

Case studies of health-impaired prime ministers in Aotearoa New Zealand

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ABSTRACT

In this viewpoint we consider brief case studies of four former Aotearoa New Zealand prime ministers whose poor health impaired their decision making. Two of them died in office—Michael Joseph Savage (leader for 1935–1940) and Norman Kirk (1972–1974)—while a third, Joseph Ward (1928–1930), died shortly after his resignation from his position. The fourth, Robert Muldoon (1975–1984), drank heavily at critical times during his prime ministership. We suggest that further New Zealand research on health-impaired leaders is justified, and discuss possible system improvements that can help to recognise when leaders become incapable or even need, if possible, to be removed from any position of authority.

The last-minute withdrawal of United States (US) President Joe Biden as the Democratic candidate for the November 2024 US election has highlighted the complex risks to a country's wellbeing and security when its leader's performance is impaired by infirmity or illness. This loss of effectiveness can be particularly disruptive if it is hidden or becomes obvious only shortly before an election.^{1,2} Even when allowing for the constraints imposed by domestic political institutions and the international system, leadership can matter critically, as is shown in a study by Horowitz et al., who concluded: "*Who ends up in office plays a critical role in determining when and why countries go to war.*"³

For this viewpoint article, we used short case studies to examine four Aotearoa New Zealand prime ministers (PMs) whose health impairments were actual or potential threats to the country's good governance. The principal sources were the published biographies of these leaders. Other PMs, such as Richard Seddon (PM between 1893 and 1906), Sidney Holland (1947–1955) and Jack Marshall (1972–1972) also suffered from ill health while in office, but their incapacity did not appear to have such obvious impacts. Seddon, for example, was described by one biographer, RM Burdon, as a "*mighty feaster with little regard for moderation in eating and drinking.*"⁴ Despite heart problems he was energetic enough throughout his time as PM to manage a number of important ministerial portfolios as well as his prime ministerial position. It was not until after a strenuous official visit to Australia in May 1906 that his disregard for health warnings finally caught up with him. He died after a massive heart attack on the voyage back home.⁵

A further aim of this study was to identify patterns that were commonly found in the behaviour or political environment of these impaired leaders. The case study approach used here was modelled on similar work on impaired leaders in other countries.^{1,6–9} We looked, for example, at whether the PM's infirmity was concealed by close associates, or "enablers". There have been at least nine US presidents for whom important health information was withheld from the public.¹⁰ In the most recent instance of this practice, President Biden's aides attempted to mask his failing capacities by reducing the number of his press conferences, media appearances and meetings with members of Congress.¹¹ All these efforts were nullified during his disastrous showing in the presidential candidates' debate with Donald Trump on 27 June 2024. This was when millions of viewers saw him fumbling with his notes, losing track of his arguments and failing to challenge the many lies of his opponent. Even before this point his frequent lapses in concentration were beginning to be noticeable, while a linguist's analysis of changes in his language described it as an "unravelling", in which chunks of words resembled the pared-down forms that characterise pidgin languages.^{11–13}

In the current article on impaired New Zealand PMs, the focus is largely on the impact of their physical illnesses or substance use on their functioning as PMs. Age in itself was not considered, with the possible exception of Joseph Ward, the oldest of the group at 72. When he became PM for the second time in 1928, his debility was so marked that the contrast with his intellectual vigour during his earlier term as PM supports the entry in 1930 on his death certificate that he died of "senile decay"

as well as diabetes and thrombosis.¹⁴

Besides Joseph Ward (1928–1930), the other leaders chosen were Michael Joseph Savage (1935–1940), Norman Kirk (1972–1974) and Robert Muldoon (1975–1984). All of these figures were reluctant to accept limitations to their authority, despite urgings from associates who considered them no longer able to make sound decisions or too ill to carry out their work.

Joseph Ward (1856–1930)

Joseph Ward's second term as PM between 1928 and 1930 was marked by his poor and hasty decisions, frequent absences from Parliament as the result of illness and attempts by close associates to minimise the extent of his sickness and general debility. He resigned on 28 May 1930, fewer than 6 weeks before his death at the age of 74.

