The doctor’s dilemma

Rather than responding to Phillida Bunkle’s letter point by point I wish to draw readers’ attention to one example as an indication of the way in which she distorts evidence, that relating to expert witness Dr Joe Jordan and his discussion of Patient 60/64.

Bunkle wrote:

“The “dilemma” Jordan referred to in the passage quoted by Professor Bryder, was a discussion about the decision to be made about patient 60/64 in 1981…The sentence in Jordan’s statement which occurs immediately before that quoted by Professor Bryder, but which she omits, could not be more explicit. He said, “I think that some definitive treatment to the vaginal vault lesion should have been instituted in the early 1960’s, and at the latest in October 1965, when the vaginal vault biopsy confirmed the presence of severe dysplasia.” The full text of Jordan’s evidence to the Inquiry, thus, makes clear his view, that the “dilemma” was created by the more than twenty years of prevarication about diagnosis and delays in treatment.’

Bunkle’s claim that this ‘dilemma’ related to 1981 and followed ‘more than twenty years of prevarication about diagnosis and delays in treatment’ shows a misreading of the case notes and Jordan’s commentary.

The case history of Patient 60/64, as set out by Jordan, reveals the patient had a cone biopsy and hysterectomy in 1960. She continued to have positive cytology. In 1973 she was found to have vaginal carcinoma in situ and vulval carcinoma in situ following a DNCB. Jordan noted ‘At this stage, Professor Green discussed treatment with the radiotherapist who felt that radiotherapy was not indicated because there was no invasive carcinoma. The alternative was a vaginectomy with vulvectomy, in the absence of symptoms, it was decided to await events with the hope and expectation that the lesion would not become malignant. She continued to have positive cytology and in 1977, she underwent a vulvovaginectomy.’ In 1981 she was referred to a urologist who confirmed the presence of squamous cell carcinoma of the urethra.

Dr Jordan then wrote his ‘Comments’ on the case, which Bunkle refers to. Here is the ‘full text’ which she asks for:

‘This would appear to be a rare case of generalised cancerisation of the lower genital tract in which the cervix, vagina and vulva are involved. I think that some definitive treatment to the vaginal vault lesion should have been instituted in the early 1960s, and at the latest in October 1965, when the vaginal vault biopsy confirmed the presence of severe dysplasia.

Again, one sympathises with the dilemma faced by Professor Green knowing that the treatment of this was either removal of the upper vagina or radiotherapy. Both procedures carrying a high morbidity and almost certainly, removing or interfering seriously with sexual function.

At the time Professor Green was still of the opinion that carcinoma in situ rarely, if ever progressed to invasive carcinoma and so decided to leave well alone. On the other hand, this course of action in a patient known to have squamous cell carcinoma in the cone biopsy in 1960, carried a certain element of risk.'
At the end of the day, the main problem seems to have related to the urethra and the vulva and it is probably that the squamous cell carcinoma found at the urethra meatus in 1981 by the urologist, occurred in spite of the fact that the vaginal vault disease had been left untreated for many years.

It is probable that even if she had had radiotherapy or vaginectomy to remove the vaginal vault lesion, that she would still at the end of the day, have had a squamous cell carcinoma of the vulva and urethra.’

Jordan’s discussion shows:

1. The ‘dilemma’ related to Green’s clinical decisions in the 1960s.
2. Green made his clinical decisions in conjunction with others, for example the Auckland Hospital radiotherapist.
3. Jordan acknowledged that the squamous cell carcinoma of the urethra occurred in spite of the fact that the vaginal vault disease had been left untreated, and that ‘It is probable that even if she had had radiotherapy or vaginectomy to remove the vaginal vault lesion, that she would still at the end of the day, have had a squamous cell carcinoma of the vulva and urethra.’

While I am not suggesting that Dr Jordan was not critical of Green’s clinical decisions—he most certainly was—his commentary also shows an awareness of the complexity of the situation; there were no simple answers. As an Oxford community health study stated in relation to carcinoma in situ in 1988, ‘The medical dilemma is to know when to treat and when to leave alone.’

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References:

2. Jordan J. Evidence in Chief, presented to the Committee of Inquiry into Allegations concerning the treatment of cervical cancer at National Women’s Hospital and into other related matters, 10 September 1987, ‘Summary of case histories’, pp. 3-5.