

long-standing reputation as being most suitable for 'feckless and fertile patients for whom no other contraceptive was effective'.⁴ As condoms were not available on medical prescription, those users could not obtain free supplies of contraceptive commodities.² Concerns regarding ethical issues and informed consent restricted severely the utilisation of injectable depot medroxyprogesterone acetate and practitioners were advised to keep meticulous clinical records in the hope that a subsequent review of their experiences would lead to a relaxation in official recommendations.⁵

During the Fifth International Congress of Psychosomatic Obstetrics and Gynaecology in Rome, participants had an audience with the Pope⁶ thereby exemplifying how reproductive health physicians can practise their religion very seriously and maintain a deep faith whilst carrying out their professional duties responsibly. Religious and cultural aspects of reproductive health should be addressed in order to increase acceptability, thereby improving quality of care through an increase in demand for services^{7,8} to complement the supply side in the provision of commodities. Particular attention should be paid to the needs of special groups, such as the disadvantaged and young people, besides male involvement.

Basic research for contraceptive development has had its surprises, promising methods sometimes turning out to be merely promises. Conversely, research in reproductive physiology done for contraceptive development has been the basis of major advances in the treatment of infertility. Reflecting the long lag time for product development, it is only recently that several new methods have been approved for service delivery. Alternative delivery systems for hormonal contraception have led to the monthly injection, impregnated IUD and vaginal ring, subdermal implant and

the transdermal patch. There has lately been a renaissance of female-controlled barrier methods with improved designs for diaphragms and cervical caps besides the introduction of female condoms. More recently, non-surgical transcervical sterilisation is being performed without general anaesthesia with the hysteroscopic insertion of a device in each Fallopian tube to cause scarring.

Irrespective of cost considerations, the latest contraceptive method might not be the best for a particular person. Individual choice is of paramount importance in the selection of a contraceptive method and decisions should be based on information 'free from the pressures exerted by the media, friends and relations, and regrettably in some cases by doctors themselves'.² Service providers and policy makers should emphasise their ethical obligations and put aside personal experiences, emotions and method bias to ensure the availability of, accessibility to, and counselling on a wide range of safe and effective contraceptive methods for informed choice by individuals.

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Promotion of Yasmin

Schering Health Care Ltd wish to advise Health Professionals of the concerns voiced by the Medicines Control Agency over the promotion, between April and October 2002, of our product Yasmin.

The claims, made in journal advertisements and other promotional materials dating from April 2002, that Yasmin was the "Pill for Well-being," and that it was "Well. And truly different," were considered to be unjustified and potentially misleading, and as a result, have been withdrawn.

The promotion was also considered to imply an absolute degree of benefit with these claims, as the claims for weight neutrality and for effecting improvement in pre-menstrual symptoms similarly implied all aspects of such problems would be improved.

The multiple clinical studies, published in various peer-reviewed journals and referenced in the promotion, were considered inadequate to support such strong and absolute statements.

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