added an interesting flavour.

There are occasional rays of hope in *Unfinished Business*. Pauline Kingi, Chair of Ethics Committee B of the Auckland Area Health Board from 1990 - 92, considered that in some respects all the frustration of working on the Ethics Committee was worth it when the clause "Where a project has a focus on either Maori or Pacific Islands communities, or both, the Committee strongly recommends the researcher consults with the key members of the community concerned prior to submission for ethical approval. The lack of such consultation could constitute a ground for not approving the project" was incorporated in the Assessment of Application for research permission, p106.

All the authors give the impression, some more strongly than others, that they think the July 1993 Health Reforms are negative, that they disenfranchise consumers and make it even harder to secure 'patient rights'. Full contestability is difficult to imagine. Consumers just don't have the choice of picking up their bed and walking to the next place of care. However there have been some positive outcomes. In draft Service Specifications to providers, the Southern Regional Health Authority has listed as part of its monitoring for quality many patient rights. I can hear the authors saying "Sure. Wait and see whether it really happens." And of course that is the acid test, but at least a start has been made and those providers wishing to side-step these

clauses will have to show why they should be exempt. The new Privacy Act came into effect after the publication of *Unfinished Business*, and it carries some hope of better things to come. How far-reaching its impact will be remains to be seen.

Women's Health Action published *Unfinished Business* "in an effort to keep Cartwright issues alive". I have no doubt of the importance of their goal. In recent discussion with a second year medical student, I learned to my horror that the 'Trust me I'm a doctor' view reported in *Unfinished Business* at p 137 lives on. I was told that there is little point in trying to get informed consent, because most patients wouldn't be able to understand. I anticipate this from some older members of the fraternity but I had imagined the current group of trainee doctors would think that gaining informed consent is an essential thing to do. One recommendation of the Cartwright report was that there should be formal teaching in medical courses of ethics and communications skills. *Unfinished Business* does not directly address this point, but that conversation made me wonder if this is happening or having any effect.

Unfinished Business would have been strengthened by the addition of a concluding chapter to focus our minds on what action is needed in the future, and the role various players might have. Nonetheless it provides very important documentation for health professionals - doctors, nurses, and others - to take note of and to acknowledge our own role in the inactivity of the health sector. It is also important for those training as health professionals, who may never have heard of the Cartwright Report, to learn about the valid and valuable perspective on health care it contains.

Unfinished Business is both frightening and inspiring. Frightening as a reminder of what has happened, as an account of what is still happening and as a sketch of the awesome task in front of us. Inspiring because of the strength of these women who carry on the fight so that none of us and none of our children will be subjected again to experimentation without consent. I expected *Unfinished Business* to sound a clarion call to action yet my

overwhelming sense was of disillusionment. After five years of fighting a rearguard action it is not surprising that these women are tired. Bashing your head against a brick wall provokes a fearsome headache, but if you can keep going long enough the mortar will begin to crumble. Perhaps a little has started. Phillida Bunkle acknowledges that awareness has been raised, but she decries this for lack of action. Raising awareness is the beginning - the personal is political (with apologies to Robin Morgan) - and the task for us all, both inside and outside the health professions, is to ensure that we can truly say "Never again".

Kate Morgaine
Co-ordinator
Health Promotion Centre
HealthCare Otago

1 'The Report of the Committee of Inquiry into Allegations Concerning the Treatment of Cervical Cancer at National Women's Hospital and Other Related Matters' also known as 'The Report of the Cervical Cancer Inquiry'.

The Making of a Doctor

R.S. Durrie and B. Charlton
Oxford University Press,
Oxford, 1992

At a time when medical education is coming under increasingly close scrutiny by the public (ie potential patients), this book provides a timely overview of medical education from both historical and present day perspectives. Some who have been associated with medical practice and medical education for a number of years might question the viewpoint of the authors, a Moral Philosopher and Lecturer in Anatomy, presumably neither of whom are involved in day-to-day clinical practice. While many of their examples focus on the negative aspects of past and present medical education, an attempt is made to place these problems in the context of the overall scientific and humanistic aims of modern medicine and society. Having said that, the problems they often dwell on are very real and need urgent attention by the medical profession as

a whole and medical educators in particular. Although the book is based on the British medical scene, the principles discussed have universal application. Although the authors do not give much recognition to many of the positive changes which have already occurred in many medical schools, it is painfully obvious that much more change is required in a global sense, both in attitudes and in practical application to how our future doctors are educated. Furthermore, the need for preparation towards lifelong critical enquiry and continuing medical education is stressed appropriately. The key issues of human communication skills, due attention to social as well as scientific issues, the public scrutiny of medicine, sensitivity to ethical issues, and also recognition of the overall human personal needs of medical students and doctors are all addressed.

Anyone who has been associated with attempts to make significant and meaningful changes to a medical school's traditional curriculum will appreciate the authors insight into the complex issues involved in such an exercise. Power structures, vested interests, stringencies of finances and physical and human resources, and the intrinsic trauma of change all lead to "institutional inertia". Attitudinal change and consent is required for implementation of effective change. We are reminded that excellence comes at a price, and the authors give a good dissection of the broad front on which this price must be paid. This includes coping with the "medical market", and the very difficult task of balancing medico-social and educational problems in a world where financial and managerial issues appear to dominate above all else.

Although the book raises more queries and problems than answers, it provides an excellent resume of the many topical issues involved in present medical education and medical practice at both a general and personal level. It is recommended to all those who have anything to do with medical education.

Gil Barbezat
Mary Glendining Professor of
Medicine, University of Otago