



DHB Chair Passed Used By Date – and Again

Canterbury District Health Board chairperson Syd Bradley has passed his used by date if his attacks (21 June) on the New Zealand Medical Journal, in particular the guest editorial by Drs Alan Merry, Warren Smith, Kirsten Finucane and John Beca, is any indication.

Mr Bradley wastes a valuable opportunity for constructive debate by degenerating into irrational raving and ranting. For example, he attacks the writers for not considering the Auckland DHB's financial position despite also praising them for understanding the financial pressures on DHBs.

Mr Bradley then launches into an extraordinary personal attack on the Christchurch based Medical Journal editors even though they did not write the guest editorial, and other health professionals. This bizarre behaviour may have more to do with the fact that the editors were previously among those responsible in the 1990s for exposing the serious threats to patient safety in Canterbury and, despite management attempts at intimidation, who were vindicated by the independent investigation of the Health and Disability Commissioner.

In light of Mr Bradley's unbalanced literary behaviour perhaps it is time for the Minister of Health who appointed him to tap him on the shoulder and say, there, there, Syd, time to move on.

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Again

I am glad that Mr Bradley agrees with the thrust of the editorial "And Now Auckland" (NZ Med J 2002; 115:89-90), and seems comfortable with the idea of working constructively in partnership with clinicians.

I wonder, however, how constructive that partnership could ever be when one partner seems to have a distorted and prejudiced view of specialist practice. It does not seem that as a DHB head he is supportive of professional processes. Clinical governance for instance, is the process by which *organisations* are accountable for quality assurance and providing an environment where clinical excellence can flourish. It is not a system to bring more accountability (blame?) individually to clinical leadership.

What a good idea to attract more specialists into the public system, but it is tiresome to read again the unsubstantiated and frankly wrong assertion that part-time specialists have a 'conflict of interest' in working in both areas. Does Mr Bradley work full-time for one organisation?

It also seems a little silly of Mr Bradley to complain about private specialist monopolies. Apart from not understanding exactly what he is meaning, if there is any

monopoly in our health system it is the public sector. If patients are choosing private practitioners, perhaps the public services need to lift their game - I am sure that this is where the partnership that he talks about with clinicians might have impact. The private sector provides 21% of our health spending. Is Mr Bradley seriously thinking that we could do without it and that the public system would cope?

Mr Bradley appears to want to revisit the ill-fated Medical Practitioners (Foreign Qualified Medical Practitioners) Bill. The spurious ideas that Medical Colleges are “closed shops” and that issues of quality in medical practice in New Zealand matter less than the number of specialists, I thought had been well put to rest.

And is he seriously suggesting that doctors’ wages in provincial areas should be cut because they don’t live in Auckland, when already our international parity is poor? As a DHB head, I think that he needs to come to grips with the real issues for the profession, and their impact on the health of New Zealanders, or we might be heading down an unproductive path where collaboration is very difficult.

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