



A retrospective study: response to Dr McCredie

Dr McCredie's response has not succeeded in allaying my concerns about her and her colleagues' retrospective study of the so-called 'unethical' practice at National Women's Hospital.¹ As a guideline to accepted practice at the time I would expect them to cite a contemporary authoritative medical textbook. Instead they use as their 'textbook' reference a popular general history of obstetrics and gynaecology from ancient to modern times.

When this book was reviewed in the *Bulletin of the History of Medicine* in 1997 the reviewer, wary of the attempt at such a broad sweep, described the book as 'shallow' and warned readers of the need to contextualize the evidence offered up by the authors. I do not accept this as an authoritative source.

McCredie tells us that in her view 'good intentions' on the part of Green 'are not enough'. This suggests that she now accepts that Green approached his patients with good intentions, while still contending that her own retrospective study (conducted more than twenty years after Green retired) showed that his management had harmed some women. The same could be said of many medical treatments of the past, where it was later found that they caused harm despite good intentions at the time. Medical history is full of such examples.

McCredie's citation of the informed consent section of the 1964 Declaration of Helsinki omits a crucial qualifier to the relevant quotation. Her version reads "... the doctor should obtain the patient's freely given consent after the patient has been given a full explanation" but the original states: "*If at all possible, consistent with patient psychology, the doctor should obtain the patient's freely given consent after the patient has been given a full explanation.*" At that time it was regarded as ethical for doctors to exercise their own judgment as to how much information to pass on to patients. See pages 67–71 of my book for further discussion.²

In her final sentence McCredie cites 'unpublished data' as her source to explain that cone biopsies were not carried out with curative intent but for diagnostic purposes. Such a vague reference alone is not worthy of serious academic debate—it is not enough to tell readers that we must accept the authors' findings on trust.

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Reference:

1. McCredie M. A response to Professor Bryder's comments on 'Consequences in women of participating in a study of the natural history of cervical intraepithelial neoplasia 3'. *N Z Med J* 2010;123(1320); <http://www.nzma.org.nz/journal/123-1320/4278>
2. Bryder L. *A History of the 'Unfortunate Experiment' at National Women's Hospital*. Auckland: Auckland University Press; 2009.