Clare Matheson protests too much

Former patient Clare Matheson remains bitter over the treatment she received at National Women’s Hospital (NWH). In raising this matter, both in her recent letter to the NZMJ and in her earlier statements to the New Zealand Herald it appears that Matheson has forgotten, or chosen to ignore, the fact that in May 1992 she and 18 other patients of the 3037 treated at NWH in the years 1955–86 for carcinoma in situ of the cervix relinquished all complaints about their treatment by accepting an out-of-court settlement of their claim for $25M in compensation.

This settlement was drawn up by lawyers acting for Dr Green, Professor Bonham, the University of Auckland and the Auckland Area Health Board and agreed to by the plaintiffs’ lawyer, Rodney Harrison. Under the terms of this settlement the plaintiffs accepted the sum of just $1.02M in full and final settlement of all claims for all damages and costs.

For their part, the defendants made no admission of fault or liability. While their lawyers were confident of winning the case, the estimated cost of doing so (it was set down for 15 weeks) was a major factor in their decision not to proceed. A press release also revealed that “A further factor which influenced settlement was the health of Dr Green and Professor Bonham, and the defendants’ belief that it was in society’s wider interest to lay the National Women’s saga to rest.”

Clearly unhappy with the terms of the settlement, Matheson invented another version of events. On 14 May 1992 Western Leader reporter Fiona Stewart quoted her as saying ‘I’m just so relieved it is finally over’, and ‘I’m also pleased liability has been admitted and some recognition of that has been made.’ (my emphasis). Given her new-found passion for accuracy as evidenced by her pursuit of perceived errors in Professor Linda Bryder’s book A History of the “Unfortunate Experiment” at National Women's Hospital, will Matheson now apologise for her own inaccuracy?

Matheson also made much of the fact that the Dean of the Auckland Medical School, Professor Derek North, publicly apologised on 27 May 1992 for the ‘stress and distress caused to many of the women involved in the treatment programme in the 1970s at National Women's Hospital’. This fell short of an admission of liability. It was also made solely on the Dean’s initiative, with official information showing he had not formally canvassed Medical School or other university staff for their views.

Whom was he apologising to? Not the 3018 patients who had not complained, and surely not the 19 who for a comparatively small amount of money had agreed that there was no fault in their management. And why, if he was so concerned, had the dean stood by while university lawyers drove a rather hard bargain?

Matheson has an appetite for litigation. In 1986 she successfully took a complaint against her GP to the Medical Disciplinary Committee for failing to take smears in the 6 years between her discharge from NWH in September 1979 and developing cervical cancer in September 1985. In 2010 her focus is on proving that she had invasive cancer of the cervix when she was discharged from NWH in 1979.
Her recent letter to the NZMJ incorporates excerpts from her NWH case notes. The entry for 27 January 1976 reads ‘Biopsy cervix = carcinoma of cervix’. However, the version in the Cartwright Report, where all of her case notes were reproduced in Appendix 11 (p. 282) reads: ‘Biopsy of cervix = carcinoma insitu’. This is a significant error and one she should retract.

Dr Charlotte Paul, one of the Inquiry’s medical advisors, has also confirmed that Matheson did not have cancer on discharge in 1979. In her 1988 BMJ article, Paul cited Coney and Bunkle’s 1987 Metro article, which stated that Matheson's final histology report in 1979 ‘clearly showed she still had cancer’. Paul corrected this diagnosis, adding '[carcinoma in situ]' to the original quote. She did not, however, clarify or explain the difference.

Matheson cites the cross-examination of Professor Per Kolstad at the Inquiry as proof that she had, in his words, suffered ‘terrifying mismanagement’. In fact, Kolstad was a very poor witness. He muddled patients’ notes and became flustered when he realised that the temporising which he criticised was by his friend the late Dr McIndoe, and not by Green. Kolstad also remarked that on discharge Matheson could and should have had smears taken by her GP after 1979; this would have been unthinkable had she had cancer. The official body which ruled on Matheson’s management/condition did not support Kolstad’s interpretation of her management at NWH. The Medical Disciplinary Committee which adjudicated on her 1986 complaint did remark on Green's overly optimistic letter to her GP but did not criticise the treatment she had received.

There are numerous claims in Matheson’s letter with which one could take issue, but I will restrict myself to one further example of her selective and misleading statements. One of her criticisms of Bryder was that ‘there is little point quoting specialists who say that a patient need have only three negative smears before discharge as opposed to my five’. The specialist who said that at the Inquiry was Professor Ralph Richart—Coney, Bunkle and Matheson's own star witness. She cannot have it both ways.

Watching the events surrounding the Cartwright Inquiry unfold from 1987, and as someone who knew the Green family, I became increasingly concerned by the injustices I observed. I began to attend the Inquiry hearings, collect news clippings, write letters, and request information under the Official Information Act. Based on this accumulated knowledge, I believe the injustices and misrepresentations of what happened at National Women's Hospital in the 1960s and 1970s have continued to the present day.

Shortly before his death, Herbert Green remarked to me that ‘Sometimes a kind of madness takes over a society. The only thing to do is wait it out.’ Perhaps the waiting is nearly over.

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References:


