

DR ROB'S BITS

GP and clinical assistant in sexual health, Rob Hicks, reflects ...

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Clinging to old traditions

"Yeah, I used a crisp packet and a rubber band." I was in school when I first overheard a boy telling his mate this, bragging because he'd "done it" with a girl. This was around the late 1970s, early 1980s. So not long ago, but well before the nationwide safer sex campaigns in the UK.

With sex being more openly talked about, features about sexually transmitted infections (STIs) in magazines, and condoms visibly displayed rather than hidden under the counter, it wouldn't be unreasonable to think that improvised contraception would be a joke of the past. It's not. And a recent news report highlighted how teenagers are still relying on ineffective methods such as cling-film. But why is this?

Perhaps it's because like condoms, packets of crisps come in singles, packs of three, six, twelve, or more, and in different sizes and flavours. For the cash-strapped teenager a bag of crisps may provide the ingredients for the perfect date – a meal, sexual protection, even treatment afterwards if necessary – according to one enlightened teenager you mix the salt from the "little blue bag in the packet" with water and "it treats anything you get". Or maybe humorous comments about a particular form of contraception being like "making love in a freezer bag or crisp packet" are overheard and simply re-enforce a belief.

The real problem is a lack of appropriate sex education. Another problem is embarrassment, as reported by non-profit sexual and youth health groups in the USA where one in two young Americans will have had an STI by the age of 25 years. Many young people are sexually active, but they are not properly equipped with the necessary knowledge, and are too embarrassed to ask.

In addition to improving sex education I wonder whether we need to take a different approach in trying to reach and educate younger people? In theatres when you remove the lid of the tub of 'interval' ice cream a spoon is there for your convenience. Perhaps in the sexually charged television advert for that well-known ice cream when its lid is pulled back a condom should be on its underside. Failing this, I'd say bring back traditional methods, and offer people 'something for the weekend'.

It's not the quantity but the quality that's important

One of the downsides of being part-time is that I don't often get the chance to provide antenatal care, something I've always enjoyed. Patients who are invariably fit, well and happy with their condition provide a welcome break from the more taxing health concerns of other patients.

New guidelines from the National Institute of Clinical Excellence (NICE) propose a number of changes to antenatal care in the UK. Women will have fewer antenatal appointments, but these appointments will be longer. Blood pressure and urine testing for protein will continue, but listening to the fetal heart and checking for engagement will no longer be done at every visit.

It strikes me that in these longer consultations there is less to do. So what will fill this time? Well, the goal is for women to be provided with more comprehensive information about their choices during pregnancy, as regards care and screening, for example. However, I expect for awhile at least the time will be spent explaining why fewer visits are necessary and why I won't be 'examining your tummy'. Oh, and listening to the baby's heart, since we all know how reassuring this is for mothers-to-be and doctors alike.

'Thought for the day'

Keeping silent is something that many doctors and other health care professionals find difficult. Whether it's the pressure of time forcing a consultation forward, or simply the fact that silence can feel uncomfortable, the need to say something is often felt.

Some valuable advice I was given whilst training is that if we listen to our patient they'll tell us what their problem is. If we listen a little longer they'll tell us what to do about it.

Of course there are times when I've found that saying nothing, or at least not answering the specific question, is probably the safest course of action too.

Doctor: "Do you experience any pain during intercourse?"

Patient: "I can't remember; it's ages since it's been used."

Situation: Man about to undergo a rectal examination.

Patient: "I bet this isn't a part of the job you look forward to, doctor?"

Situation: Nurse in sexual health clinic examination room (enquiring about glove size).

Nurse: "Are you large, doctor?"

Situation: Patient preparing for examination.

Patient: "Would you like me in the same position as before, doctor?"

Situation: Consultation.

Patient: "I expect you've had lots of women like me haven't you, doctor?"

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