Ward had a long parliamentary career that included a period as Liberal Party PM between 1906 and 1911. He had been successful in business before he entered national politics, and his financial expertise was reflected by his appointment as colonial treasurer in the 1890s and later posts as finance minister in subsequent administrations. Amiable, optimistic and a key ally of PM Richard Seddon during the latter's reforming term in office from 1893 to 1906, Ward has recently been rated by a panel of historians as one of New Zealand's most capable PMs.¹⁵

His early successes, however, were not matched during his second term as PM 17 years later. By 1928, he was 72. After the general election in December that year the governor-general, Sir Charles Fergusson, remarked to a confidant at the Dominion Office, Avery, that he was struck by Ward's physical frailty and poor health. He feared that he might break down under the stress of office.¹⁴

Fergusson's assessment proved to be accurate. A visitor to Parliament in 1929, Margery Perham (an Oxford historian), described Ward as tottering into the House "*like a man in the last stages of decrepitude*."¹⁴ His term as PM was marked by the cancellation of a number of engagements because of sickness, which was usually described as a bad cold or influenza. He was not well from early October 1929, but the reassuring bulletins from his office had to cease after 18 October, when he had a stroke. The information then given to *The Evening Post* was simply that his presence in Parliament would not be required for the remainder of the session. However this absence might

have been presented, it was now obvious that Ward was very ill. At an executive council meeting on 29 October, Sir Charles Fergusson heard that Ward's heart was "*very bad ... It is evidently touch and go*."¹⁴ During the following 6 months the elderly invalid spent much of his remaining time in office convalescing at Rotorua or at his house in Heretaunga, where a photograph from January 1930 shows him in a wheelchair in his garden.

The first indication that Ward's debility was affecting his decision making had come at the opening of his election campaign in Auckland on 17 October 1928. He made a startling announcement that he would borrow £70 million in England to finance land settlement and railway development. This was not only contrary to the United Party's financial policy, but also a surprise to the Party's candidates. It was a blunder that dogged Ward throughout his term as PM. It was obvious once he took office in December 1928 that financial commitments by the previous Reform Government meant that the £70 million was an impossible goal and Ward had been out of touch with the state of the London loan market.¹⁶

Ward's serious error in Auckland was not only reckless, but may have been directly affected by health issues. He already had problems with his eyesight and during his speech he asked his son Vincent if the lights had failed. During the 14 minutes he continued to speak, and when the spending promise was made, he may have been having a period of confusion related to his diabetes.¹⁴

As PM in 1929, Ward made another over-optimistic pledge that demonstrated he was unaware of the economic conditions at home, as well as abroad. One of the first signs of the coming Great Depression was the number of men out of work. On 1 October, Ward stated that within 5 weeks the Government could provide enough jobs for all unemployed men who had registered and were capable of work.¹⁴ The result was that the number of registered unemployed jumped within a month from nearly 2,500 to 13,000. The severity of the real unemployment situation was revealed in stories in the newspapers of men collapsing from starvation as they waited in queues to register.

Apart from these demonstrations of Ward's failing capacity to make good decisions, his declining health meant that more and more of his work had to be delegated. Important public engagements had to be passed onto ministers, and his own family were closely involved

with his support. His son Vincent was his private secretary, while his wife Eileen also took on some minor public appearances.¹⁴ The danger of an impaired PM was demonstrated by the slow government response to the events in Western Samoa, a country administered at the time by New Zealand under a mandate from the League of Nations, when police shots killed 11 on 28 December 1929.¹⁷ He was ill in bed at the time and his whole ministry, including senior civil servants, was absent on holiday. Instead of acting decisively, Ward thought of suppressing the bad news and it was only after a Cabinet meeting on 31 December that it was agreed to send a ship to Apia to deal with the emergency.

Michael Joseph Savage (1872–1940)

Michael Joseph Savage led the first Labour Government from 1935–1940, a period that saw progressive policies in housing, employment, health and a superannuation scheme. Yet Savage himself was constantly troubled by intestinal ailments that ultimately led to his death from colon cancer.¹⁸ As his sickness progressed, his behaviour was marked by increasingly erratic and violent outbursts when challenged by members of the Labour caucus. Much of this discord was over policy, but also because of Savage's insistence that he alone had the right to appoint the Cabinet and his rejection of the majority vote within caucus to the contrary. His belief in his own indispensable role also meant that he deferred essential surgery in order to campaign actively during the 1938 general election.¹⁸

