

VIEW FROM PRIMARY CARE

Trojan horses

Barry Ermethod

Most medical journals and magazines set up home in my in-tray and over my floor. Some befriend the tyre pump in my car boot. The *Journal of Family Planning and Reproductive Health Care*, however, is more often than not found on my sofa. Not because there's nowhere else for it, but because that's where I put my feet up to enjoy it, usually on the weekend. In fact, you could say that the journal and I have become quite close. Something that others may have noticed too as with the last issue came a little package – something for the weekend, shall we say – to help keep our relationship safe, should it develop into something more serious.

However, I was caught unawares, as the students requesting emergency contraception often claim, by this condom, which rather than protect me from problems almost got me up the duff.

Happily sitting on my sofa I'd no sooner turned over the front cover of the Journal when the little packet fell into my lap. I'm used to fliers falling out; in fact, they usually get shaken out over the bin. I'm also accustomed to trial samples of moisturiser falling out of consumer magazines every now and then. But this came as a shock. Initially I laughed. Sure, I could see the association – family planning, etc. – but then I found myself feeling guilty, like an embarrassed teenager caught by his or her parents enjoying new-found pleasures of the flesh. I couldn't understand why I felt this way but in seconds I was off the sofa, trying to sound relaxed as I jovially said to my partner: "Hey, look what's fallen out of the Journal".

It could have been worse. It could have fallen out onto the sofa without my knowing. Then I'd have found myself in the "finding an earring on the sofa" scenario or, worse still, "finding underwear that didn't belong to either me or my partner" scenario. The ructions this could have caused for my relationship. "Oh, it must have fallen out of my medical journal, darling". "Yeah right. Get out you ba*\$!rd. Just get out!"

What if my child had found it? Well, no time like the present to have "that chat". Let's face it, some people want sex education taught to 10-year-olds in primary school. I

often read my journals on the bus or the train but I'm always careful to have a quick peep before I turn each page so that I don't broadcast "Problems of the penis" or "Your in-depth pictorial guide to coil fitting" to those around me. But you can't stop something falling out if you don't know it's there, can you? And neither can you avoid having to face the facial expressions of shock, disgust and amusement that follow from those around you.

I found it strangely ironic that the condom offered "shared pleasure, warm sensations". The latter was certainly true; I knew I was sweating. But the former? Possibly, if I was to subsequently have a laugh about it. There's little doubt this was a true Trojan: secreted inside something that in essence is useful and interesting but having the ability to cause upset.

And in primary care there are a growing number of these Trojan horses being deployed. Take, for instance, the recently publicised case of a pharmaceutical company being slapped on the wrists for breaching the industry's code of practice. They offered GPs a nurse audit disease management programme that was linked to the promotion of a drug. The private sector is increasingly offering to ease our burden in many attractive ways that may well add to the demise of the National Health Service as we know it. Initiatives to move services closer to the patient to make their health experience a better one simply mean more work for those of us in primary care who are on the receiving end.

There are, of course, the countless awareness campaigns that send people in search of treatments that all too often are not available, leaving them no better off, and often worse off. And what about the additional funds for providing sexual health services in primary care that are being siphoned off by PCTs (Primary Care Trojans) to balance their books? This is inevitably going to leave GPs shouldering the blame for failing to provide these services. At the genitourinary medicine clinic where I work we've all been warned by the Trust powers that journalists may be attending as patients in order to get juicy stories about sexual health services, or the lack of these. So beware the Trojan horse.

As I'm writing this article, this brief episode in my life has brought a smile to my face. So I suppose I should be grateful to Trojan condoms for providing me with the material for this article, and for the shared pleasure and warm sensations, of course!

J Fam Plann Reprod Health Care 2007; **33**(1): 68

Cover-on-Standing, UK

Barry Ermethod, MRCP, General Practitioner

NURSE ASSOCIATE MEMBERSHIP

Associate Membership of the Faculty of Family Planning and Reproductive Health Care is open to all nurses with a special interest in contraception and reproductive health.

Article 3.9: Persons not medically qualified but who have made an important contribution to and are working in the sphere of the Faculty and medical practitioners who are permanently retired from clinical practice, due to age or ill health, may on application to the Council be accepted for Associate Membership.

The annual subscription costs £40 and entitles Associate Members to copies of the *Journal of Family Planning and Reproductive Health Care* (plus free access to the online journal, managed by Ingenta) and access to the members' enquiry service.

Associate Membership application forms are available for downloading on the Faculty website at www.ffprhc.org.uk or by telephoning +44 (0) 20 7724 5647/5669/5524.