

Dr Diana Sarfati
Director-General of Health
Manatū Hauora | Ministry of Health
PO Box 5013
Wellington 6140

10 July 2023

Dear Dr Sarfati

It is with great dismay and concern that we write to you regarding the recent report of the Health Committee on Sally Walker's petition to suspend the implantation of mesh sling for stress urinary incontinence.¹

The refusal of the Health Committee to recommend resolute and specific action to protect women from mesh injury is the latest in a long line of failures of our health authorities to act to prevent more harm from surgical mesh. Given the evidence, it is hard not to conclude that the continued harm that surgical mesh causes, as collateral damage from this international market, is sanctioned by the Ministry of Health.

For over a decade health advocates and those harmed by surgical mesh procedures have worked extremely hard to get successive governments, the Ministry of Health and health entities to take action to stop this preventable medical injury from being inflicted upon thousands of New Zealand women/wāhine. During this time, action to protect women has been taken in other jurisdictions; for example, the permanent banning of surgical mesh procedures for stress urinary incontinence in Scotland, and suspension of these procedures in England, Ireland, and Wales; while women in Australia have had success in class actions against one surgical mesh manufacturer, an opportunity denied women/wāhine from Aotearoa New Zealand because of our no-fault ACC system.

In 2019, more than 600 people shared their stories of surgical mesh harm through a restorative justice process² and in response the Ministry of Health committed to 19 actions on behalf of the health system.³ Despite this, and despite inconsistent and incomplete data from ACC, it is clear that in the five years since Government officials ordered hospitals to take action to minimise the harm from surgical mesh procedures and to ensure surgeons using mesh were appropriately skilled to perform these operations, substantially more women have been injured severely enough to have claims accepted by ACC.

It is clear that no action taken to date has been sufficient to prevent more women being catastrophically harmed by surgical mesh procedures. We have significant concerns regarding the Health Committee's recommendation that "the Ministry of Health, the New Zealand Medical Council and relevant medical

1 Health Committee, 2023: [Petition of Sally Walker: Suspend the implantation of mesh sling for stress urinary incontinence](#), Report of the Health Committee, New Zealand Parliament.

2 Wailling J, Marshall C & Wilkinson J, 2019: [Hearing and responding to the stories of survivors of surgical mesh: Ngā kōrero a ngā mōrehu – he urupare](#), A report for the Ministry of Health. Wellington, New Zealand: The Diana Unwin Chair in Restorative Justice, Victoria University of Wellington.

3 MoH, 2022: [Summary of progress to address harm from surgical mesh](#), May 2022, Ministry of Health.

colleges should investigate how it could effect a time limited pause” rather than recommending an immediate suspension and cessation of uro-gynaecological surgical mesh procedures.

Notwithstanding the fact that many surgeons and their representative colleges have substantial conflicts of interest, we are concerned that:

- The harm will continue, regardless of who is credentialled, because, as stated by international expert, Dr Wael Agur, “chronic pain and most other long-term complications are because of the device itself rather than surgical skill.” (Health Committee Report page 29¹)
- There is no evidence at all that the risk of harm has been mitigated or can be prevented while surgeons are still implanting surgical mesh. With the credentialling process not yet completed, there is no clarity around what is specifically being done in the interim to protect patients.
- Credentialling of all surgeons using mesh will take a long time complete; in the interim people are unsafe. Only 12 of Aotearoa New Zealand’s most experienced mesh surgeons have applied for credentialling, with only six meeting the minimum standards for removal. There is no clarification on what specific procedures these six surgeons have been credentialled for.
- There is absolutely no information publicly available to tell health consumers which surgeons have been re-credentialled under the Australian guideline. Therefore, patients have no idea if the surgeon they are seeking treatment from is permitted to do uro-gynaecological mesh surgery. Many women would not know to ask if their surgeon is credentialled, and evidence provided to the restorative justice process² is that some women were not even told that their procedures involved the use of surgical mesh. Without such critical information women can’t ask the right questions of their surgeon.
- There is currently no ability to monitor the private sector, in which a significant percentage of operations are undertaken. There appears to be nothing to stop non-credentialled surgeons in the private sector from continuing to work.
- There is no logic in establishing specialist mesh centres to remove mesh and address the harm caused by uro-gynaecological surgical mesh procedures while surgeons, many or most of whom are uncredentialled, continue to implant mesh and cause significant harm. If implantation procedures are not stopped, these specialist mesh centres will be needed for years, imposing a huge financial burden on the health sector and ACC, as well as the personal, family/whānau and community burden as a result of mesh injury. With the passing of the Accident Compensation (Maternal Birth Injury and Other Matters) Amendment legislation in 2022, and acceptance of the extent and impact of birth injury, there will be an increase in the number of women needing treatment and repair of birth injuries presenting to gynaecologists. Therefore, there is a clear potential for many, many more mesh injured women to be seeking treatment and mesh removal within a short period of time.
- There is no mesh registry despite a 2018 Deloitte cost:benefit analysis finding that such a registry had a benefit to cost ratio of 3:1.⁴ Currently there is no data on surgical mesh procedures in Aotearoa New Zealand and it will take years before any meaningful data is collected. Additionally, the data that would be obtained is highly dependent on the type of register chosen.
- There has been no consideration of the secondary trauma experienced by health professionals who are faced, sometimes on a daily basis, with trying to help mesh harmed women with devastating injuries and living with severe disability.
- Many women are being offered mesh procedures because the majority of our surgeons are not competent in non-mesh procedures. There has been a recent increase in non-mesh procedures

