HEALTHMATTERS

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MIDWIVES CONVICTED —— What's Next?

Two Vancouver midwives, Gloria Lemay and Mary Sullivan, have been found guilty of criminal negligence causing death of a baby at a home birth. The court case has been long (43 days), bitter and costly. The case has had profound implications for midwives practicing illegally in British Columbia. The charge of "practicing medicine without a license", the illegal act which a midwife undertakes when she attends a birth, is not the threat. No midwife in Canada has been charged with practicing medicine without a license at a birth where no problems arose. The axe that hangs over each midwife's head is that as a health care provider acting outside the legal system she has no protection should anything go wrong--no malpractice insurance, no College of Physicians, no license to be revoked at worst. Instead, she faces the possibility of jail, or of legal costs way beyond her means to pay. These are real fears faced by every midwife, regardless of her skill and expertise, because if she attends enough births, infant mortality statistics will catch up with her and she will eventually encounter an infant death.

Crown prosecutor Judy Milliken charged that the two midwives on trial undertook a home birth for a high risk woman without warning her of the risk factors in her particular case; that they mismanaged the labor, allowing the woman to remain at home pushing for a long period of time and failing to recognize signs that she should be transported to hospital; and that they mismanaged the actual delivery of the baby.

The defense, which was presented by lawyers Peter Leask and Ruth Sterling, countered that the midwives had not caused the baby's death by anything they did or failed to do; that none of their actions amounted to "wanton and reckless disregard for the lives and safety of others"; that they had no criminal intent; and that the baby met his death before he legally became a human being.

Most of the court case was devoted to establishing just what did occur at the birth. Did the mother push for 7½ hours as the crown claimed or only 4½ hours as the defense claimed? Was the baby's death caused by shoulder dystocia (shoulders stuck behind the mother's pubic bone), a "tight fit" of a large baby, or a "constriction ring" (tight band of muscle in the uterus, an extremely rare condition)? Did the midwives act competently according to current midwifery standards? What are those standards? Would the baby have lived if the mother had been transported to hospital earlier?

In her final judgement, Judge Jane Godfrey states that she is confident that this was not a case of true "shoulder dystocia" because an intern at St. Paul's Hospital was able to easily deliver the already dead baby upon the mother's arrival. Various defense arguements are rejected by her: that it was easier to deliver a dead than a live baby, or that the mother's fears of delivery caused a constriction ring in her uterus and prevented the birth. The judge points to the fact that the mother's contractions stopped completely after the birth of the head, and states that she is satisfied from the evidence that exhaustion of the uterus due to the long period of pushing caused the contractions to stop. The judge also took Dr. Pendleton, an Obstetrician, at his word when he asserted that the baby would have lived had it been born in hospital.

The Midwives' Association of B.C. (M.A.B.C.) did not publicly come out in support of the two midwives on trial. As they are the professional body of midwives in B.C., their silence was conspicuous. "In view of the evidence presented during the trial, it is clear that these women were not practicing within the safe guidelines advocated by the M.A.B.C..." states spokesperson Linda Jordan-Knox. She blames the B.C. government in part for the tragedy because of its lack of committment towards the legalization of midwifery and hence towards enforceable safe standards. The M.A.B.C. does not see the judicial system as the place where midwifery should be regulated, and does not support criminal charges and jail sentences for the midwives on trial.

Although crown prosecutor Judy Milliken stated at the onset of the trial that she was out to prosecute two negligent individuals and not all midwives, she stated at the sentencing that she was asking for a jail sentence in order to deter other midwives from attending home births.

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Disabled Women

NO MORE FORCED STERILIZATION — Supreme Court Rules

Advocates for the mentally handicapped have won a landmark victory that could mark an end to forced sterilizations of disabled and institutionalized women in Canada. On October 23, 1986 the Supreme Court of Canada ruled that Canadian Courts cannot authorize non-therapeutic sterilization of the mentally handicapped. For years mentally handicapped and institutionalized women, sometimes as young as 13 or 14 years old, have undergone hysterectomies not for any health or safety reasons, but because menstruation was inconvenient for the authorities responsible for their care.

