

# New health bill may cause women to lose confidence in doctors

by Tuls Bramley

Medical ethics specialists warn women may lose confidence in the national health system if a bill allowing auditors access to medical information without a patient's consent is passed.

Grant Gillett, a professor of medical ethics at the University of Otago, said the law change was unnecessary and potentially damaging for doctor-patient relationships.

"Personally I think the health committee needs to do a very careful assessment of exactly whose interests are being served."

Under the proposed changes to the Health Amendment

Bill, evaluators would be able to access women's GP records, as well as records from hospitals and laboratory tests.

Professor Gillett said there were no figures to support a push for more direct access to a patient's data.

If patients knew their medical records could be accessed "they may lose confidence that their details will be respected".

Co-convenor of the Federation of Women's Health Councils Aotearoa, Barbara Beckford, said patients could not be guaranteed evaluators would not be able to access all their medical information.

"The reality is they will be able to view all material in GPs' records. GPs are too busy to be sitting down and looking over the shoulder of evaluators to ensure they only see relevant records."

Ms Beckford, of Greymouth, said the proposed law set an unacceptable precedent regarding access to personal health information.

"It's an overkill. This is a sledge-hammer process to obtain information. This will frighten people off and there is a danger people currently involved in the programme will withdraw. We need to build up confidence and trust."

Professor Gillett said there was a risk that evaluators would contact patients and ask them questions.

"That's their desire - to be able to do certain kinds of research on cervical cancer that would involve direct contact."

Privacy was the main issue,

according to Professor Gillett.

"The main expressed concerns are that what has originally been a private matter between a woman and the person who takes her smears will not just be a statistic but something where her name can be dredged up by someone who has nothing to do with her or her doctor."

However, Professor Gillett added it would be a tremendous service to women in general to have a well-kept register.

The evaluators would consider the effectiveness of the cervical screening programme.

Peter Herbison, a Dunedin statistician said women must make the choice between having

their privacy or having an accurate cervical screening programme.

Mr Herbison, from the Department of Preventative and Social Medicine at the Dunedin School of Medicine, said it was not possible for women to have both.

"There is a clear choice that has to be made by women. They can have either privacy, or a guarantee that the cervical screening programme is working as it should be."

Mr Herbison believes women's medical records are not just between them and their doctor.

"I think there is a misunderstanding about the nature of confidentiality. People's GP records are not confidential in any way whatsoever. I don't think many people know this but police have access to people's GP records."

Researchers were also able to look through GP records in some cases, Mr Herbison said.

He said he had been involved in a case where researchers looked through the records of people who had died of blood clots on their lungs to see what other medication they had been on.

"Presumably they looked through all of their records to find the data."

Mr Herbison said this was done without the patients' permission, "for obvious reasons".

British screening expert Dr Euphemia McGoogan made the recommendations to have a compulsory screening programme after her enquiry into the 2001 Gisborne cervical screening problems.



**BIG HEARTED:** Associate Professor Mervyn Merrilees' research could help prevent heart attacks.

## Rat artery research could hold key to preventing heart attacks in humans

by Michael Otto

Researchers at the University of Auckland have discovered a way to modify blood vessels that could eventually help to prevent heart attacks.

In experiments with rat arteries Associate Professor Mervyn Merrilees and his team at the School of Medicine's anatomy department have replaced the large versican molecule that binds with soluble cholesterol to form deposits in vessel walls with a non-binding smaller version.

"We're excited by what we have found because we think it has considerable potential," says Professor Merrilees.

Cholesterol deposits accumulating in coronary artery walls are a significant heart disease risk factor.

The researchers now need ethical approval to extend their experiments to human blood vessels, using hearts obtained from heart transplant operations.

The research involved seeding blood vessel walls with cells that had been genetically altered to produce the smaller versican molecule.

The small version has no chains so does not bind with cholesterol.

Other molecules can bind with cholesterol to form deposits but the large form of versican is the major culprit.

"Even partially removing large versican may be sufficient to tip the balance in favour of less trapping of cholesterol," says Professor Merrilees.

Heart attacks occur when thickened coronary arteries contain lesions that make the vessel wall unstable and likely to fissure or crack, leading to a blood clot which blocks the artery.

Professor Merrilees' team also found that introducing the small form of versican resulted in a marked increase in elastic fibres in rat blood vessel cells, making the vessels more flexible and less prone to fracturing.

"The loss of elastin in many organs with age, notably in vessels, skin and lungs, is a problem and the ability to restore elastin could conceivably have significant benefits," says Professor Merrilees.

