

• WENDY SAVAGE

Wendy Savage had been an obstetrician for 20 years, and a consultant in Tower Hamlets for seven when she was suddenly suspended from clinical practice in April 1985. The decision to suspend her was taken by the chairperson of the District Health Authority on advice that a *prima facie* case of clinical incompetence had been established. This was based on five cases produced by her colleagues.

Despite enormous public and professional outcry, Wendy Savage's suspension continues and a panel of inquiry into the cases will start work this month. All the cases revolve around the issue of 'non-intervention'. Mrs Savage is charged with failure to induce labour or to proceed to Caesarian section early enough.

Obstetrics like other branches of medicine has changed rapidly over the last three decades. Medical convention of 'good practice' has also changed. In the 1950s home deliveries by community midwives and GPs were the norm. The 60s saw increasing hospitalisation and the medicalisation of childbirth. By the early 1970s the trend toward induction of labour had begun and women were subject to quite rigid institutional regimes. Bath, enema, shave, into bed, monitor, drip, and episiotomy. Increasingly delivery was assisted by forceps or Caesarian section, and the baby then whisked away from the mother into a cot.

The backlash against this technological trend came with the aid of some obstetricians but particularly the protests of women. Many proclaimed natural childbirth as an alternative.

When Wendy Savage was appointed as senior lecturer at the London Hospital she joined the then professor of obstetrics Peter Huntingford in promoting this 'non-intervention' line. Medical intervention in the

natural process of childbirth, they argued, could only be justified by compelling scientific reasons, rather than the rule of thumb of conventional wisdom.

When Professor Huntingford left the London Hospital in 1981 Wendy Savage remained but in a vulnerable position. The medical profession is still predominantly male and white, and especially in a major London teaching hospital. Many of her colleagues undoubtedly feel that life would be quieter without her.

So what of the case against her? Five cases from a period of 14 months is hardly a scientific basis for assessing a consultant like Mrs Savage. In seven years she has been

in the case of grievance and disciplinary procedures. For months on end Wendy Savage's colleagues were collecting their evidence against her. She was not informed of this until her suspension. Indeed she frankly co-operated with them in good faith.

The case has also raised questions about the role of medical defence organisations. Wendy Savage wanted independent advice and engaged independent solicitors. The defence society has apparently not agreed to pay any of her legal costs. So Mrs Savage could be liable for a bill of around £50,000 even if she is vindicated.

If Wendy Savage loses her fight then this will damage medical practice. People will be



responsible for thousands of women. The London Hospital has computerised records. A fuller assessment of Wendy Savage's performance is possible.

For instance in one of the cases Mrs Savage was on holiday at the time. There is apparently no statistically significant difference between her patients' performance soon after birth and those of her colleagues.

In many ways the consultant contract with the NHS needs revising. This is particularly so

less likely to challenge conventional practices and innovation will suffer. Women practitioners will feel even more vulnerable. Those with radical views will be under more pressure to keep quiet.

It will be a victory for those who want a quiet life, buttressed by established conventions and institutions, but a defeat for progressives who want to improve the NHS, and especially its services to women.

Tony Jewell

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