The decision has been hailed as a turning point in the fight for basic human rights for the mentally handicapped. Groups across the country expect that the ruling will put an end to the forced sterilization of hundreds of women in every province each year.

The legal battle began in 1978 when a Prince Edward Island woman tried to have her 24 year old daughter, identified only as Eve, sterilized. The young woman had recently begun a relationship with a man who attended the same school.

Fearing that she might become pregnant her mother asked the school authorities to bring the relationship to an end, which they did, and went on to ask the Supreme Court of PEI to authorize her sterilization. The court refused, but that decision was overruled on appeal. The PEI court of appeal then ordered a hysterectomy but later stayed its decision until the Supreme Court of Canada made its ruling.

The 9-0 Supreme Court decision delivered by Justice Gerard La Forest, said that although provincial supreme court judges have unlimited jurisdiction to act for the protection of those who cannot protect themselves (the parens patriae jurisdiction), there was no evidence to indicate that failure to perform the sterilization would have a dettrimental effect on Eve's physical or mental health. He went on to say, "The grave intrusion on a person's rights and the certain physical damage that ensues from non-therapeutic sterilization without consent, when compared to the questionable advantages that can result from it, have persuaded me that it can never be safely determined that

Catherine Tammaro

such a procedure is for the benefit of that person."

While we recognize the difficulty that caregivers of the mentally handicapped face, we applaud the Supreme court decision. No court should have the right to forcibly sterilize anyone, least of all the most vulnerable in our society. The supreme court decision will be a shallow victory, however, if it is not backed up with financial support and improved services to the mentally handicapped so they can have more options available to them.

OSTEOPOROSIS — New Method of Diagnosis

Over the past few years osteoporosis has drawn considerable attention from researchers, doctors and pharmacologists. One can regularly hear radio advertisements encouraging women to increase their intake of calcium as a means of preventing the onset of osteoporosis.

Osteoporosis is generally described as crippling, potentially life-threatening and irreversible. It occurs when bone material is gradually lost and results in reduced bone strength. This reduced strength can cause a variety of bone disorders, including stiffness, chronic backache, immobility, pain in the hips and knees and fractures. In British Columbia osteoporosis is responsible for approximately 15,000 fractures each year.

Both men and women suffer from osteoporosis, but women past the age of menopause are particularly susceptible. The incidence of osteoporosis is unusually high among North American women and has been associated with extremely high rates of premature menopause caused by the surgical removal of ovaries. A recent study indicates that women who have taken cortizone are also at a higher risk of developing osteoporosis.

With the help of a computerized bone densitometer, osteoporosis can be detected early in its progression. Early diagnosis allows early treatment which in turn may prevent severe problems and premature death.

One such bone densitometer has recently been installed in Shaughnessy Hospital in Vancouver. The densitometer test takes 20 minutes and produces a computer print-out itemizing bone mineral content. The densitometer works by scanning bone, usually the lower back vertebrae or hip, and uses less radiation than a chest x-ray. Until recently there has been no easy or effective way of diagnosing osteoporosis until it was in its advanced stages. Ordinary x-rays are not sensitive enough to detect gradual reductions in bone density.

The bone densitometer is a welcome advance in the early detection and prevention of osteoporosis. However it is only useful if followed by good effective treatment. If for example the woman who tests to be at risk of developing osteoporosis is simply steered towards increasing her calcium intake or estrogen therapy, she may be no better off than if her osteoporosis had not been detected. Bone is affected by countless agents, no single element can be isolated as the only one that affects bone.

Women wanting to prevent the onset of osteoporosis can take a wholistic approach by getting regular exercise and eating a balanced diet that is rich in calcium (tofu, sesame seeds, sunflower seeds and dairy products are good sources). Natural source calcium supplements can be used in addition to dietary sources.

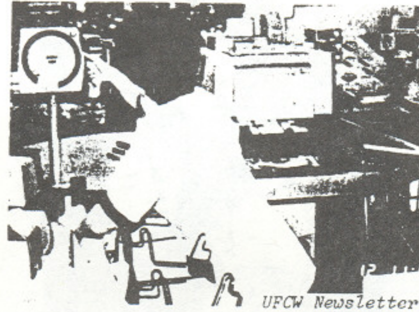
SUPERMARKETS — Dangerous Places to Work

When you are told that a workplace has an injury rate of approximately 50%, what type of workplace comes to mind? A construction site? A mine? An oil rig? Think about something closer to home.

