Letters to the Editor

Teen magazines

It’s great to see such a comprehensive and considered piece1 that talks to a range of people, particularly teenagers themselves, whose views are often left out of the debate. Young people will always find a way to read teen magazines — if they’re not allowed them at home they’ll probably go round to a friend’s house.

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Cerazette® licence extension

I was interested to read the Cerazette® ‘missed pill’ licence up to 12 hours2 as it facilitates concordance by offering a longer therapeutic window and reduces confusion in pill taking as the rule is similar to that of the combined oral contraceptive pill (COC). The extension of the missed pill licence for Cerazette offers better adherence as well as increased ovulation,2 and increases the contraceptive choices available to young women who cannot take the combined oral contraceptive pill because of medical risks or who cannot accept the invasiveness of long-term implants. Young girls worry that their mothers may see the contraceptive use of medicines if they have amenorrhoea or gain weight on implants. Cerazette may also be used when clients are unable to provide their family medical history. I give below an account of a client who changed my prescribing habit.

It was at the end of a busy clinic when I saw this young 16-year-old girl, and the underlying message is underlined imprinted in my memory. She accessed the clinic for emergency contraception and it is my usual practice to talk about future contraception. Her father had suffered from pulmonary embolism. She informed me that he was under 45 years old and gave me no risk factors for venous thromboembolism (VTE).

I was impressed by the amount of medical information the young girl could give me and wondered whether my children of similar age would remember details of their parents’ medical histories. I offered the patient a thrombophilia screen and the underlying message is underlined imprinted in my memory. She accepted the offer to see a local hematologist, and the underlying message is underlined imprinted in my memory. She informed me that she was under 45 years old and gave me no risk factors for venous thromboembolism (VTE).

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FPC prescribing

One of the issues raised at the Faculty’s Current Choices Conference in November 2004 has become more pertinent in the wake of the changes to the general practitioner (GP) out-of-hours work. It seems most family planning clinics (FPC) doctors are not able to prescribe on FP10s, and hence not able to complete patient care effectively. Does anyone else find this a problem?

Take the following scenario. It’s a Friday evening clinic, which is running late. A lady attends in whom you fitted an intrauterine device (IUD) 2 weeks ago. You diagnose a pelvic infection secondary to her IUD fitting. You write a letter to the GP, and she finds to time and energy to attend the out-of-hours clinic. Then she has to wait for a doctor’s consultation and prescription. If the chemist is not local she may have to wait till morning.

This scenario is not rare, and it is a major problem for patients, and will involve extra cost. As a result, advice is not taken and antibiotics are not sought in a timely fashion. The out-of-hours doctor may be busy, and is unlikely to be the patient’s own GP. Keeping a selection of drugs on the FPC premises may mean wastage, as some will inevitably go out of date.

Most of us working in FPCs are actually employed by the local Primary Care Trust. By prescribing we can ensure a patient’s care is effective, efficient and continuous — this is surely in everyone’s interests. Why duplicate work? Surely it makes sense to allow prescriptions to be written within a FPC setting.

In Swindon we can prescribe on FP10s, to which we add the patient’s GP code. We don’t use it often and we have agreed within our department which drugs we will be happy to prescribe. I do believe this enhances patient care.

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Range of qualitative research

I was glad to see your journal publish a series on qualitative research, and commend the authors for their concise summary of qualitative methodology in family planning and reproductive health care.1

I wish to make a few additional points, particularly with respect to the range of qualitative research methods. Qualitative research generates data with no inherent numeric value (images, sounds, words, etc.) and typically takes the form of text. Most definitions of qualitative research, however, distinguish between the data themselves and the analyses performed on them.4 The authors of your series discuss some of the more frequently used qualitative data collection methods in-depth interviews and focus groups — as well as some of the more common qualitative approaches to data analysis. Like many others in the field, however, they miss an ever-growing suite of quantitatively-oriented analytical methods that can be employed with qualitative data. Qualitative data can be quantified, and hence can be statistically analyzed. Text or data can be numerically coded and put into matrices, for example, and various computer programs permit efficient analyses of all of these types of data.

Sampling strategies beyond the typical purposive samples are also now part of qualitative research. Sampling of an entire population (e.g. all decision-makers in a Ministry of Health) or simple random samples comprise two such examples. Appropriate sampling strategies and analytical methods permit qualitative inquiry to go beyond the formative or exploratory. With proper design and adequate datasets, qualitative research can be used to test hypotheses and data can be generalisable beyond individuals within a sample.

The authors of the series did a good job of covering the basics of qualitative research, but it would be remiss to leave your readers with the impression that this is indeed the full range of qualitative inquiry. It is an expanding and exciting field, much broader than typically portrayed in health science journals. I encourage interested readers to have a look at some of the forums for innovation in this field, such as Field Methods Journal or the Cochrane Qualitative Methods Network (http://www.ispch.salford.ac.uk/cochrane/homepage.htm).

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References


Reply

We are glad to read that Dr Guest has valued our series of articles on qualitative methods in family planning and reproductive health and agree that it is an expanding and exciting field. We do appreciate that there is an increasing use of 'quantitatively-oriented analytical methods that can be employed with qualitative data’. Dr Guest will, of course, appreciate that our articles are meant to be (a) aimed at a broad audience and (b) merely an introduction to qualitative methods. This said, we have outlined one of these qualitative approaches in the qualitative methods paper appearing in this issue of the Journal (pp. 132–135).1 Under the heading
Cerazette® licence extension

Anjana Oswal and Ratna Chatterjee

*J Fam Plann Reprod Health Care* 2005 31: 165
doi: 10.1783/1471189053629419

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