which may be due to the women changing their minds or having more time to consider the options for long-term contraception suggested by their GPs. A study by Mattinson and Mansour[4] assessing a female sterilisation counselling clinic run by family planning-trained staff found a higher rate of non-attendance (32%) compared to the present study (15%). Their patients receive leaflets on sterilisation and other long-term contraception methods prior to their appointments. At the time the present study was conducted our patients did not receive any information prior to their visit. This written information provided in Mattinson and Mansour's study might have helped women to decide on other alternatives and access them from other sources and therefore not attend the clinic.

Overall, 64% of our women attending the gynaecology clinic underwent sterilisation, which is similar to the figure found by Mattinson and Mansour (61%).[4] Of those women attending our clinic, 21% who initially opted for sterilisation later cancelled their operation. This may suggest that once the women had time to think about the available options they no longer wanted to undergo the sterilisation procedure.

The present study has the disadvantage of being retrospective, and as such relies on the documentation of consultations in case notes. Within the gynaecology clinic not all women were being fully counselled about long-term contraception. Presenting this audit has helped highlight this issue, and in addition the use of proforma sheets or a stamp in case notes can act as an *aide memoire*.

The sample size in this retrospective study was small due to the accessibility of patient case notes. This limits the conclusions that can be drawn from the present study, but reassuringly the percentage of women who proceeded with sterilisation is similar to that found in the larger study of 226 women conducted by Mattinson and Mansour.[4]

Women need to be appropriately counselled before referral to gynaecology departments, although there will be many women who receive appropriate counselling and are never referred. We are now sending written information on laparoscopic sterilisation and alternative methods of long-term contraception to all women referred for sterilisation prior to their appointment in order that they might consider all the options before making their decision. A re-audit is planned to determine if these interventions improve the counselling of women and increase the proportion of women who ultimately proceed with sterilisation.

Statements on funding and competing interests

Funding. None identified.

Competing interests. None identified.

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Editor's Note

Interested readers should note that a Short Communication authored by Mattinson and Mansour (which relates to an earlier article by these same authors cited as Reference 4 by Smith and Martindale) appears in this issue of the Journal on pp. 181–183.

Book Reviews

Contraception and Contraceptive Use. A Glasier, K Wellings, H Critchley (eds). London, UK: RCOG Press, 2005. ISBN: 1-904752-15-2. Price: £48.00. Pages: 267 (paperback)

The Royal College of Obstetricians and Gynaecologists (RCOG) Study Groups have been convened for 30 years. Eminent clinicians and scientists are invited to present relevant research and partake in in-depth discussions. The remit for the 49th Study Group was to explore the big picture of contraceptive use and to discuss the demographic, social and behavioural issues affecting it.

There is no questioning, therefore, the authority of the contributors. The book is almost 300 pages long and is divided into three sections: 'The Current Situation', 'Making Things Better' and 'Consensus Views'. The chapters are well set out, evidence-based, and backed with effective tables, figures and graphs.

The first section is the largest, comprising 15 chapters. Personal highlights included Kaye Wellings' overview of NATSAL 2000, Geraldine Barrett's account of developing a British validated measure of unplanned pregnancy, and Ellie Lee's section on late abortion. Diana Mansour writes a comprehensive provider's overview, illustrating the astonishing history of contraceptive services in the UK, the impact of the National Sexual Health and HIV Strategy and GMS contract on service provision, the role of the Faculty in developing/maintaining standards and training, and the regulatory bodies concerned with prescribing. Chapters relating to cancer and cardiovascular risks of hormonal contraception and contraception for young people and older women were less absorbing, having been covered in recent CEU Guidance documents.

The section on 'Making Things Better' included commended chapters on potential targets for female contraception and male contraception. Gillian Penney's evidence-based approach to improving patient care links nicely with the work currently undertaken by the Faculty's CEU. Anna Glasier's chapter on improving services highlights the difficulties policymakers and clinicians face trying to reduce rates of unintended pregnancy. Judith Stephenson's review reports that those attempting innovation in delivering sex education face similar challenges.

The final chapter highlights the group's key findings and recommends action points in terms of health policy/education, clinical practice and research. The book ends positively, spurring the reader to embrace the opportunities around fertility control: "*What* are we going to do? *Who* is going to make it happen? *When* will it be done?".

I wore out a previous RCOG Study Group publication when I researched my MD. Similarly, this book is aimed at specialists. I would certainly commend this publication to policymakers, service leaders, career grade/subspecialty trainees, MFFP candidates, educationalists, and those undertaking research in the area of fertility control.

Reviewed by **Susan Logan**, MD, MRCOG, *Subspecialty Trainee in Sexual and Reproductive Health Care, Aberdeen, UK*

The Art of Sex Coaching: Expanding Your Practice. P Britton. New York, NY: W W Norton and Company, 2005. ISBN: 0-393-70451-3. Price: £19.99. Pages: 218 (hardback)

I have a popular idea of the role of a lifestyle coach and can only wonder at what a sex coach does. Here is an opportunity to find out. Lifestyle coaching is in its infancy in the UK. The American author recommends a model for coaching that concentrates on mind, emotion, body, energy and spirit. Not so very different from the physical, psychological, social, and spiritual terms within which we as doctors are meant to frame our diagnoses.

Dr Patti repetitively makes the point that it is coaching and not therapy that she is discussing. One explanation she gives for this is that therapy implies pathology. However, the sexual issues her clients bring to her are very familiar: erectile dysfunction, loss of libido, anorgasmia and others.

Dr Patti uses case vignettes to demonstrate her assessment of her client's problems and her subsequent management. These reported encounters bear little similarity to the Institute of Psychosexual Medicine's use of the patient's narrative and the doctor–patient relationship to help the patient arrive at an understanding.

In order to learn and practise this craft she recommends what feels like an extraordinary list of experiences including sexual field trips. What appealed to me especially out of a wide selection was "Fuck-O-Rama". She describes this as a total-immersion experience showing over 24 sexually explicit films simultaneously. The purpose of this is to "confront your biases". As doctors we are constantly called on to recognise and leave our biases aside in the area of sexual health. There are other ways of achieving this.

I suspect that when I read the title of this book my biases were alerted, but I did find the approach superficial and lacking in a scientific basis. However, there is a core thread that has value. Sex is not discussed much in society. Some people have difficulties with it and may seek help to change things. For some clients I am sure that their therapeutic encounter with the author was pivotal in achieving change within their sexual lives.

The title suggests the book's intended audience. I believe there are better directions for our professional development than reading this book.

Reviewed by **Alex Connan**, MRCGP, MIPM, *General Practitioner and Family Planning Doctor, Edinburgh, UK*