Canadian study reviewed the success of a pilot programme for providing EC via an OTC pharmacy without a prescription. 4 Almost 7000 prescriptions were obtained and 2% of women stated that if they had not obtained EC in this manner, they would not have obtained it elsewhere. The Canadian health minister recently introduced a bill to remove EC from its current ‘prescription-requiring status’ making it available ‘over the counter’, thereby further removing barriers to access by women of all ages. According to the UK guidelines, the cost of licensed EC products available at pharmacies range from £5.99 with a prescription to £24.00 for an over-the-counter (OTC) product. To make matters worse, OTC products are limited to patients over 16 years of age. Imposing these restrictions on EC severely limits access to the products in the population least likely to see a physician and most likely to benefit from their use.

The medical eligibility criteria for EC are quite broad. According to the WHO guidelines, there are no absolute contraindications to EC use, which supports the safety of providing EC as an OTC product. If a prescription is required, advanced issue of a prescription for EC does not cause a decrease in the use of EC (i.e. patients do not abuse EC as a form of regular contraception).

Indeed, they are more likely to use EC when needed and are also more likely to use standard contraception properly.

Hormonal EC needs to be made accessible to all women, especially to adolescents. This is most likely to occur in an environment where they can access EC at a convenient time, in a convenient location, at a convenient price (preferably free of charge). Only then might we start to see the financial and social benefits of primary prevention of unwanted pregnancies in this age group.

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Elfenbein DS, Felice ME. Adolescent pregnancy.

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Reference:

Editor's Note
Letters

We have both noticed an increasing reluctance among general practitioners (GPs) to perform intimate examinations, and a tendency to send women to our services to ‘get their smear test sorted’. If GP’s lose very little under the new contract if they give up cytology and contraception but the burden will fall on community clinics. If extra nurses therefore have to be employed as chaperones they must be specifically funded, otherwise our services will increasingly have to limit the number of clients they can see per session so that nurses are freed up to do this very unwardening task.

This may ensure that we are protected against false accusations of improper conduct during a routine intruterine device check, but that the distraught teenage needing urgent advice who turns up at the last minute is turned away. Is this what we really want the people of the professions bodies and the General Medical Council (GMC) support clinicians who are working under pressure, the result will be a decrease in the availability of clinical services, with the burden falling chiefly on the most vulnerable.

We are grateful for guidance on record keeping, but are concerned that ‘good record keeping’ is often confused with ‘extensive record keeping’. No-one would support careless, inaccurate records, and there are situations where notes are required for medical-legal purposes, but the obvious need for well written, defensive notes can be dangerous. First, because they may make clinicians not listen to their patients. Second, because they make it difficult for the next clinician to spot the clinical issues the patient really needs input on. Third, because it is concentrating on writing. Second, because they make it difficult for the next clinician to spot the clinical issues the patient really needs input on. Third, because it is concentrating on writing.

We call on the Faculty of Family Planning and Reproductive Health Care to review the implementation of the GMC, Royal College of Obstetricians and Gynaecologists (RCOG) and NICE guidance on intimate examinations in community and primary care situations. We also ask for explicit support in future service standards for clear, concise notes that are written out of a desire to communicate well rather than out of fear of lawyers.

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References:

Editor’s Note
This letter has been forwarded to the Chair of the Clinical Standards Committee.

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