Chapter 8

THE RELATIONSHIP BETWEEN THE ACADEMIC AND CLINICAL UNITS AT NATIONAL WOMEN'S HOSPITAL

The Chair of Obstetrics and Gynaecology was established in January 1946 and coincided with the opening of National Women's Hospital at premises in Cornwall Park. From the outset it was clearly intended that National Women's Hospital be the teaching hospital for the Postgraduate School. This tradition continued after the new Hospital was completed at Epsom in 1964. Originally, the Postgraduate School in Auckland was associated with the University of Otago School of Medicine. The University of Auckland School of Medicine opened in 1968 and began teaching undergraduates in 1970.

In the mid-seventies the Postgraduate School was incorporated into the University of Auckland Department of Obstetrics and Gynaecology, by which time a full course in obstetrics and gynaecology was offered to undergraduates at the Auckland School of Medicine. Today, members of the Department of Obstetrics and Gynaecology spend up to 50 per cent of their time in clinical work at National Women's Hospital. Their academic work includes teaching and research.

ADMINISTRATION

When the Postgraduate School was first established, the Professor of the School also acted as Director (or Medical Superintendent) of National Women's Hospital. This arrangement continued until the Hospitals Act 1957 provided for the separation of the two roles on the retirement of the then Head of Department. From that time there has been a Head of Department of the Postgraduate School of Obstetrics and Gynaecology and a Medical Superintendent of the Hospital.

The duties of the Hospital clinicians and the academics sometimes overlap. Some clinicians are part-time teachers of undergraduate or postgraduate students of the Auckland School of Medicine. Similarly, academics must devote a substantial portion of their time to clinical duties. Lines of responsibility have on occasions become confused. When there is a question, as in the present Inquiry, of where responsibility lies for research or clinical decisions, then there is a need for considerable clarity in defining roles and responsibilities.

The Auckland Hospital Board and the University of Auckland have met from time to time over the years to discuss and record procedures and responsibilities. The present arrangements were clearly set out by Professor Cole. When a member of the Postgraduate School of Obstetrics and Gynaecology is carrying out work in association with National Women's Hospital, be it clinical work or research work involving patient care, then he or she is ultimately responsible to the Auckland Hospital Board.

When the matter is a purely academic one, then he or she is responsible ultimately to the University Council. The clinician who is not appointed by the University is responsible ultimately to the Hospital Board but if engaged in part-time tutoring or teaching responsibilities, then to the University Council. These lines of responsibility are clear and logical but contain one curiosity which Professor Cole said had been introduced three or four years ago.

The academic in his or her clinical role is responsible first to the Professor or Head of Department, then to the Dean of the School of Medicine, to the Medical Superintendent, and finally through the Medical Superintendent-in-Chief to the Board. When it comes to the administrative side of his or her work, however, the Dean of the School of Medicine is omitted.

The arrangement whereby the Dean of the School of Medicine is part of the chain of responsibility in clinical matters is unusual. The School of Medicine at Otago University, for example, does not have a similar requirement. It does, however, ensure that the Dean will be aware of matters of clinical concern affecting members of the Postgraduate School. With that one small reservation, I accept the submission of counsel for the University of Auckland that "relationships between the academic and clinical units are not flawed in their structural sense, having evolved over the years and proved themselves in practice". He went on to say:

> *"...but this is not to suggest that there is no room for improvement 'on the ground'. In any large hospital, there is always room for exploring better means of communication in day to day operations. The current 'on the ground' relationships, however, between the clinical and academic units of NWH are, to the University's knowledge, relatively good, despite the traumas for some in living through the current Inquiry."*

It is reassuring to learn that from the University's point of view at least, relations appear good. That has not always been the case and I believe that the sometimes fiery nature of the relationships between the Postgraduate School and the clinical staff, including the Medical Superintendent, has caused grave difficulties in administration. It is for this reason that I interpret Term of Reference 8 to include not only the structure of the relationships between the University and the Hospital Board, but also the quality of those relationships.

THE NATURE OF THE RELATIONSHIPS

Although the Auckland Hospital Board and University have resolved and established principles for the clinical organisation of the Hospital, there have been many occasions over the years when members of the Postgraduate School and clinicians have clashed on matters of interpretation.

The Hospital Medical Committee

In other Auckland Hospital Board institutions in the sixties and seventies the Hospital Medical Committee (HMC) was chaired by the Medical Superintendent of that institution. At National Women's, the Professor of Obstetrics and Gynaecology chaired the HMC. The Schedule to the Joint Relations Agreement of 20 August 1962 acknowledges the need for this to be the case:

> "6. The Professor, as this is mainly a teaching hospital, shall be Chairman of the Hospital Medical Committee to be established at the Hospital, which shall be responsible, subject to the control of the Board, for the clinical organisation of the Hospital, in order that the professional and scientific work shall be properly carried out therein."