Techniques like that used for replacing large versican might one day be used in skin grafts, plastic surgery and growing vessels outside the body

for vascular operations, he says.

The Auckland team's work is part of on-going worldwide research on vascular structural improvement.

The research was funded by a grant from the Marsden Fund, and is part of a joint five-year project with Professor Tom Wight of the prestigious Hope Heart Institute in Seattle.

Professors Merrilees and Wight have published papers on versican in *Circulation Research*, put out by the American Heart Association.

Professor Merrilees says he hopes the gene therapy used in this method might reveal further mechanisms in vascular disease that could lead to drugs that promote smaller versican and reduce the larger version.

Standard methods for preventing heart disease focus on lowering blood cholesterol through medication, improved diet and increased exercise.

The Marsden Fund has given grants totalling \$336,000 over three years to this work. However, funding runs out at the end of 2003, so Professor Merrilees is applying to granting bodies like the Heart Foundation to continue the research.

## Arthritis sufferer regains quality of life naturally

by Jared Savage

As a 26-year-old, Don Paterson was bed-ridden in Whangarei Hospital with crippling arthritis and told he would never walk again.

Fifteen years later he is fully recovered and distributing a video promoting the healing virtues of natural remedies.

The double-cassette video shows recorded interviews with natural therapy experts covering a wide range of alternative treatments.

Mr Paterson, a natural therapist in the Bay of Plenty, says he produced the video in a sincere attempt to help those affected by poor health.

"I was told this was my lot, that I had to stop fighting and accept it. I've tried to share my experience with others. That's the reason for making the video."

Although Mr Paterson is motivated by his own experience with ill health, he says the video isn't specifically targeted at arthritis sufferers and

addresses a broad spectrum of different health problems and treatments.

Mr Paterson says his gradual degeneration started from regular contact with chemical sprays on his family's farm as a young boy.

"As a ten-year-old boy all I wanted to be was a farmer. But I grew up in an environment of pollution."

His illness peaked when he was sharemilking in Tokoroa.

"I was a big, burly, 16-stone tough guy. Or I thought I was."

Bed-ridden in hospital and unable to recover with conventional medicine, Mr Paterson was persuaded to try alternative remedies by friends who owned a health shop. The dramatic change in lifestyle was a shock initially.

"To me it was absolutely ridiculous and I didn't believe a thing. But doctors couldn't heal me and natural therapists told me I could get better, so I decided to research them."

His reading led him to discover many different therapies, including

lymphatising, reflexology, homeopathy, herbal remedies and colour therapy.

Although completely recovered, Mr Paterson has a warning for those looking for a miracle cure.

"The video is my personal story. Not everyone will experience the same results. We get back what we put in."

Dr John Petrie, a rheumatologist at Rotorua's Queen Elizabeth Hospital, says specialist doctors recognise the benefits of complementary alternative medicine.

"Rheumatologists have a wide view of treatment and we are very comfortable with them."

Dr Petrie says natural therapies can put arthritis sufferers in a positive frame of mind.

"There are powerful emotions surrounding pain, usually to do with uncertainty about the future and the loss of function."

"Alternative medicine can influence distress and help patients exert control over their condition."

## Food companies pull weight in fight against obesity epidemic

by Melua Watson

Food companies in New Zealand looking to pull their weight in the fight against what health experts are calling an obesity epidemic are facing both new responsibility and opportunity.

The World Health Organisation has called for governments and industries with stakes in the public's food consumption and activity to pool resources, in a bid to slow the disease's seemingly insatiable appetite.

The Ministry of Health estimates 30% of New Zealanders are overweight and 17% are obese. Late-onset diabetes, or Type 2 diabetes, is often a product of obesity and doctors are seeing increasing numbers of children with the preventable but serious disease, which kicks in when children are seriously overweight.

Health professionals nationwide

will see just how bad the problem is when the Ministry of Health announces the findings of the first national childhood nutrition survey.

The food industry will also be watching. Food companies and representative bodies took part in a cross-sector symposium on childhood obesity hosted by Auckland's Massey University in September.

Representatives included central and local government, schools, sports organisations and nutritionists.

Symposium organiser Elizabeth Stewart, of Massey University's nutrition department, says it aimed to gather people interested in preventing further cases of obesity in children to map a tangible way forward.

Among the diverse perspectives there was a common call.

Obesity, many said, is a complex problem and no one industry is solely responsible.