

Doctors 'lose trust' of women patients

The medical profession often fails to understand women's needs says the New Zealand Women's Health Network which is holding a national conference this month in Auckland.

Many women of all ages, educational levels, and classes have lost trust in medical advisers because of a patronising or rude manner linked with a refusal to entrust patients with knowledge of their ills.

Women, conference organisers say, are frequently dismissed as neurotic and unreliable and a need exists to show up communication problems.

The organisers are feminists who believe that health alternatives should be encouraged and promoted so that women have the widest range of choices possible.

"However," they said in a statement, "we are very aware that the vast majority of New Zealand women will only use the conventional medical system in the near future.

"We want them to get a better deal, we want them to have the opportunity to take back responsibility for their own well-being through access to good, reliable information on every aspect of

diagnosis and treatment of modern-day ills."

Guest speaker will be Norma Swenson from the Boston Women's Health Collective and co-author of *Our Bodies Ourselves*. This book has been called the most important work to come out of the women's movement. First published in 1973 it has sold more than 2 million copies and been translated into 13 foreign languages.

The collective produced the book in response to what they saw as an imperative need for women everywhere to learn about their bodies in order to have control over them and their lives.

They wrote: "We seek to communicate our excitement about the power of shared information; to assert that, in an age of professionals, we are the best experts on ourselves and our feelings; to continue the collective struggle for adequate health care.

"We intend to stimulate women (and men also) to the kind of discussion and action which leads to continuing growth and change."

The New Zealand conference, which

runs from September 17 to 19, intends to prove that health professionals do not know enough about women's health care, especially in such areas as menopause, menstruation and mental health.

A professional symposium will run on the first day and anyone involved in medicine and health care may attend. Research papers to be presented include one on the health of Maori women, and another on the politics of contraception.

More than 70 workshops will be held on September 18 and 19 and, with the permission of the Human Rights Commission, will be restricted to women only. Topics include home birth, vaginal infections, incest, disabled women's health, as well as health alternatives.

The standard registration fee for one or more days is \$15 and venue is the Hotel Inter-Continental for the first day and the North Shore Teachers' Training College for Saturday and Sunday.

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Hospitals lack Maori values

By MANDI CROPP



Lyn Whiteside and children ... separate health care for Maoris.

The difference between a home birth and a hospital delivery convinced Papatoetoe school teacher Lyn Whiteside that health services need an overhaul.

She is particularly keen to see maternity services specifically catering for Maori women, and will take her ideas to the Auckland Combined Health Planning Group set up by the Auckland Regional Authority.

Lyn Whiteside says she is making her proposals as a "consumer."

She did a stock-take of existing medical services after her husband David delivered youngest daughter Rani Teia at home 14 months ago. It was so much more relaxed and enjoyable compared to the birth of five-year-old Te Rangimarie which took place in hospital.

Lyn Whiteside felt cheated because the pain killer administered meant she remembered little about Te Rangimarie's arrival.

The experience made her take a long look at medical services, and she feels Maori people need separate medical care.

Maori women have been blamed for not attending ante-natal classes, but it is up to health authorities to make them more attractive by providing doctors who understand Maori cultural values, she says.

"Some doctors seem to think that Maori women don't want to know (medical information), don't need to know, or they assume they already know.

"Maori women are really keen to learn, but it depends on the relationship they have built up with the nurse or doctor to give them confidence to ask questions."

Lyn Whiteside wants the Health Department to fund in-service training programmes to teach senior nursing and administrative staff about Maori cultural values and race relations.

She is also keen to see recruitment criteria changed to increase the numbers of Maori nurses. At present few Maori girls who want to go nursing have the academic qualifications necessary. If they do they still face the financial burden of training on a tertiary bursary.

She also suggests that the Auckland Maori community do a survey on existing health services to see how much they are used by Maori people, and collect ideas for improvements.

Why has this 28-year-old mother spent so much time working on health issues off her own bat?

She says it's because health seems to have taken second place behind problems like unemployment and youth crime, and someone "had to get into the health side."