Next time you buy your groceries in your neighbourhood supermarket, while you're standing in line, spend a few minutes watching the cashier. Does she use the same wrist motion over and over again to move items through the scanner (optical sensor)? Does she have to reach across the counter to clear groceries that have been stacked up on the turntable? Does she have to twist her torso and neck up or around to read the lighted cash register display that tells you how much you owe? Does she load your groceries into a bag in front of her, and then lift that full bag from about knee height up and over to the cart, twisting her body as she does so? If you watch for a few minutes, you will probably see her perform all these motions many times.

It is these repetitive motions that are a major cause of injuries to supermarket cashiers. In data collected throughout British Columbia, it has been found that health problems among cashiers are directly related to work procedures on the job, and to poor workplace design. Injuries to the neck, shoulder, upper arm and wrist are most prevalent. Lower back pain is also frequently experienced.

The injuries sustained by cashiers are not minor. The wrist movement required to grasp an item, move it across the scanner, and put into the bag, often leads to injuries such as tendonitis (inflammation of the tendon), tenosynovitis (inflammation of the sheath surrounding the tendon), and carpal tunnel syndrome (compression of the long nerve in the wrist, caused by the tendons being swollen). These conditions are extremely painful, and can be disabling. Often the onset is gradual - pain occurs at the end of the work day, or at night, and might not be immediately connected with the job. If the affected part of the body continues to be used in the same way, the pain will increase in severity until it is constantly present. Not only does this interfere with a worker's ability to perform her job, it also affects her life off the job.


UFCW Newsletter

Strains to the neck, shoulder and upper arm are caused by the cashier having to constantly twist her upper torso and neck in order to see the lighted display on the cash register and on the scale. Other ways in which she can strain these muscles are by repeatedly reaching forward for items off the turntable, and back to the shelf behind her, as well as by lifting the loaded bag from the bagwell. Static muscle strain is caused by the contraction of a group of muscles to stabilize one part of the body so that another movement can be carried out. This static muscle work (isometric contraction) is more fatiguing than active muscle work, and is a factor in many of the movements performed by a cashier.

Injuries to the upper and lower back are caused by her having to stoop as she works, because for most cashiers, the counter and the bagwell are too low. In order to prevent back injury when lifting something, it is important to lift with a straight back, and to use the leg muscles. A cashier loading a shopping cart from the bagwell is required to lift in a confined space, with her back bent, and to twist her torso while doing so. This would seem to be an ideal way to guarantee a back injury!

With the introduction of scanners into supermarkets, and the current trend to fewer but larger stores, a cashier's job has changed drastically. The job no longer requires the skills that used to be important - memorizing prices and competently operating a cash register. Instead, she now processes items through the computer. Most items have a bar code, which the scanner reads and automatically prices. For something which doesn't have a bar code, such as produce, she manually keys the code into the machine.

The computer does not just keep track of the prices. It also monitors the internal functionning of the store, allowing management to precisely match work hours to shopper traffic patterns. This means that there is no longer a slack period in a cashier's shift. During periods of lower shopper activity there are fewer cashiers working, so that each of them can be kept as busy as she would be at peak hours. As well as the physical stress of repetitive motions, she has to contend with the mental stress of feeling constantly rushed.

Better checkout counter design would go a long way towards alleviating most of the overuse injuries suffered by cashiers. An ergonomic checkout system has been designed and tested by the United Food and Commercial Workers Union. In order for it to become the standard system, however, the majority of employers have to be convinced that, even though it might take up more floor space in a store, it will result in higher profits because there will be less lost time as a result of injuries, and lower compensation payments.

Many supermarkets advertise themselves as being open and sensitive to comments from their customers. If you, as a customer, make comments to them about their employees' working conditions, perhaps they could be persuaded that it is in their best interest to improve those conditions.