The Chair of that Committee, however, was a matter of dispute and in July 1976 a move to put the Medical Superintendent in that position resulted in an even vote. Five clinicians subsequently wrote to the Medical Superintendent supporting the move.

These difficulties over who should best take the Chair were echoed in anxieties about the composition of the Committee which appear to have been resolved to some degree by

the establishment of an Ethical Committee in 1977. In recent years the HMC has been chaired by a member elected by the Committee itself.

The Medical Superintendent

When the Hospitals Act 1957 was enacted, it contained among its special provisions, a summary of the functions and duties of the Medical Director of National Women's Hospital. The Medical Director at that time was the person who occupied the Chair of Obstetrics and Gynaecology at the University of Auckland. His duties were to include:

> "The control and supervision of the work of all medical practitioners, nurses, midwives and other professional and technical officers who are members or honorary members of the staff of the said hospital and who are concerned with –
> a) the treatment and care of patients in the said hospital;
> b) postgraduate instruction of medical practitioners;
> c) the teaching of students of obstetrics and gynaecology;
> d) the training or instruction of nurses;
> e) the carrying out of medical research relating to obstetrics and gynaecology."

It appears that, over the years, the role of Superintendent has also been the subject of dispute. When a Medical Superintendent was appointed in place of the previous Professor/Medical Director in 1960, there was already disagreement between the academic and Hospital Board factions. In a detailed analysis of the history of the matter, Professor Bonham wrote:

> "Thus in the end, the fundamental question of the status of the University in the direction of medical education in the Auckland Hospital complex was settled on personalities."[1]

These very real difficulties continued for some years. The Head of Department in 1975 urged a return to the previous regime whereby he become the Medical Director. He argued that this would result in improved clinical standards.

> "It is self-evident that the unit training most general practitioner obstetricians, specialist gynaecologist and academic specialists in the country should have the highest clinical standards. Here the aims of the School are identical with those of the Hospital Board but are not always identical with some of the interests of part-time specialists. This is the reason why the Board should welcome a firm but not overwhelming influence on the clinical service of the hospital, mediated through the Hospital Medical Committee. The special arrangements at the National Women's Hospital in the past, have produced a clinical service to outpatients and inpatients of a higher standard than elsewhere in New Zealand and of a higher standard than in other specialist fields such as medicine, surgery, paediatrics or psychiatry. Our steady drive for higher standards of service now meets resistance all along the line. Reversion to the 1947 arrangements [Professor/Medical Director] would permit a more rapid development of clinical services."

Had this suggestion been adopted, the Head of the Department of Obstetrics and Gynaecology would have been both Medical Superintendent and Chairperson of the Hospital Medical Committee. The possible dangers of this were envisaged by Professor Bonham when, in the same memorandum, he opposes the wish of the Medical Superintendent to become Chairperson of the Committee and says:

> "When the Head of the Postgraduate School is Chairman of the HMC a suitable balance of power exists in the Hospital since the HMC is merely advisory to the Superintendent who has the final authority as is appropriate to his position as administrative head of the hospital. It also preserves a reasonable

> balance in the inevitable clash of interests of the (more numerous) part-time staff and the (less numerous) full-time academic staff. If the Superintendent is Chairman, he has a large say in the advice he gives to himself as Superintendent and the opportunity to exploit the voting power of the part-time staff. The Head of the Postgraduate School is helpless against the combined weight of the Superintendent, the Chairman of the HMC (the Superintendent) and the part-time staff."

Somewhat anomalously he not only recommended that the Head of Department be Medical Superintendent, but also that he retain the Chair of the Hospital Medical Committee with a "rather wider representation of other staff, possibly including the Matron and the Manager". This bid to resume the role of Medical Superintendent did not succeed but is indicative of the factional nature of relationships between clinical staff and professorial staff.

On occasions, tensions between the Medical Superintendent and part-time specialist staff on one hand, and the members of the Professorial Unit on the other, have reached crisis proportions. For instance, in October 1976 the Medical Superintendent wrote a lengthy and anguished letter to the Chief Executive of the Hospital Board about the reconstitution and chairing of the National Women's Hospital Medical Committee:

