

The crucial flow of unbiased information, to providers and the public, can be hampered by individuals who seek unwarranted attention for their reports, whether in the media or scientific journals. Conversely, accurate reporting by the media on an excellent article can be misleading through misunderstanding and misinterpretation of its contents due to the different readerships.⁹ A scare can result from inappropriate statistics causing confusion, fear, anxiety, negative emotions and feelings of terror¹⁰ among the public, which can then blame the scientific community with loss of trust in providers. General practitioners can then be more concerned by legal,⁷ as opposed to medical, aspects.

Conflicting advice from different sources is to be avoided and a pill scare can be mitigated through reassurance from both scientific experts and celebrity personalities in the popular media.¹¹ Authoritative statements and editorial commentaries are valuable for synthesising research findings so as to facilitate the tasks of providers and the media for communicating with patients and the public. The Internet has great potential for the prompt and wide dissemination of information but it has unfortunately also opened the door for unregulated websites to do much damage through the posting of inappropriate contents.

With both contraception and hormone replacement therapy involving large numbers of healthy women, reports of adverse effects can easily create huge interest thereby

becoming a public health issue. Despite well-intentioned measures for their prevention, scares are likely to recur. Efforts should then be deployed to minimise their impact through the prompt dissemination of objective and practical information.

Statements on funding and competing interests

Funding None identified.

Competing interests None identified.

References

- 1 MacRae KD. Epidemiology and oral contraception – the way ahead. *Br J Fam Plann* 1984; **10**(Suppl.): 10–14.
- 2 Vessey MP. Recent advances in combined oral contraception – lessons learnt from epidemiological studies. *Br J Fam Plann* 1984; **10**(Suppl.): 4–10.
- 3 Clinical and Scientific Advisory Committee. Interim guidelines for doctors following the pill scare. *Br J Fam Plann* 1984; **9**: 120–122.
- 4 Editorial. Another pill scare. *Br J Fam Plann* 1984; **9**: 105–106.
- 5 Editorial. Cervical screening. *Br J Fam Plann* 1984; **10**: 1–2.
- 6 Chisholm DK, Haran D. Cases of invasive cervical cancer in the North West in spite of screening. *Br J Fam Plann* 1984; **10**: 3–8.
- 7 Szarewski A, Mansour D. The 'pill scare': the responses of authorities, doctors and patients using oral contraception. *Hum Reprod Update* 1999; **5**: 627–632.
- 8 Spitzer WO. The aftermath of a pill scare: regression to reassurance. *Hum Reprod Update* 1999; **5**: 736–745.
- 9 Drife JO. Old men and young girls. *BMJ* 1996; **313**: 368.
- 10 Quilliam S. Hormone replacement therapy. *J Fam Plann Reprod Health Care* 2004; **30**: 59–61.
- 11 MacFarlane R. Tabloid. *Lancet* 2009; **373**: 205.

NEWS ROUNDUP

Free online postal chlamydia testing kits for young people

All young people aged between 16 and 24 years will be able to order free chlamydia testing kits online as part of a time-limited pilot project between Brook, the young people's sexual health charity, and Preventx.

Through the freetest.me website young people can enter their postcode and order a free chlamydia test. For about half of the country this will be through their local PCT and Brook is then supporting areas where there is no free National Health Service option so that all young people have access to free online chlamydia tests as part of the pilot.

Young people can choose how they would like to receive their results; via SMS to their mobile phone, e-mail or online results tracking, all in complete confidence. Chlamydia is easily diagnosed and treated although often has no symptoms and if left untreated can lead to fertility problems.

Patients who are outside the age range for free kits can order the test kit online for £25.00.

Source: <http://freetest.me.uk/>

Older couples "use condoms less"

A recent study suggests that the use of condoms in a new relationship decreases with age.¹ While two-thirds of men and women in their late teens use a condom with a new partner, for men and women aged 35–44 years the rate was only one-third. This correlates with an increase in the diagnosis of sexually transmitted infections in the older age group. Men had sex sooner after first meeting a partner than women, with one in five men reporting sex within 24 hours of meeting their partner, compared with one in 10 women. Overall, half of all new partnerships involved condom use at first sex, but this declined with age. With 45% of marriages ending in divorce, the cohort of men and women forming new relationships later in life is increasing.

Researchers say that interventions that promote consistent condom use with new partners are urgently required, not just for young people as has been the focus recently, but for people in their 30s and 40s and older who are increasingly forming new partnerships.

Reference

- 1 Mercer CH, Copas AJ, Sonnenberg P, Johnson AM, McManus S, Erens B, *et al.* Who has sex with whom? Characteristics of heterosexual partnerships reported in a national probability survey and implications for STI risk. *Int J Epidemiol* 2009; **38**: 206–214.

COC provision by pharmacists

Pharmacists in south London look set to become the first in the country to provide the contraceptive pill to women without a prescription. Pilot schemes in Lambeth and Southwark are due to begin in mid-2009 and pharmacists involved will take an accredited training course. Dr Jane Fryer, Medical Director at Southwark PCT, said: "Women have told us that they want to access sexual health services that open for longer hours and in more convenient locations. The services we have developed in pharmacies reflect their demands". Lewisham PCT also said it planned to provide the pill from pharmacies, but was unable to confirm when the scheme would start.

Source: www.chemistanddruggist.co.uk

PCTs plan to offer terminations in surgeries

Last year, a Department of Health pilot study found that women could safely receive early medical abortions (EMAs) in community settings, paving the way for PCTs to develop abortion services, as reported in *GP Newspaper*. Under the 1967 Abortion Act, an abortion can only be performed in a hospital or approved private sector clinic, however, Section 1(3a) of the Act gives the Health Secretary powers to approve abortions in primary care. The British

Pregnancy Advisory Service (BPAS) now has five GP-practice based locations providing pregnancy consultation (pregnancy testing and non-directive pregnancy counselling, ultrasound scanning and referral for abortion treatment, plus other family planning services). One of these locations has also been providing EMA treatment from a GP premises since mid 2008. PCTs across England have expressed interest in providing abortions in primary care. Ann Furedi, Chief Executive of BPAS, said: "It is about time this happened. EMAs are in great demand and are the method women want to use. It's about making access to abortions easier and more convenient, not increasing the number of abortions."

Source: *GP Newspaper*, 22 January 2009

Abortion in South Dakota

The laws surrounding abortion in the state of South Dakota are some of the most restrictive in the USA. The 2005 'informed consent' law, which came into effect in June 2008, has been denounced in two leading medical journals.^{1,2} This argues that the law "constitutes an affront to the First Amendment rights of physicians" as the physicians' words are mandated by the state. In effect, the law states that pregnant women must be told that the abortion will terminate a human life and that the constitutional rights with regard to her relationship with the fetus will be terminated. The woman is also advised of the gestational age and likely development of the fetus, and all known risks associated with termination of pregnancy.

References

- 1 Lazzarini Z. South Dakota's abortion script – threatening the physician-patient relationship. *N Engl J Med* 2008; **359**: 2189–2191.
- 2 Tanne JH. Doctors must warn women who seek abortion in South Dakota. *BMJ* 2008; **337**: a2707.

Reviewed by **Henrietta Hughes**, MRCGP, DFRH General Practitioner, London, UK