

IMMUNISATION:

WHAT THE DOCTORS SAY

For Ian Hassall, Plunket's medical services director, there's no question immunisation is the right thing to do. Community medicine registrar Mike Soljak is also clearly in favour, although with the reservation that we need to improve the monitoring of vaccines for possible long term effects.

"Let's do that monitoring, but keep using the vaccines unless there's evidence to suggest we shouldn't . . . In the meantime, let's prevent the misery of disease."

MEDICAL OFFICER of health John McLeod says: "We," (the Health Department) "have a vested interest in the prevention of disease. Immunisation is one means whereby we prevent it . . . That doesn't mean we go wildly advocating immunisation as the only means of preventing disease, or as desirable in every instance. We only go into mass programmes after carefully weighing up the pros and cons."

He and other health professionals readily admit there are always risks. Says Dr Mike Soljak of Middlemore Hospital, "You can never prove anything is completely safe because there's always the possibility that some effect following immunisation may turn up next year."

When we talk about a safe vaccine, says John McLeod, we mean as safe as possible. "Let's face it, no system is foolproof — if it's human, it's fallible."

And while that can probably be said of any medical practise, unease is growing here and overseas about just how safe vaccines are. The side effects (nausea, depression, fainting) seen during the meningococcal meningitis campaign, didn't do a lot for public confidence, says Hilary Butler, particularly when the South Auckland medical officer of health seemed to be saying one thing about it one week and another the next.

I asked Dr McLeod why Dr Cowan had first put reactions down to hysteria, then said they definitely weren't, then reverted to his original comment.

John McLeod looked uncomfortable.

"That was his opinion and I guess he made it on the best information available to him at the time. I know what he was referring to was in fact this business of kids fainting. Now I would never use the term mass hysteria for a number of reasons. The term has a very specific medical meaning. If anything, it's a slightly outmoded term we don't use any more. Unfortunately it has connotations of people screaming and yelling and generally going crazy, but that's not its medical meaning.

"What he meant is there is a phenomenon, which is well recognised, which you might call group susceptibility. When something happens to one person and others are receiving the same treatment, they react the same way. And if it happens to the person it's real — to call it psychological doesn't demean it.

"It's important people understand

this is normal and common. What is different is we haven't immunised 130,000 people like that before. The other symptoms are not what he was referring to and that's where he got caught, he didn't explain himself carefully enough about the different symptoms."

Hilary Butler's reaction is that it's just one example of the poor information parents are getting about immunisation.

John McLeod says the major side effects expected from the vaccination, fever and local reaction, were publicised. Fainting, nausea and vomiting weren't, "because any doctor or nurse will tell you if you stick needles into 130,000 people, some will faint."

He's clearly unhappy with the publicity which arose from those reactions, saying it's possible for a small group of people with a particular viewpoint, however valid, "to create a noise disproportionate, I think, to the concern of the general public."

Hilary Butler's point is that because parents overall aren't aware of some of the possible effects of immunisation, they won't be concerned and that's what she's there for.

MIKE SOLJAK thinks it's good Hilary's there as a public stimulus and says she's "good value." He considers her well informed and reasonable, unlike other people he calls "just anti-immunisation and not particularly reasonable". But he also feels Hilary "comes from a different perspective" — one that regards infectious diseases like measles and whooping cough as relatively harmless.

"Even in developed countries, however, there's still a significant risk of complications if you catch one of those conditions, although the risk is considerably lower if you come from a well educated, prosperous family." Most of those concerned about vaccines come from that background. "They have a lack of perception of the risk of some diseases in less well off, more crowded households.

He doesn't believe changing the social conditions of poor families is a realistic aspiration."

He also wipes aside Hilary's view that the Health Department would rather vaccinate than spend time and money on in-depth public health education.

Yet Dr Soljak agrees wholeheartedly that parents could be much better informed about immunisation generally, and so does John McLeod.

"What we're seeing is a change in the attitude of doctor knows best. There's an increasing number of well

QUESTIONING IMMUNISATION

informed, intelligent people who want to participate in decisions relating to their own health."

Health professionals have perhaps been rather slow, says Mike Soljak, in providing accurate information using modern publicity methods.

"We should be using videos or an expert team which might visit general practices and nurses and talk to service groups. Health services in general could have been doing more to provide balanced, up-to-date information in a more personal way, rather than through shot-gun campaigns on TV."

Ian Hassall, Plunket's medical services director, takes a less generous view. He says it isn't just up to doctors to provide information, but is also the responsibility of the media.

BUT PEOPLE must learn, insists Hilary Butler, to ask questions and be their own health watchdogs.

"I was an ordinary mother who started asking questions and sometimes I get angry with people who don't, but I have to remember I was like that too.

"Immunisation to most people is no more an issue than a bar of soap. The thing is that in the long term it could become one of the most crucial issues to the quality of life in future generations."

John McLeod maintains the majority of people still believe doctor *does* know best and are not really interested in knowing the ins and outs.

"It's fine to ask questions if you're white, middle class, well educated and relatively well off. To some extent my concerns are with people who are unable to make those decisions because their life circumstances mean they are more concerned with survival than what to them are the finer details. They rely on health authorities and the medical profession to do what's right."

That same group of people worries Mike Soljak, who says they're the ones being ignored in the whole debate over whether to immunise.

"The parents tend to be younger, less well educated and have a poor perception of the risk of disease, are usually those most at risk of getting it and have a number of children, often closely spaced. I think you can see how such a mother of two or three children with a year between them finds it very difficult to keep up with a complicated immunisation programme. Those parents aren't opposed to immunisation. It's simply we're not offering them a good enough service."

John McLeod confesses doctors

may not always ask the appropriate questions of parents. The medical profession, he says, is not always perfect.

I asked if that meant children who have contraindications (conditions which indicate the vaccine may present problems) to a certain vaccine might still end up being vaccinated.

"Of course not! Of course not!" He countered, angry at the suggestion. "If you are the family doctor and you're any good, you know what's wrong with patients and whether a vaccine is contraindicated, you'll have it marked on the card. Now whether you would discuss that with the patient I guess depends very much on the individual patient."

He firmly believes that even if every parent understood all the issues involved in immunisation they would still come to the same conclusion as health authorities and professionals — that it's better to immunise.

Hilary Butler says that's because information about immunisation is being suppressed, and that's something which *really* annoys John McLeod.

"This sort of paranoia I really find extraordinary!" he snaps, shaking his head impatiently. "No-one is suppressing anything, anyone can go to the library if they want to."

I point out that someone like Hilary is in the group of "well educated, intelligent" people who can do this, whereas the group who are "less well educated and less well off", the group he's really concerned about, are less able to.

"Well, they're not interested are they?" he shoots back.

McLeod says it's easy, anyway, to take one article out of a medical journal and misinterpret it.

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