National Women’s Hospital deserves a fair and balanced history—and response by Linda Bryder

The National Women’s Hospital has made many notable contributions in women’s and newborn babies’ health, including pioneering work in the treatment of the fetus before birth and in the field of cancer prevention. It is a pity that Professor Bryder from the Department of History at Auckland University has chosen to write such an unbalanced book *A History of the ‘Unfortunate Experiment’ at National Women’s Hospital*. This bodes badly for any further history she may write.

In 2003, a cross-section committee of interested National Women’s Hospital staff was established, with management support, to explore the possibility of writing a history of the hospital. A number of senior historians were consulted and a respected author with experience in the field accepted an invitation to write the history.

While investigating possible funding for the project, the committee was surprised to read in the *NZ Herald* that Associate-Professor Linda Bryder had been awarded $345,000.00 by the Marsden Fund to write a history of the hospital. Unbeknown to the committee, hospital management had previously “signed off” approval for Bryder to write the history.

Bryder presented an outline of her proposal to the committee. Professor James Belich attended the meeting in support of Bryder and said he did not want any opposition to the project, assuring the committee the history would be fair and balanced. In response to a question, Belich also assured the committee it would be given an opportunity to read and comment on the book prior to publication. The history committee were left with little option. Bryder was not the author of choice but she had major funding and university support.

Subsequently, hospital management wrote to Bryder congratulating her on the Marsden award and indicating the history committee would “be happy to keep checking the accuracy of the manuscript”. Bryder failed to communicate with the history committee.

In writing *A History of the ‘Unfortunate Experiment’ at National Women’s Hospital* Professor Bryder has disregarded the aim of her research as set out in her application to the Ethics Committee, to conduct interviews, “to provide a social history of the health of women and their babies seen through the work of Auckland’s National Women’s Hospital, 1945–2000” and that Professor Green’s investigations into cervical cancer “will be discussed but not overshadow other work carried out in the hospital”.

In response to a request for a copy of Professor Bryder’s research proposal the Office of the Vice Chancellor responded with the section on Academic Freedom from the 1989 Education Act and a comment that her “current publication [on the ‘unfortunate experiment’] is only a small part of the research proposal”. This is not obvious to the reader of the application.
It is hard to see how Bryder’s book, which is more than 200 pages in length and a
detailed (if misleading) examination can seriously be considered to constitute “a
small” piece of research. This is akin to a doctor gaining approval to perform research
on heart disease, then doing research on prostate cancer and later saying he now
intended to do research on heart disease!

Furthermore, the Auckland University Press and the Office of the Vice-Chancellor
cite commercial sensitivity for their refusal to release the discipline and academic
qualifications of the reviewers of Bryder’s book, and in particular their familiarity
with the Cartwright Report. Academic freedom, transparency and commercial
sensitivity are clearly not bedfellows.

Bryder has failed to honour the aim of her Ethics approval, to communicate with the
hospital history committee, interview key players, and has ignored scientific evidence
which did not support her conclusions. Importantly, she has failed to address the
central question a discerning reader would want to know – why did so many women
develop cancer? Bryder has written a highly selective and unbalanced revisionist
account of the ‘unfortunate experiment’ which reads like a posthumous autobiography
written by Professor Green.

This has resulted in a seriously flawed book which has received strong criticism by
respected scientists in the field. Professor Sir David Skegg has observed that “either
Bryder misunderstands scientific evidence—otherwise she would be guilty of
deliberate obfuscation”. Moreover, her response to criticism has often been to reply
with further factual errors. She is quoted in the NZ Herald as saying she “had a very
long discussion” with me. This is not true. I heard her give a lecture and I asked one
question – hardly a very long discussion.

The history of National Women’s Hospital is foremost a story of the women who
attended the hospital and in particular the benefits for them and their babies. The
thrust of Bryder’s recent book has been to defend Green’s unethical experiment. She
demonstrates no sympathy for the unfortunate victims who unnecessarily developed
cancer, some of whom died.

Academic freedom is one of the corner stones of a university. The Education Act
(1989) states that academic freedom in relation to an institution means

“the freedom of academic staff and students to engage in research” and “within the law to
question and test received wisdom, to put forward new ideas and to state controversial or
unpopular opinions.”

Academic freedom should be transparent, enhance knowledge, truth and the
reputation of the university. Senior academic staff should not exploit “academic
freedom” in order to support their “controversial” or “unpopular” research. Professor
Barbara Brookes has observed that “historians have a professional duty to produce
balanced and fair accounts”.