If you want to know more about repetitive motion injuries, the B.C. Workers' Health Newsletter has devoted its latest issue to this subject. (c/o Labour Studies Programme, Capilano College, 2055 Purcell Way, North Vancouver, B.C. V7J 3H5).

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An Occupational Health Survey of Clerks and Cashiers in the B.C. Retail Food Industry L.D. Stoffman, Director, Western Occupational Health Resources June 1983

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B.C. Workers' Health Newsletter, No. 12, November 1986

HEALTH SHORTS

AIDS Hospice

On November 26, 1986 the B.C. Ministry of Health announced it would fund a 12-bed hospice for people with Aids somewhere in the Vancouver area. This surprise announcement was made in response to a proposal for a 25-bed facility. Details of the exact form and location of the hospice will not be known until after December 10th, 1986, when B.C. Ministry of Health representatives meet with members of AIDS Vancouver, an information and advocacy centre. The hospice will be the first of its kind in Canada and will offer comfortable surroundings to people with AIDS who are too ill to stay at home. It is likely that the hospice will be run through St. Paul's hospital, and in keeping with Ministry of Health policy, will be partly staffed by volunteers.

Isis

Patent Act Update

Amendments to the Patent Act were given second reading -- approval in principal -- in the House of Commons December 9, 1986. The legislation is one of the most controversial faced by the Conservative government, and if approved, would allow Brand Name manufacturers 10 years of freedom from competition from generic drug manufacturers. Most observers expect that the legislation will cause substantial increases in prescription drug costs.

Leftwords

Peanuts?

On November 19, 1986, Wilfred Eadie of Winnipeg was given a two-year suspended sentence and fined $600 for breaching the Food and Drug Act by selling peanut oil as a cure for arthritis. His conviction is the first we are aware of that enforces new provisions of the Food and Drug Act. In the spring of 1985 the federal government passed legislation forbidding herbal and alternate remedies to be labeled or sold for particular ailments. The legislation in effect forces health food manufacturers to comply to rigorous and expensive testing of their products in the same way that pharmaceutical companies have to have their products tested. Critics of the new provisions of the Act say that the legislation increases the monopoly of major drug manufacturers by limiting options available to consumers. Critics also say that natural products should be treated differently than synthetic products.

No Home Births!

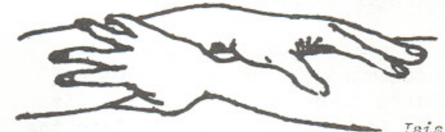
The only way women in the central Arctic can give birth in their own communities is by somehow contriving to miss the plane that is to take them south. Some women disguise their pregnancies until the last minute. Others hide somewhere until the plane has gone.

The reason they resort to such drastic measures is that since 1982 there has been a federal regulation requiring expectant women to be flown to Churchill or Winnipeg to have their babies. This regulation, introduced with the agreement of the local communities, has caused a major controversy among the people of the Keewatin region in the Northwest Territories.

Pregnant women are forced to leave their families for up to two months in order to be flown south, so that they can give birth in a hospital. This is extremely stressful for them and for their families.

The policy is being studied by a team of health care experts, who will consider several options, including a birthing centre and the recruitment of midwives. The Keewatin Inuit Association wants the territorial and federal governments to help train local people as midwives, and to establish a birthing centre at Rankin Inlet.

Source: Globe & Mail Nov.10/86



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MIDWIVES CONVICTED

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On Friday Dec. 12, 1986, Judge Jane Godfrey gave Gloria Lemay and Mary Sullivan a 3-year suspended sentence. Their terms include 200 hours of community service and a prohibition from being in the presence of a pregnant woman during labour or delivery. However, they are permitted to teach childbirth education classes. During the sentencing Judge Jane Godfrey commented "Hopefully by the time the probation order expires there will be some form of legislative order or regulations to assist women who want to make a choice for alternate (to hospital) delivery to obtain those services safely."

The Ontario Task Force on the Implementation of Midwifery has hinted that it will be recommending that midwifery include an option for home birth with emergency back up. It will probably also be recommending that midwifery be a seperate profession from nursing, and that training not require a previous nursing degree. These recommendations will be submitted to the Ontario government on March 31, 1987. Here in B.C., the problem we face is how to use the Ontario precedent in conjunction with the recent bad press for unregulated midwifery to force our own government to legalize midwifery.