Savage's health and strength had been good throughout his life until late 1931, when agonising abdominal pains led to his admission to Auckland Hospital and a lengthy period of illness that forced him to miss the opening of Parliament in 1932.¹⁸ Abdominal pains persisted and in August 1938, an X-ray indicated he had cancer of the colon. Savage refused medical advice to have an immediate operation and it was not until a year later that he consented to have surgery.¹⁸ Dr David McMillan, a fellow Labour Party MP and medical practitioner, suggested that Savage's rapid recovery from this surgery showed that "*there has been no major operation, they just opened him up, saw the case is hopeless, and sewed him up again, he hasn't very many months to live.*"¹⁸

According to Labour Party MP John A Lee, during the final months of Savage's life he became

increasingly rattled by any criticism. He threatened to "get" Dr McMillan because McMillan, a Lee supporter, had said he was ill. Yet he was so sick in his final caucus meeting that Lee described him as resting his head on his hands and coming up on occasion to threaten members to take off their coats if they liked, with the implication he would fight them. When Lee was insensitive enough to tell him that he had become mentally sick as the result of physical illness, Savage said he would knock his head off.¹⁹

Lee was undoubtedly a highly partisan commentator, with leadership ambitions of his own.²⁰ The animosity between the two men exemplified the political stresses that can emerge when there is a failing leader and factions emerge between the loyalists who want the leader to remain in power and the rivals who want a change.⁷ Shortly before his death, Savage wrote that the last 2 years of his life had been a "living hell".^{20,21} He referred, in particular, to Lee's article "Psychopathology in Politics" published in the 6 December 1939 issue of the magazine *Tomorrow*. It hinted at Savage's mental and physical deterioration,²² though Savage was not mentioned by name. Lee drew on his layman's reading of MacNeill Weir's *Tragedy of Ramsay MacDonald* to discuss democracies in which leaders, such as US President Woodrow Wilson, Britain's PM Ramsay MacDonald and New Zealand's Joseph Ward, had remained in office despite their obvious impairments.²³ The common features that Lee drew from this source were the leaders' sense of personal infallibility and irritation at being challenged, sycophants who flattered them and minimised any issues of poor mental or physical health and poor decision making.

In Lee's own accounts of the period, he recalled the constant reassurances from Savage's associates about their PM's health, even in a report in the Labour Party paper the *Standard* as late as 7 March 1940, which said that "*Mr Savage is not only fit and looking very fit, but in daily consultation with his Ministers.*"¹⁹ The Deputy PM Peter Fraser had said the same thing on 16 January 1940: "*The Prime Minister is again in full health and carrying out full work.*"¹⁹ Fraser also explained Savage's absences from caucus meetings as the result of a wish to avoid the scenes Lee had provoked.²² Savage died in office on 27 March 1940. He was 68.

Norman Kirk (1923–1974)

Norman Kirk had only a brief term as PM (from 1972–1974) and died in office. He had multiple

health problems in the last 15 years of his life, including diabetes and several pulmonary embolisms, as well as what were probably a number of transient ischaemic attacks (TIAs). For example, on a visit to India in December 1973, Kirk had a likely TIA in his hotel room that left him temporarily paralysed on one side of his body and unable to speak.²⁴ Though he was a formidable debater and campaigner, and had proved to be an inspirational leader, his loss of energy and frequent illnesses during the last months of his life led to an impression of a loss of direction on the part of the Government.²⁵ His own secrecy about his poor health and his sudden death on 31 August 1974 at the age of 51 left the Labour Party little time to prepare a successor in time for the general election the following year.

During the years since Kirk first entered Parliament, he had collapsed on several occasions, once while speaking in the House and another time when he passed out in his room in Parliament. His colleagues smuggled him out of the House and took him home.²⁵ In 1972, only 48 hours before he was elected PM, he collapsed on the steps of an Invercargill hotel. The friend who caught him as he fell, Kevin Meates, noted that Kirk's "*breathing was very shallow and quick and he was in a bad sweat.*"²⁵ Given his subsequent likely TIAs and death from heart failure, these collapses seem likely to have been cardiovascular events of some type.