The Cartwright Inquiry exposed the arrogance of senior academics who practised the
way they wished. The clinical freedom of doctors to do what they believe is best and,
without interference, is no longer tenable. Evidence based medicine (with certain
caveats) is now a prerequisite to optimum patient care. Clinical freedom for doctors is
dead. Is it time to reconsider the definition of academic freedom?
We now learn Bryder is intending to write a further history of National Women’s Hospital. She has already failed in her “professional duty” and should not be given an opportunity to repeat history.

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Response by Linda Bryder

Thank you for the opportunity to respond to this letter by Professor Ron Jones. There are many errors and misunderstandings in this letter which I wish to comment on.

National Women’s Hospital management did not ‘sign off’ approval for me to write its history. As I was not commissioned by them, no such requirement existed. The hospital committee to which Professor Jones refers was an interest group with no official standing. It was a goodwill gesture on my part to attend a meeting with them, accompanied by my then Head of Department, Professor James Belich. Dr David Knight, clinical leader at National Women’s, subsequently wrote to me stating that I had the group’s (his term) ‘full support’. He concluded with a statement that members of staff who had worked in the hospital for many years ‘will be happy to help with checking the accuracy of any manuscript if you wish’ [my emphasis]. There was no obligation to consult with anyone, and my understanding is that the history group disbanded shortly thereafter. In any event the book to which Professor Jones refers in his letter is not the history of National Women’s—I am currently writing that history.

In his discussion of my application to the University of Auckland Human Participants Ethics Committee, Professor Jones misunderstands the purpose of that Committee. Historians require Committee approval only for the purposes of conducting interviews, to protect participants. Interviews are only a very small part of historical research which relies primarily on the written record. Indeed, historians prioritise primary written sources above later recollections. As I explain in the introduction to my book, the volume of material produced at the time of the Inquiry, both published and unpublished, led to my decision to use that material as the basis of this study. The analogy of the doctor gaining ethical approval for one research project and then using it to conduct another does not apply.

With respect to the identity and qualifications of the book’s reviewers, it is common practice among scholarly publishers internationally to have manuscripts subjected to anonymous peer review. Given the small number of reviewers competent to review a book such as mine, release of the reviewers’ disciplines and academic qualifications would be tantamount to identifying them and breaking Auckland University Press’s obligation of confidentiality to them. I understand that the Press has declined to do this.

Professor Jones’s claim that the book reads like a posthumous autobiography of Herb Green is absurd, and is not supported by a quick glance at the index which contains 86 references to Green, 75 to Sandra Coney, and 64 to Judge Cartwright. You will find nothing in this book on Green’s personal life, which is surely fundamental to any biography.
Professor Jones refers to ‘strong criticism by respected scientists in the field’, but cites only one, Professor Sir David Skegg. In response I could cite the very strong endorsement by Sir Iain Chalmers of Oxford, one of the founders of the Cochrane Collaboration, or the recent review in the Medical Journal of Australia by Caroline M de Costa, Professor of Obstetrics and Gynaecology at Cairns Base Hospital in Queensland.

Professor Jones also claims that my response to criticism has ‘often been to reply with further factual errors’. In support of this he denies having had `a very long discussion with me’ after a seminar in 2008. My recollection of this seminar which was held at Auckland Hospital, confirmed by another attendee, is that Professor Jones' monopolisation of the discussion time was such that his interventions had to be curtailed by the convenor.

Professor Jones suggests that I have somehow exploited academic freedom. To the contrary, it is those who have engaged in ad hominem attacks on me, attempting to undermine my reputation rather than rationally debate the issues, who are guilty of that.

Professor Jones claims that I failed in my ‘professional duty’ to produce a balanced and fair history. Other more impartial observers reached a different conclusion. Professor de Costa points out in her review that my book is ‘meticulously referenced and even-handed’. Stephen Todd, Professor of Law at Canterbury University, came to a similar conclusion when he reviewed the book for the Christchurch Press, describing it as ‘meticulously researched’ and claiming that ‘Bryder does not purport to make any final judgment about the medical issues.’ Janet McCalman, Professor of History at the University of Melbourne, wrote that I had produced 'a careful and judicious account of a very difficult controversy'.

Finally, disinterested readers of Professor Jones’s communication cannot help but be struck by the ironies apparent in the latter stages of it. On the one hand, he heralds the Cartwright Inquiry as a huge step towards evidence-based medicine with open debate. Yet on the other hand, he appears to promote the idea that historians of medicine should be subject to the oversight of a self-selected group of medical practitioners and that those who publish research which does not conform to their view of the past should, if possible, be silenced.

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