

## FEATURE Ross Boswell reflects on his term as Chairman of the NZMA (2005-07)



For two years until May this year I served a term as chairman of the NZMA. The experience was interesting and rewarding, but brought with it a share of frustration. I have been asked to write a column for the newsletter reflecting on this time.

The constitution of the NZMA has its chairman as the chief officer of the association. The role involves chairing the biennial meetings of the council, chairing the meetings of the board which are held about 6 times per year, and attending as an ex-officio member the meetings of the Specialist, General Practice and Doctors-in-Training councils each of which meets at least 4 times per year. The chairman is the principal spokesman of the NZMA, and is frequently called upon to make media comment. The chairman is also expected to represent New Zealand at national meetings and meetings of some regional and international medical associations.

Although these are the formal roles, the reality is that the position is widely seen as, de facto, representing the views of the medical profession, and the public and media exposure is substantial. The Chairman also leads the NZMA's extensive advocacy programme, involving regular and frequent contact with Ministers, other politicians and key officials, as well as meetings with other medical organisations and their leadership.

As you might imagine, all of this takes considerable time. In consequence, the NZMA provides an honorarium for its chairman based on an assessment that the post requires about a half-time commitment. Without such remuneration, it would be impossible for a private practitioner to undertake the role. In my case, the honorarium was paid to my employing DHB and I remained a full-time DHB employee, in effect subcontracted to the NZMA.

During this period I found I became heavily reliant on technology. Cellphone, laptop and mobile internet access were my friends and saviours. I needed, and was generally able, to process email every day. I was able, if not to answer, at least to respond within an hour or so to messages left on my cellphone. A few bad experiences made me wary of the vagaries of air travel. I found that if my attendance at some morning meeting in Wellington was crucial, then it was preferable to travel the afternoon or evening before and stay there overnight than to plan a morning arrival. Despite my natural-born pessimism I had generally good experiences with travel, although delays on departure from Wellington in the evenings were not uncommon, often weather-related. The Koru lounge became a home away from home, and I appreciated it when wireless internet access was instituted there.

One of the particular bonuses of the role was to travel overseas to places I had never particularly contemplated visiting, and to be hosted there at meetings by medical colleagues. I greatly enjoyed meeting and discussing medical systems with doctors from many different countries. I grew to appreciate some of the benefits we have for medical practice in New Zealand, principal amongst which is the Accident Compensation framework that frees us from much of the litigation and restriction on commonsense practice that doctors in other countries have to deal with. It was interesting too to discover that restrictions on medical practitioners in New Zealand, through such mechanisms as the replacement of the Medical Practitioners Act by the Health Practitioners Competence Assurance Act, mirrored moves made by governments in other countries against their medical practitioners. It is apparent that our health administrators and politicians talk to each other and together develop ideas to "manage" doctors. It seems essential that we doctors talk to each other and



share information on these encroachments on medical practice, and ways to combat them.

I would like to pay tribute to my colleagues at Middlemore, to the office-holders and staff of the NZMA, to the members the Board of Censors and Council and the staff of the RCPA, and to my family, all of whom supported me during this period. I was busy, and none of you got as much of my attention as you deserved (although undoubtedly some of you saw more of me than you wanted!). Without your help and forbearance, I would not have survived. Thank you.

At the end of my two-year term I have two particular disappointments.

One is the extent to which we – the public, the news media and doctors – have allowed ourselves to be taken in by the sleight-of-hand that claims to separate the DHBs from the Minister and Ministry of Health. Whenever there is some dispute about medical services, these organisations pass the parcel of responsibility between themselves with great alacrity.

The current organisation of health services in New Zealand is clearly designed for the political end of centralising control whilst peripheralising blame. We should refuse to be taken in by it. The Ministry is an arm of government, and the Minister is responsible for it. The DHBs are responsible to the Minister, and a number of their members and all of their chairmen are appointed by the Minister. We have in a very real and literal sense a government health system, operating government hospitals and providing government subsidies for private practice. We need to ensure that the government is held to account for the quality and scope of the health services it provides for its people.

My second disappointment is the extent to which we doctors in New Zealand make it easy for others to control us because of the fragmentation of our professional organisations. We have medical colleges, unions, associations and societies, and many of us belong to a number of them. These bodies are all well-intentioned, but the effect is that there is no unified strong voice representing medicine and medical practice in New Zealand.

If we had been more unified, we might for example have rolled back elements of the HPCA Bill before it was enacted, and avoided the current situation where we are governed by a council appointed by politicians rather than elected by us from amongst our colleagues. Progress has been made on that issue – the Minister has agreed to think about it – but in the meantime the damage has been done, and undoing it is proving difficult.

If we are to be effective, New Zealand doctors need to present a united front. In my view, the best organisation to unite us is the NZMA, because it is the only medical organisation that all New Zealand doctors, from medical students to the retired, whether salaried or in private practice, regardless of specialty, can belong.

To quote Benjamin Franklin:

***"We must hang together, [ladies and] gentlemen . . . else, we shall most assuredly hang separately."***

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*Ross Boswell graduated in the inaugural class from Auckland Medical School in 1974, trained in Christchurch as a registrar in pathology and medicine, and gained a PhD in molecular biology. He worked in the UK for five years at Cambridge and Southampton Universities, before returning in 1987 to the Christchurch School of Medicine where he was Professor of Pathology. He has worked as a chemical pathologist and physician at Auckland's Middlemore Hospital since 1996.*