From the first, Kirk made great efforts to keep the public from knowing about his health problems. Biographer Denis Welch suggests that it is not known how often Kirk had his "turns", given that reports of them might have given an impression of weakness.²⁵ Colleagues such as Bob Tizard, Warren Freer and Phil Amos were present during some such episodes, but there were also more serious occasions when doctors were involved. On 24 April 1974, while on a fishing trip at the Bay of Islands, Kirk could hardly walk for pain in his legs, was struggling to breathe and was coughing up blood. It was fewer than 2 weeks since he had spent a fortnight in hospital after a having had an operation on his legs for varicose veins. A local doctor made a quick diagnosis of "*diaphragmatic and lower right pleurisy caused by an embolism from the legs with pulmonary infarction.*"²⁵ Kirk refused to go to hospital and said he was in the middle of important government negotiations, which could be compromised if it was known he was in hospital. He swore the doctor to secrecy, and it was eventually agreed

that the official bulletin would say "flu".

Kirk's associates helped him keep his health problems from public knowledge, but there is little sense that this was to advance their own ambitions or that there was truth in Kirk's fears that enemies might act against him while he was convalescent. He had expressed these fears before having surgery on his varicose veins in April 1974, and also in the week before he died at the age of 51.²⁵ Even towards the end of his life, when he was starting to lose the thread at cabinet meetings and appeared less frequently in the House, Deputy PM Hugh Watt was willing to cover for him. After Kirk went home to bed on 19 August after a cabinet meeting, Watt explained that he had a nasty type of flu that was going around.²⁵

By now Kirk was only a few days away from death and Dr Tom O'Donnell thought that his heart was enlarged by 50%, only a third of one lung was working and his liver was enlarged due to heart failure.²⁵ Yet Kirk insisted no one was to know how sick he was, not even his own children. This wish to keep his poor health a secret and his fears of plots against him appear to be an expression of the hubris that only he was fit to lead the country. Welch, in the most recent biography of Kirk, suggests on the other hand that it was more the result of a "*fear of being seen to be weak or vulnerable. In the final analysis, his compassionate sense of humanity did not extend to himself.*"²⁵

Robert Muldoon (1921–1992)

Robert Muldoon, the notoriously abrasive but powerful National Party politician, was PM between the years 1975 and 1984. During his final years in office he was increasingly at odds with a number of his younger parliamentary colleagues, so much so that there had been talk of replacing him as PM, and at one stage in 1980 there was a majority in caucus for a leadership change.²⁶ Some of these differences were prompted by his autocratic style of management, his stubborn belief in the correctness of his own actions as minister of finance, a preference for cronies such as his confidant and drinking companion Colin McLachlan^{26,27} and defensiveness about younger people of ability within the National Party, such as the economist Don Brash.²⁷

Muldoon's behaviour was also impacted by excessive alcohol use. For example, during a late-night session on 4 November 1976, Muldoon, described as "liquored up" by Social Credit MP Bruce Beetham, accused Labour MP Colin Moyle

of being “picked up by the police for homosexual activity.”²⁷ This accusation and its messy aftermath, which included a commission of inquiry, ultimately resulted in Moyle’s resignation before the end of the year.

Muldoon’s drinking was also to contribute to the demise of his own political future in 1984, when he called a snap election. On the evening of 13 June, he had a tense meeting with MP Marilyn Waring, concerned that her opposition to the Government’s policies for women and support for a nuclear-free bill was weakening the National Party’s position in Parliament. In an interview with Muldoon’s biographer, Barry Gustafson, Waring recalled that Muldoon was pouring himself brandies during a foul-mouthed harangue.²⁷ Immediately afterwards Muldoon called for a meeting of available caucus members to endorse the decision he then made to call for an early election. This done, he went to Government House, where he asked for a dissolution of Parliament, and on his return he announced that the election date would be in a month’s time, on 14 July. It was then 1am and the effects of further drinks throughout the evening meant that he was slurring his words and appeared drunk to the viewers who saw him on television as he answered questions. His insistence that he could then drive himself home was only foiled by the action of Government Whip Don McKinnon, who had arranged for someone to go to the Beehive garage to let down a tyre on his car. His decision to call the snap election was against the wishes of his party leaders, Sue Wood and Barrie Leay.²⁶

Muldoon was also on three medications at the time, for diabetes, hypertension and a muscle relaxant for chronic back pain.²⁷ In the 1980s, the commonly used oral diabetes medications (e.g., sulphonylureas) could increase the risk of hypoglycaemia if used with excessive alcohol.²⁸ A typical feature of hypoglycaemia is confusion, and so it is possible that this could have added to the impact of his heavy alcohol intake on this occasion.

