

Doctors 'should be accountable'

PA
Wellington
Calls for an independent body to hold the medical profession accountable were made yesterday in the wake of the Medical Council's decision not to proceed with charges against Professor Herbert Green.

The council said on Thursday that charges of disgraceful professional misconduct against Professor Green would not go ahead because of his medical condition.

"By virtue of his heart disease and pathological state of anxiety he would be susceptible to mental or physical breakdown if the hearing were to proceed," the council said.

The Medical Council's chairman, Dr Stewart Alexander, yesterday gave an assurance there

had been no cover-up.

Ms Claire Matheson, a former patient of Professor Green, said it was "poetic injustice" that he had "skipped out" through ill health.

Ms Matheson featured in the "Metro" article which sparked the 1988 inquiry into the treatment of cervical cancer at Auckland's National Women's Hospital.

"I don't know how ill he is. If he is as sick as they say I have to accept it is the right decision."

Ms Matheson said she understood the only lay member on the council, an Auckland Justice of the Peace Ms Trish Judd, was the only person to oppose the decision.

"It seems strange that all the

medical people supported it and she was the only one against. I think it shows the need for an independent body to ensure that we can have confidence in such decisions."

Ms Phillida Bunkle, the co-author of the "Metro" article with Sandra Coney, backed Ms Matheson's call.

The council's decision was "predictable." The fate of Professor Green, however, was secondary to the real issue of the need for medical institutions to be accountable to their patients.

Ms Bunkle said the delays in formulating charges and making decisions showed inadequacies in the council's dealing with charges against members of their own profession.

Dr Alexander said he would be

extremely disappointed if there was any loss of public confidence in the council as a result of the decision.

"I'm quite sure there will be those who regard this as a cover-up or a whitewash but I can assure you it is not."

Asked if he thought an independent body should have made the decision, Dr Alexander said Professor Green's fitness to stand trial was a medical issue and the council was the appropriate body to deal with a medical issue.

Dr Alexander said charges of professional misconduct against Dr Dennis Bonham would go ahead. The council would meet on May 22 to decide on the format and timing of the hearing.

Incontinence fact of life for many women

Contrary to popular belief, incontinence or the loss of bladder control — often referred to as "life's best kept secret" because it is so common — is not a problem confined to the over-65 age group.

A study conducted in Dunedin last year found that 31 per cent of women over the age of 18 experience some degree of incontinence — 17 per cent of those are affected regularly.

"Essentially we found that it is a common, yet under-reported problem," says Dr Don Wilson, senior lecturer at the Department of Obstetrics and Gynaecology at Otago Medical School who has been researching incontinence for the last 10 years.

"Only one third of those affected sought medical help — the remainder did not see incontinence as abnormal, or believed treatment would not help."

Dr Wilson's survey of more than 850 women in the Dunedin area, aged 18 years and over, provides some indication of the prevalence of bladder problems amongst New Zealand women. It also revealed the need to encourage sufferers to seek help, rather than feel they are alone in their dilemma.

"We need to educate young women and teach them how to prevent developing incontinence," says Dr Wilson.

"We also need to make them aware that there are a number of simple treatments available if they do need help, and not to feel embarrassed to seek advice."

Most common is "genuine stress incontinence" leading to an involuntary loss of urine during any physical effort, such as exercising, coughing or laughing, which increases intra-abdominal pressure.

Pregnancy is considered to be a major cause of stress incontinence. Simple treatments such as pelvic floor exercises have proved to be successful

in the past.

Dr Wilson has recently been studying the use of vaginal cones to help women identify and strengthen the muscles of the pelvic floor. Cones are weighted and as the muscles get stronger a heavier cone is used to further strengthen the area.

"If exercises alone are not enough, surgery to support and reposition the bladder can be performed with excellent results," he adds.

More common in older women, but still affecting females of all ages, is "urge incontinence" which involves the urgent need to pass urine, but the inability to control the release of it.

"The bladder muscles just contract involuntarily and treatment is by way of drugs which control the muscle contractions," said Dr Wilson.

Bladder retraining, whereby women are taught to consciously control the passing of urine, is also a successful method of treatment.

In the past, there had been a lack of suitable incontinence products available in this country, especially for younger women.

"Many sufferers rely on using sanitary pads which are not designed for that purpose, or they have had to rely on wearing bulky, unattractive undergarments not at all suitable for an active lifestyle," he says.

A new range of relatively fashionable, and certainly more socially acceptable, underwear has just been released and the garments are available to sufferers through Fisher and Paykel Home Healthcare Centres (a chain of independent health dealerships established last year) throughout the country.

Dr Wilson says the garments were most suitable for younger women in particular, especially the "mini" style, and gave them far greater freedom to enjoy a "normal" lifestyle.