> "For some years now there has been a rift developing between the University and the Obstetrical and Gynaecological staff of this Hospital. Lately this rift has widened, and is now giving me cause for great concern.
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> "I would be deluding myself and you if I said that this was normal friendly rivalry between sections of the Hospital. It has gone far beyond that. Until recently, I did not realise that the feeling – indeed antipathy – which is being generated was so high.
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> "The cause, I think, of the division between the two sections of the staff has been the somewhat overbearing attitude of the University staff, particularly the outspoken, hectoring manner of the Head of the University Department. This unfortunate attitude has been tolerated for a number of years but I can now see that the obstetrical and gynaecological staff are not prepared to endure it any longer....
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> "The antipathy of the part-time obstetrical and gynaecological staff is directed mainly at the Head of the Department whose manner and conduct has not won their respect.... Quite frankly they have lost confidence in him and do not want him in any position of influence in this Hospital which will affect them. This is why they do not want the Professor to continue as Chairman of the Hospital Medical Committee. The part-time staff can see continual trouble ahead with the Professor pushing the University side at their expense, and I would agree with this view.
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> "It is obvious and natural that the Professor must favour the University side, but this is not always in the Hospital's interests. The Chairman of the Hospital Medical Committee must be impartial, and this position should be filled only by the one person who is neither of the part-time staff, nor of the University staff. The Chairmanship should be held by the Official Head of the Hospital, the Medical Superintendent, who must neither favour one side nor the other but base his decisions on what is good for the Hospital as a whole....
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> "An interesting point is that the Senior Medical Staff have not yet resolved officially who they think should be Chairman of the Hospital Medical Committee, and I am wondering whether a further meeting should not be held to settle this point. It most certainly cannot be taken for granted that the Professor is the choice of the Senior Medical Staff. In fact, I am sure he is not the choice of

the majority. I firmly believe that the majority want an impartial Medical Superintendent as Chairman of the Hospital Medical Committee. This will be the only way to obtain a happy Hospital free from the animosity which now plagues it. Otherwise there will be the continuing troubles which have festered over the years.

"As a compromise it may be suggested to you that the Chairman of the Hospital Medical Committee should be neither the Medical Superintendent nor the Professor but rather a rotating Chairman taken from members of the Senior Medical Staff in turn. But this would be begging the question....

"The main concern, however, is that this compromise would solve nothing but must inevitably continue the widening of the rift.... Therefore unless the Board and the University grasp the nettle boldly I can see considerable trouble ahead for this hospital, and for the Board and the University. It is time the University were brought completely into the picture, accepted their responsibilities and acted accordingly.

"I have been exactly sixteen years Medical Superintendent of National Women's Hospital and I retire at the end of next year. My reason for writing as I have is because I want to leave this hospital a happier place for my successor than it has been for me over the years, and I trust the Board and the University see their duty as I have tried to point out....

"The mood of my staff is very angry. I am amazed at the amount of feeling that has been generated. They will take nothing less than the Senior Medical Staff being reconstituted as the Hospital Medical Committee with the Medical Superintendent as Chairman of this Committee.

"The University have no actual or moral right to insist on the Professor being Chairman of the Hospital Medical Committee. This does not happen at either Auckland or Middlemore Hospitals where the Medical Superintendents are the Chairmen of their respective Hospital Medical Committees. To ensure a happy National Women's Hospital, the Medical Superintendent must be Chairman of his Hospital Medical Committee."

THE EFFECT OF THE DISPUTES

The records demonstrate that a great deal of energy has been diverted into discussion, argument, resentment and anger between the two staff factions at National Women's Hospital. At the very time when Dr Warren was writing his letter to the Chief Executive of the Auckland Hospital Board, the Hospital Medical Committee was attempting to grapple with the major issues which arose out of the Working Party's Report. In this atmosphere of distrust between the academic and clinical branches of the Hospital, it is not surprising that questions about the treatment of some patients from non-academic staff such as Drs McIndoe and McLean were seen by Dr Green as an attack on him personally. This atmosphere also explains to some degree why the Chairman of the Hospital Medical Committee and Head of Department chose not to intervene and ensure that the 1966 trial was terminated. In Professor Cole's view, when clinical research is to be undertaken at NWH, then the Head of the Obstetrics and Gynaecology Department

> *"must be satisfied that there is ethical approval, that there are resources to do it and that, indeed, it is scientifically justifiable."*

Summary and conclusions: I have no evidence to suggest that relationships between the clinical and academic branches at National Women's Hospital are as seriously flawed as they were in the 1970s. I am aware that several witnesses spoke of their desire not to

further damage relationships by voicing unnecessary criticism during the course of their evidence. But from time to time there was also an unfortunate tendency to blame Dr McIndoe for sins of commission and omission. Whether true or not, the fact that this suggestion was made leaves me with the impression that there are still rivalries which must be confronted and resolved in the interests of patients' welfare and the future reputation of the Hospital itself. Effective peer review cannot operate in this atmosphere.

1. Confidential memorandum 'The Postgraduate School of Obstetrics and Gynaecology and its Relationships with the Auckland Hospital Board and the Auckland School of Medicine' prepared for the University, March 1975.