

Do unto others as you would have them do unto you



Governor General
Dame Sylvia Cartwright

The trust of a patient for their doctor is earned, not automatic, Governor General Dame Sylvia Cartwright warned GPs in her keynote speech to the College Conference in Rotorua last month.

She challenged doctors to remember that when patients are very ill “and place their trust totally in you, remember their humanity even more strongly.

“It is at that point that they need you as a person as much as they need the wonders of technology and new forms of treatment.”

Around 15 years ago, during the National Women’s Inquiry, Dame Sylvia had a first-hand opportunity to witness the difficulties, technical and emotional, of trying to help those who were very ill.

“Listening to their experiences as part of the evidence heard privately in my room, counsel assisting and I were frequently overcome with grief for what they had experienced and would experience in the future. The assistant who typed back the tapes would herself be in tears and when evidence about these women was heard in public in the Inquiry room there were a number of occasions when everyone in the room, including the members of the press, were overcome with sadness.

“And recently it was driven home again when I spoke to a woman who had been one of the patients during that very fraught time. She spoke of the informal support group that the women affected by the events at the Hospital had formed and how she was now the only survivor.

“Lest you think that the difficulties of coming to grips with the medical and emotional problems presented by the Inquiry are my only memories, let me tell you that there were many times when I became aware of an equally concerned general practitioner supporting a patient or her family.”

Dame Sylvia said the task was extremely difficult for her, and she knew that many, many health professionals including general practitioners were often kept unaware of the state of their patients’ health, leaving them worried, frustrated and helpless to assist. She knew, too,

how much support some GPs gave to gravely ill women.

“You are close to the people you serve. You see their fears and vulnerabilities. Your patients are not just numbers or interesting cases – they are real people whom you get to know, warts and all,” she said.

She also became acutely aware of the value that patients place on the need to retain their dignity, particularly those with diseases which impact so intimately on their privacy, their family lives and on their self esteem.

“For many the right to continue to be treated as an individual with all the hopes and fears that all of us nurture was as important as treating the disease.” Only later, Dame Sylvia said, did she become aware of the international standards developed over many years, particularly through the United Nations, for the treatment of patients and for the protection of their rights.

“What was so overwhelming to me and to those assisting me, to many of the parties and lawyers at the Inquiry, and no doubt to the GPs left to cope with the consequences of the dubious treatment at the Hospital, was that these women’s humanity was not respected. They were not treated by most of the specialists they met as intelligent, autonomous human beings, entitled to a say in their health care and well able to make informed decisions which took into account all the factors which were important to them, such as the size of their families, their financial position, what sort of treatment, if there were a choice, whose side effects would be preferable to them.

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human beings. And that suspicion and reduced trust flowed on to general practitioners as well – even when you had not known or been consulted about management regimes, or been advised of the parlous state of the health of many of your patients.”

Dame Sylvia emphasised that as she listened to the evidence of doctor after doctor, and considered the ethical implications of what had occurred, she began to understand that after years of practice in an atmosphere where patients respect and even fear the professional it is not easy for that professional to remain humane. The same can be true of other professionals as well.

“The lawyer who does not adequately explain a range of remedies to a client, the Judge who bullies the witness, the doctor who is godlike in directing the patient – these are all familiar figures and all to be deplored.”

Discussing the conference focus on IT, she said it was changing from being an important management tool to one that is also important in changing behaviour.

“But in this increasingly interconnected world, how do we juggle the quest for information and the protection of privacy? The Governor General questioned whether the breathtaking pace of our uptake of technological ability was being matched by

similar progress in the important privacy and ethical debates.

She used as the example every New Zealanders’ National Health Number which gives GPs the ability to track all health contacts and events, all diagnoses, prescriptions, laboratory tests and results.

“This is a wonderful development. You can now easily identify children who

are not immunised. But what does this mean for patients? Are there any privacy safeguards for them? Whose right takes precedence, an individual’s right to choose or not choose immunisation, or a community’s right to be protected from harm through diseases such as meningitis?”

Each individual has a right to privacy, but often the reality is that privacy is not sacred; some commentators on the health sector internationally have labelled patient privacy an illusion.

“As you consider the changes that technology will bring to your ability to care for your patients, remember that they will always first be people,

with all the quirks and idiosyncrasies that you and I have in abundance.

“They cannot be fitted into one standard box, where one treatment fits

all. And nor can they be managed as you would a crate of chickens,” Dame Sylvia said, adding she had enormous respect for the vast majority of the medical profession, and particularly for those who work at the forefront of the

health system here in New Zealand – the general practitioner.