4 Deloitte Access Economics, 2018: [Surgical Mesh Registry: Cost Benefit Analysis](#), Ministry of Health, July 2018.

resulting in serious adverse events due to a lack of training and experience in non-mesh procedures, and mandatory high-vigilance scrutiny must be introduced to mitigate further harm. (Health Committee Report pages 23-25¹)

It is not okay to leave any woman severely disabled through preventable medical injury, her life ruined and entirely dysfunctional. It is not okay for any woman to be irrevocably harmed.

It is time we stopped looking at just the numbers; it is time our health providers and health entities stopped attempting to justify the use of, or maintaining that surgical mesh use is tolerable, because some women are not harmed. It is unconscionable to make a determination that a procedure or device is safe because some people benefit or a majority – as few as 51% – benefit while others suffer health-destroying and life-changing injury.

One more woman severely injured and disabled by surgical mesh is one too many!

We are extremely disappointed that, just as the Ministry of Health | Manatū Hauora are to launch Aotearoa New Zealand's first women's health strategy, the Ministry, Government and health entities are continuing to drag their feet on mesh harm, literally the biggest cause of avoidable medical injury/harm to our women/wāhine since the Cartwright Inquiry. This failure to act makes a mockery of the Government's stated commitment to improving women's health and addressing the bias and inequities that women face in the health system.

We are asking you to take action!

Please impose an immediate suspension of surgical mesh procedures for stress urinary incontinence, at least until the considerable problems with the use of surgical mesh and the catastrophic harm that it can cause, are properly and adequately addressed. Additionally, please ensure that all non-mesh pelvic procedures are put under high vigilance scrutiny until the proper upskilling of our current workforce has been undertaken and patient safety can be assured.

Regards



Sue Claridge

On behalf of:

Auckland Women's Health Council

Cheryl Hamilton, Deborah Payne, Pauline Proud, Madeline Heron, Katie Palmer du Preez, Sue Claridge, Nicola Power, Erin Hanlon

The Cartwright Collective

Ruth Bonita, Betsy Marshall, Joanna Manning, Sandra Coney, Phillida Bunkle

Federation of Women's Health Councils

Barbara Robson, Barbara Beckford

Health Consumer Advocacy Alliance

Denise Astill, Sue Claridge, Katherine Gibbons, Charlotte Korte

CC: Hon. Dr Ayesha Verrall, Minister of Health



The Auckland Women's Health Council is a voluntary organisation of individual women and women's groups who have an interest in and commitment to women's health issues. The organisation was formed in 1988 to provide a voice on women's health issues in the Auckland region.

The Council has a special interest in women's health, patient rights, informed consent and decision-making in health care, health consumer advocacy, the Code of Health Consumers' Rights, the National Cervical Screening Programme, and medical ethics – issues that were highlighted during the Inquiry into the treatment of cervical cancer at National Women's Hospital in 1987-88 and in the recommendations contained in the report known as the Cartwright Report.



The Federation of Women's Health Councils Aotearoa – New Zealand (FWHC) is a national umbrella organisation of women's health councils, women's health groups, and individual women throughout New Zealand. The Federation has a commitment to providing a powerful voice for women consumers of health and disability services, and to act as a public good advocate in matters that affect their well-being interests and those of their family/whānau.

The Cartwright Collective

The Collective is a group committed to monitoring implementation of the 1988 Cartwright Inquiry Report Recommendations. Members are also committed to ensuring policy development is based on sound evidence and to the provision of high-quality information to enable consumers to make informed decisions. The group also advocates to ensure the recommendations of the Cartwright Inquiry are not diluted and to provide a consumer voice in health care ethics.



The Health Consumer Advocacy Alliance is a collective of experienced healthcare advocates who share a common passion for creating positive, effective and lasting change. Our founders have a common standpoint; that health care as it is now is not working, that the experience of New Zealanders in the health system is not what it should be. By working together and pooling our experience we

identify areas and opportunities where we can facilitate change within the healthcare system and ensure that our voice, the consumer voice, is heard.