Voting set to begin at GMC following retirement of Wendy Savage

The retirement of **Wendy Savage** from the General Medical Council opens up the first elected seat since 2003. Whoever wins her seat for the south east of England—voting is from 9 September to 7 October—will have a tough act to follow, says **Allison Barrett**

On 12 April 2005, her 70th birthday, Professor Wendy Savage retired from the General Medical Council, leaving a vacancy on the council for an elected member. The nominations have now closed and voting opens in August for a new member. But for Savage, her career and political life are far from over.

Well published in both medical and lay media, a fierce advocate of women's rights, and memorialised with a portrait in the National Portrait Gallery's primary collection, Savage's is a well known name.

After she had received her medical degree from the London Hospital Medical College and worked in three continents, her patient centred approach to obstetrics and gynaecology became the focus of her NHS career. Often contentious, but admired by patients, she survived a tumultuous inquiry in the 1980s and was reborn as an advocate for patients' choice.

In 1985-6, she came under fire for her management of five obstetrics cases. Her determined belief that women should be allowed to choose their method of treatment and delivery opposed the views of conservative theory, that of "doctor knows best." She was charged with incompetence and suspended from clinical work and teaching. Some of her obstetrical colleagues who disagreed with her management fought, often behind the scenes, to remove her from the London Hospital, where she worked.

But the debate was much broader. "I knew I was not incompetent, and that my differences with my colleagues stemmed from a difference in approach and attitude," she wrote in 1986 in her book, *A Savage Enquiry: Who Controls*

Childbirth? She and others raised questions of power and choice: how much say should doctor versus patient have in clinical management?

"The most difficult problem in terms of competence occurs when one consultant has developed an individual approach to the management of his or her patients that is out of line with the views of others. If this view is sincerely held, thought through, and supportable by published evidence, it cannot be described as incompetent—but it will cause difficulties," said an editorial in the *BMJ* in August 1986 (293: 285-6).

After a 15 month suspension, Savage was reinstated as both doctor and lecturer in 1986. GPs welcomed her back, but some of her obstetrics colleagues remained silent, quietly acknowledging, she says, that she had won the fight.

And her reputation among her patients? Hardly tarnished: "I think my patients were the same as they'd always been. I didn't notice any difference in the way my patients treated me," she said. In 1987, the *South African Medical Journal* said, "If

anything, her reinstatement has left her with an enhanced reputation as a humanitarian—certainly among the lay public" (*South African Medical Journal* 1987;71:136-7).

After such a public inquiry, no one could have blamed her if she had shunned political involvement, but she did not. In 1989, she ran for and was elected to the GMC. Her tenure included involvement on panels and committees, including the Fitness to Practise Committee, but also public expressions of disagreement to the handling of some cases by the GMC. Her colleagues received this public opposition "mostly in silence," she said.

When Helena Daly, a haematologist, was suspended then reinstated in 1995, Savage wrote in a letter to the *BMJ*, "Another doctor has been vindicated yet has had her working life totally disrupted. Surely it is time for proper consultation about this secretive, badly managed, and wasteful process."

When two Bristol surgeons and an administrator were found guilty of serious professional misconduct in 1998, she again wrote to the *BMJ*: "The perception among many people, medical and lay, is that these doctors were made scapegoats as a way of satisfying the government that doctors were capable of regulating themselves as a profession. If this perception is correct then a grave miscarriage of justice has occurred and incalculable damage been done to self regulation, the medical profession, and the parents whose children were patients in Bristol."

Some felt that the Bristol case raised red flags about the ability of the medical establishment to self regulate. Savage maintained that self regulation was possible. "I just hope the profession realises that the GMC, with all its faults, is better than a government run system."

Even so, she said, "the first line of self regulation is the professional's own personal standards." Judgment of doctors by their peers at the GMC should be a last resort, after private conferences and discussions, an assertion made during her own inquiry.

Yet the GMC is becoming increasingly overwhelmed by cases of professional misconduct. According to Savage, when she first joined the GMC in 1989, they received about 35 cases a year; now cases number in the hundreds. Why the increase? It's not because patients want money, but rather they want to ensure that mistakes do not happen to other patients, she said.

"I think people are more willing to complain and expect more of their doctors. Primary care organisations and so called trusts are more likely to refer a doctor if he is behaving badly than in the past," she said.

"People make mistakes and doctors are no different," she said, and patients, for the most part, realise this. "I think the majority of patients are reasonable people."

In her retirement, she finds herself as busy as ever. She continues in her long term role as press officer for Doctors for a Woman's Choice on Abortion and is planning to update two of her books, including *A Savage Inquiry*. Her political involvements include defending Elizabeth Garrett Anderson Hospital's mission of a hospital "by women for women" and a desire to resuscitate debate on the 1967 abortion act.

If she so desires, her work with the GMC could continue by serving on panels, but Savage admitted, "I wasn't sorry to say goodbye to committee work." □ Allison Barrett *BMJ*

See www.gmc-uk.org/election/info_election_2005.htm.

There are 35 members on the GMC, a number reduced from 104 during reorganisation in 2003. Of the members, 19 are elected doctors, 14 are lay people, and two are appointed by academic institutions. All registered doctors with an address in one of the postcodes designated for the south east of England area can vote for the new member.

The new member, who will represent that region, will take office immediately for a two year term. The normal term limit is four years with a maximum of two terms.

Details of those standing for election have yet to be announced by the GMC.