The Labour Party won a conclusive victory in the election (described by a wit as the “schnapps election”). One result of Muldoon’s impulsive decision to hold an early election was a potential constitutional crisis. He was unwilling at first to carry out a request by the incoming Labour Government to devalue the currency, although there had already been a run on the currency after the announcement of the election. Uncertainty about his intentions in the 2 days immediately

following the election meant that key individuals such as the Governor-General, Sir David Beattie, and the head of the PM’s Department, Gerald Hensley, had to consider whether Muldoon might have to be dismissed if he should refuse to follow Labour’s wishes and no longer had the confidence of the National cabinet and caucus. Trading in the New Zealand currency was suspended on the Monday and the situation was not sorted until the following morning, when Muldoon finally wrote to the incoming PM, David Lange, to say that he agreed to devalue.

The personal cost to Muldoon of this chaotic period was an overwhelming caucus vote on 29 November 1984 to replace him with Jim McLay as National Party leader.²⁷ Only a week earlier he had claimed that not “one of the declared candidates is as capable of turning the [Labour] Government out as I am.” After receiving a humiliating five votes in support at the caucus meeting, his response at the following press conference was to rail at the party officials who had lobbied for his removal. This undignified exit contrasted with a more mellow mood when he delivered his valedictory speech at Parliament in late 1991. He even told a good joke against himself.

In his later years he experienced numerous health challenges apart from his diabetes, including an operation for bowel cancer in 1986. He continued to be an active constituency MP until his resignation in 1991, took part in international economic conferences and hosted a weekly 3-hour radio talkback show. He remained enormously popular among supporters of the National Party.

Discussion

All of these four selected New Zealand PMs showed important health impairments—with two dying in office (Savage and Kirk) and one (Ward) dying shortly after leaving office. For Muldoon, the health impairment was more a matter of heavy alcohol use. Furthermore, all four displayed one or more features of failing political leadership:

1. *Hubris*: The four PMs in these case studies demonstrated a belief that no colleagues were as well equipped as them to solve the country’s problems: a sense of hubris that former British politician David Owen has described as an “occupational hazard” for heads of government.⁶
2. *Secrecy and denial*: The need for secrecy about an impairment, or denial that it was

serious, was a strong feature of the first three of these PMs.

3. *Enablers*: All of these PMs were protected at times by political associates who helped conceal the degree to which their poor health or heavy drinking impaired their capacity to govern.
4. *Poor decisions*: Ward's failure to act during a crisis in Samoa, Savage's defiance of the wishes of the majority of his caucus, Kirk's diminished energy and concentration during the last months of his prime ministership and Muldoon's drunken behaviour at the time he called a snap election were all evidence of an impaired capacity to make good decisions.
5. *Absence from office*: This was particularly so in the cases of Ward, Savage and Kirk.

The consistency of these patterns among the four New Zealand PMs studied here suggests that it would be valuable for researchers to explore health-impairment among other previous New Zealand politicians, as well as how more of the findings from other countries about impaired leaders might relate to situations in New Zealand. Apart from alerting the public and media to risks of this type, research could also examine measures that might be applied in this country for safeguarding its democratic system against the risks of having such a leader. One such possible step would be to require independent medical

assessments both before and during office.⁶ Tensions between privacy of health information and protection of government decision making need to be resolved, but it could reduce the chance that a country might have political leaders with diminished understanding of their own limitations.¹ Such independent medical assessments may be preferable to having arbitrary upper age limits, which are used in some democratic jurisdictions and are favoured in some surveys of the US public.²⁹ However, such upper age limits can be seen as ageist and risk potentially excluding an elderly but competent leader from office.²⁹

Additional options that are already used in other jurisdictions and could be considered for the New Zealand context include term limits for the prime ministership and recall systems (where voters can petition for a politician to be recalled). Maintaining a strong media with investigative journalists can also help expose failing leaders and attempts by enablers to hide impairments.

In conclusion, we have briefly provided case studies of four former New Zealand PMs. We have argued that all had significant health-related impairments while they were leaders, and that there are grounds for linking these impairments to poor decision making in each case. While further New Zealand research on health-impaired PMs appears justified, we also suggest further consideration of possible system improvements that can help remove such leaders from office, when this is appropriate.

COMPETING INTERESTS

Nil.

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