

focus

Savage treatment

When Wendy Savage walks back into the London Hospital this month, she will have to re-establish her practice in the wake of a battle which split the medical profession in two. She will face colleagues who publicly sought to end her career and may yet succeed in preventing her from working as she would wish.

Ms Savage was suspended from her post as senior lecturer in obstetrics and gynaecology at the London Hospital medical college 17 months ago and charged at a highly-publicised inquiry with professional incompetence in five childbirth cases she had managed. In particular, she was accused of endangering women and babies by performing caesarian deliveries at too late a stage of labour.

The inquiry team concluded this July that Ms Savage had not been professionally incompetent although she had been in error in some instances. In fact, said the inquiry team, Wendy Savage had acted as a caring and considerate practitioner, involving her patients as far as possible in decision making.

Just why Wendy Savage was suspended in the first place was a standard conversational gambit throughout the inquiry period. It was

often seen as a battle between conservative male obstetricians, who believed in 'high tech' obstetrics involving frequent caesarian deliveries in the name of safety, and a pioneering woman who practised natural childbirth - which was not so safe but good for women's souls.

But Wendy Savage performed only about 4% fewer caesarians than the average rate for the London Hospital. She saw her position as one of giving women the choice wherever safely possible to give birth normally. And her colleagues could not be described as a group of gung ho knife-happy doctors. The London Hospital has a relatively low birth intervention rate, in part because it has neither the cash nor facilities for high tech obstetrics. The women who give birth at the hospital, many of whom are Bengali, do not want or ask for intervention.

The case itself has had an enormous effect on obstetrics, the medical profession in general and on consumers. Tower Hamlets, a poor health authority in a poor inner-city area, spent at least £250,000 on an inquiry which could have bankrupted Wendy Savage had she not won support from the Medical Defence Union. During the inquiry, the Association for Improvements in Maternity Services reported some consultants refusing to do late caesarians in case they were sued. Fear of litigation is partly responsible for the rise in caesarians. So the case has made glaringly obvious the need for some simple, cheap way of making doctors accountable by peer review.

Wendy Savage is not the only consultant to believe that women have a right to choose the way they will give birth, but given the growing alarm at the rising caesarian rates, it was inevitable that her case would be seen in polarised terms. In this country alone the number of caesarians has more than doubled since 1972 and one in nine women will have

a caesarian today.

World Health Organisation research in 23 countries has found that obstetric intervention in normal deliveries has no effect on perinatal mortality rates and may even be harmful. This is backed up by American research and work by Oxford's national perinatal epidemiology unit. The Oxford unit also found that staff on salaries, doing NHS work for instance, perform fewer caesarians than those doing private work.

The Savage case publicly legitimised the style of obstetrics which allows for consumer choice, and the publicity surrounding the case has ensured that women will be more aware of the options. At the London Hospital itself, the maternity unit of the Mile End branch was forced to hold an open day after she had been suspended. Women had heard that the one woman consultant had gone and believed they would be at the mercy of knife wielding high tech advocates.

Few issues have proved how effective consumer demand can be, when women as the main health care providers unite with women as the main health care users. By the time the Medical Defence Union stepped in, the Wendy Savage Support Campaign had raised around £45,000 to pay for her defence.

Wendy Savage survived professional ostracism, a campaign of lies about her professional abilities and private life and managed to fight successfully against the might of the medical establishment. But how many health workers in less popular areas, such as mental handicap, and perhaps without such charisma, have been able to achieve the same?

As for the rights of the consumers, even in the Savage case, the women whose cases were used against Wendy Savage had no say in the matter at all.

Harriet Gaze

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