Editor's Note: Missed pill correspondence

Interested readers may wish to note that there has been a letter3 from the Clinical Effectiveness Unit (CEU) published in the Lancet, in response to the April Editorial2 by Diana Mansour and Ian Fraser.

The main points of this letter can be summarised as follows: The authors believe that most women know the name and type of their pill and would be able to apply the recommendations. They believe having different rules for 20 and 30 µg ethinylestradiol pills minimises intervention and inconvenience for the maximum number of women. They state a pill has been missed only when 24 hours have elapsed after the scheduled time. They did not review the publication cited by Mr. Fraser as suggesting caution about extending the pill-free interval beyond 7 days; two were published after the World Health Organization recommendations were developed. Finally, the Faculty of Family Planning and Reproductive Health Care's philosophy is to be guided by evidence rather than fear of litigation.

A comment in response to the letter has been placed on the Lancet's website. For our readers' convenience, we have permission to rephrase it in full below.

References

Interested readers should refer to the Lancet's website for any further responses or comments.

Comment on Lancet website: Missed pill guidelines

Dear Sir

In the same week that the Faculty of Family Planning’s Clinical Effectiveness Unit (CEU) stated that “we assume that most women know the name and type of their pill”, a paper in the Journal of Family Planning and Reproductive Health Care stated that 41% of a group of educated women were not even sure whether they were taking a high- or a low-dose pill.1 In the same issue of that Journal, Thurrock Primary Care Trust explained that they felt they could not use the new guidelines in their area because their clients “would have difficulty following the new advice”.

There have been letters to that Journal pointing out the deficiencies of the CEU’s guidelines on missed pills, over the last 6 months, yet the widespread concerns are simply being ignored by the Faculty. Is it a valid excuse to say that papers that suggest their guidelines are unsafe should not be published? Why did the CEU not take those findings into account when considering important new guidelines?

Competing Interests: None.

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References

LETTERS

Audit of documentation of female sterilisation

We read with great interest the paper by Anderson et al. on documentation of preoperative counselling for female sterilisation: a complete audit cycle in which the authors have provided evidence on the usefulness of a standardised proforma in the documentation of counselling women requesting sterilisation. Their documentation was fully compliant with the Royal College of Obstetricians and Gynaecologists’ guidelines only when a standardised proforma was used during the counselling.

A recently completed re-audit of documentation of female sterilisation carried out in our department has identified areas where there is room for further improvement in our practice. It is our experience that the awareness of the standards set out in the RCOG’s guidelines was not enough on its own to facilitate changes towards improving the quality of communication and to ensure that our documentation was fully compliant with the RCOG’s guidelines.

Sterilisation is a major cause of litigation involving gynaecological procedures, accounting for 25% of all claims notified to the Medical Defence Union. In order to minimise the risk of litigation, the need for adequate documentation and the use of an checklist as an important part of informed consent process was identified in a previous study.

The present authors have now demonstrated that the introduction of a standardised proforma can significantly improve the level of compliance with the RCOG’s guidelines by improving the quality of documentation.1

If our ultimate goal is to improve the quality of care and thereby reduce the high level of complaints and litigation associated with female sterilisation, then the available evidence would suggest that units providing the female sterilisation service should seriously consider the use of a standardised proforma that would ensure that a consistent and adequate information as recommended by the RCOG is provided to all patients requesting sterilisation.

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References
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Comment on *Lancet website*: Missed pill guidelines

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