



New Zealand 20073-2143-039
College of Midwives
AUCKLAND REGION
PO Box 24 403
Royal Oak, Auckland

12 February 1992

Professor Colin Mantell:

Dear Colin:

Many thanks for the opportunity to meet with:

Dr Gillian Turner of Bristol, England;
and
Dr John Bissonette, Portland, Oregon.

As the N.Z. College of Midwives representatives selected to meet with Drs Turner and Bissonette, our unanimous recommendation is for Dr Turner to be offered the Postgraduate Chair of Obstetrics & Gynaecology.

In discussion with Dr Bissonette we were favourably impressed with his ideas

- * that there should be a weekly audit of deliveries involving the entire staff;
- * that the consultant(s) on call at night should sleep on the premises;
- * that protocols should be flexible;
- * that there was a need to upgrade the obstetric component of medical training; and 'structure' the Diplome of Obstetrics.

However, Dr Bissonette said he applied for the Chair because of his interest in research, as the Chair was advertised as a predominately research post.

We would point out that scientific research is not neutral. Exclusive biomedical research has not only failed to acknowledge the complex web of social, material and political reality, it has also failed to follow up research with action that could improve the health of people. In the present climate the reductionist method is having to give ground to a more holistic and human-centred science, that is it is having to respond to social agenda and needs.

From the questions asked at the Seminars, we gained the impression that one of the major social needs identified by University personnel was, 'How would you address women's loss of confidence in National Women's Hospital following the Cartwright Inquiry?'

We felt that Dr Bissonette side-stepped this vexed question while Dr Turner was prepared to respond to the challenge by improving communication, establishing links with the community and involving women at the decision-making level - all recommendations made by Judge Cartwright.

In discussion with Dr Bissonette on the issue of consumer involvement in decision making, he replied very positively on

the one-to-one situation, but seemed disconcerted at the idea of non-professional women being involved at the policy-making level.

Also, while he showed commendable concern for the many Maori and Polynesian women who have to travel to Greenlane for terminations, we question if he was used by health professionals to promote establishment of abortion services at Middlemore? It is our understanding that since these women find it culturally difficult to have an abortion, they prefer the anonymity of Greenlane.

At his Seminar Dr Bissonette was very erudite and methodical in presentation of his particular area of research - fetal respiratory status. While the relevance of this was questioned in relation to the current theories that fetal abnormality promotes hypoxia, we would point out that we already have two competent researchers in this field - Professors Liggins and Gluckman.

We would quote medical sociologist Ann Oakley, ASB Trust Visiting Fellow 1989, who lectured on women's health:

'What people DO isn't separable from the values and beliefs they hold'.

In her Seminar we felt that Dr Turner demonstrated that her values and beliefs were represented by what she had done/was doing in U.K. We felt that her Seminar dealt with the real issues that exist in the real world of New Zealand maternity services today. We were pleased that she believes that midwives and doctors can work together - symbiosis - she called it and we were interested in her 'risk assessment card' system.

She discussed the need to improve communication/people skills. We felt that she demonstrated her ability to communicate clearly, confidently and concisely. Not only did her body language convey confidence and compassion, she demonstrated the skill of listening and seemed able to quickly grasp the essence and uniqueness of the N.Z. scene. She had obviously done her home work. We feel that this commitment, combined with her astuteness would enhance her ability to evaluate clinical competence.

We felt that she showed a determination to grasp the nettle and deal with controversial issues by evolving solutions.

We feel that the decision on this Chair will reflect the Committee's answer to a basic social question concerning maternity services:

Whose interests are primary: those of health professionals or those of women and their babies?

N.Z.C.O.M. representatives: Glenda Stimpson, Jan Caraw,
Joan Donley, Judi Strid.