WORKERS FOR THIS ISSUE

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WITH THE POWER OF EACH BREATH

WITH THE POWER OF EACH BREATH:
A DISABLED WOMAN'S ANTHOLOGY
by Susan E.Browne, Debra Connors
and Nanci Stern
Published by Cleis Press 1985

This book is an anthology written by 54 women, intense yet refreshing in its honesty. These women invite us into their lives to experience their personal struggle with disability. The authors describe their collection of stories as "a work of resistance against institutionalized silence." Their sharing has given them the strength to crack the barriers that isolate them from non-disabled women. The concept of disability is broadened in this book to encompass physically debilitating diseases to less visible conditions, such as diabetes, epilipsy, asthma, agoraphobia and environmental illness. All stages of a woman's life are portrayed, from the emotional pain of feeling different as a child or adolescent, to the grief expressed at outliving a beloved guide dog or a long-time friend.

Each chapter of the book addresses an important aspect of a disabled person's life. Initially the stories depict women coping with the reality of a disability -- the frustration of a diabetic dealing with a profit-minded industry in her search for a safe insulin pump, a blind student's constant search for willing readers, a woman having to deal with the inhumanness of hospital trauma, or the adjustment to life in a wheelchair.

Many of the stories deal with women overcoming self-hate nurtured for years by family and friends. Very often close family refused to acknowledge the existence of a woman's disability and offered anger or abuse and further isolation to the woman. For example, at age 32 a woman still struggles to maintain self-worth when friends echo her father's words, that she would be able to see if only she would "use her eyes". In a similar experience a woman learned to "see-by-logic", not realizing she was legally blind until she was an adult. Her parents continually denied her disability, although her father was an optometrist! One woman's deaf father refused to believe that she, too, had come to suffer the same disability. In contrast, more positive stories portray how self-esteem can grow with emotional support from family and friends during long traumatic hospital stays.

The slow process of building self-esteem also means overcoming society's narrow concept of feminine beauty and learning to embrace oneself as a whole and beautiful woman. Women struggle with their self-image as they deal with excess weight, a body disfigured by surgery or with an unresponsive paralyzed body.

After the slow journey of self-acceptance lies the barrier of lack of acceptance by society. Measures are not regularly taken to ensure women have access to public transport or to technologies that could aid sight or hearing losses.

These women also face the double barreled discrimination of their disability and their sex. Disabled women are often dependent upon low, government-supplied incomes as their only source of income. Rehabilitation programs do not normally direct women toward reintegration into the work environment in the same way as they do men. Today's fast-paced industralized society has little room for those who work more slowly, require more expensive facilities or require a more flexible work schedule

Disabled women are trying to fight the restrictions imposed by a stereotyped image of a totally accepting disabled woman or the "super" woman who more than overcomes her disability. These women hope to find a fulfilling role in society. Some women are asserting the reproductive rights of disabled women to experience the challenge of motherhood. It is difficult even to make new friends with non-disabled women, as a disabled woman often fears the other woman will see an imbalance of needs and not see what she has to offer. However, by uniting with one another and making their own experience known, disabled women are asserting their needs and rights to lead fulfilling lives.

This book is a tender and realistic collection of stories that will draw tears and empathetic smiles. I highly recommend it as excellent reading.

CHERYL ARRATOON

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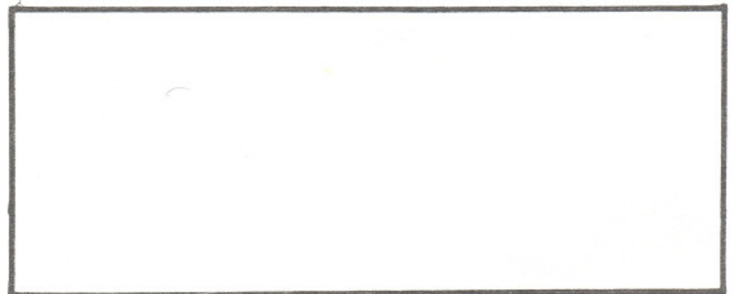

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