“So consider the public’s needs and do not permit enthusiasm for a project or a desire to do good to blind you as it has done others in the past, to the rights of the patient, particularly when the patient is at the most vulnerable stage.

“There remain those who are patronising or godlike in their dealings with their patients. Health care like any other service depends on a partnership between professional and patient,” she said.

“It all comes down to that familiar concept – do unto others as you would have them do unto you.”

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College first as Maori faculty launched

Te Akoranga a Maui was formally launched amid ceremony and song by associate Minister of Health Tariana Turia during the annual College Conference in Rotorua.

Accompanied by National’s Georgina Te Heu Heu, Rotorua MP Steve Chadwick and United First spokespeople Murray Smith (Maori Affairs) and Judy Turner (Health), the Minister officially launched the first Maori faculty in a New Zealand professional body.

For most there, the launch of the new faculty and the passion of Ngati Porou orator Paratene Ngata as he traced the path first trod by Maui

Pomare, Peter Buck, Tupene Wi Repa and Ned Ellison, will be the enduring memories of Conference 2002.

“It’s taken us 100 years,” Pat Ngata said, saluting the College for taking such a step. It’s a move the Tolaga Bay GP hopes will inspire young Maori to enter medicine – and specialise in general practice. From the first quartet, the growth in numbers was initially slow, but there are now 70 Maori GPs in practice today.

“Our children and our grandchildren are going to see the benefits of building such strong relationships.”

The special general meeting held on Wednesday, 25 September, the

night before the annual College conference began, resulted in the Council resolution to set up the Maori faculty being passed without dissent.

College president Dr Helen Rodenburg was personally delighted at the support the resolution received. The move, she said, was more than the College working with its members to honour the commitments and relationships under the Treaty of Waitangi. With the help of the new faculty, the College aims to target its educational and professional development resources to boost Maori GP numbers and maintain the aim of improving the health of all New Zealanders.

Step up the advocacy, members advise



Claire Austin, CEO

The College received better than a pass mark on policy and performance at the annual conference policy forum – but CEO Claire Austin is well aware there can be no relaxing.

While communication, training and education were consistently well-rated; the need for more and better advocacy to both government and the public came through strongly.

Leading off the policy forum at the Rotorua conference, Ms Austin reminded delegates of the three strategic priorities set by members last year:

- To advocate on behalf of general practice
 - To promote general practice
 - And to make things simpler for GPs.
- Alongside those stood the policy priorities of:
- Primary health care development
 - Morale
 - Workforce issues
 - Promotion of general practice 'as the solution'.

Primary health care

Adding the rider that it was only the beginning, she listed the College's achievements today under primary health care as lobbying for a flexible framework that accommodates general practice, for a transition approach to PHO implementation and the recognition of GP Workforce issues.

Promotion of the role of general practice

Promotion had seen the production of the hallmark resource *The Value of General Practice*, and the development of an extensive patient information campaign for later this year. There will be a concentration on providing community resources

through general practices, reinforcing the unique relationship and trust between GPs and their patients.

Advocacy

Frequent meetings with the Minister of Health and with the Director General of Health, with the Health and Disability Commissioner, ACC, the Primary Care Forum, the Health Select Committee chair and political parties and spokespeople have kept the College very busy.

Last year alone there were over 50 submissions to agencies, and over 50 articles on general practice issues in the media.

The Value of General Practice became a huge resource for other health organisations on the role and attitudes of GPs, and much early work had been done on the funding of practice accreditation.

Supporting members

A key initiative has been the decision to make College publications, with very few exceptions, available free to College members.

As the new website continues to develop, we will provide more online MOPS resources, and distance education opportunities alongside our online workshops on youth suicide and now alcohol.

Already you can see your MOPS progress, and enter your annual summaries, and the providers will also have direct input.

There are flexible pathways being developed for rural

hospital doctors and rural GPs, and AVE support facilitators implementing a more flexible AVE assessment.

Directly supporting Maori GPs, we have set up an East Coast seminar programme.

Work is proceeding on setting up remedial and MOPS support mentors, a legal resources kit, and a GP Obstetrics module.

As part of increased faculty liaison, the College is also looking at conducting local policy sessions to give local GPs a direct voice – in other words, the College comes to you rather than vice versa.

On the list for this year is a GP Helpline, a more flexible MOPS pathway, orientation support for overseas-trained doctors and Maori and rural health modules for members.

Closing her presentation, Ms Austin listed the three major current issues she had identified, with members' help, as:

- Primary Health Care Strategy implementation – the needs and issues for grassroots general practice
- Health Practitioners' Competence Assurance Bill
- MOPS pathway – a more flexible approach.

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