Letters to the Editor

Teen magazines

It's great to see such a thoughtful piece in this issue of the Journal (pp. 132–135).1 Under the heading “Cerazette® licence extension” that piece gives a different account of the Cerazette® “missed pill” licence up to 12 hours as it facilitates concordance by offering a longer therapeutic window and mimics menstruation in pill taking as the rule is similar to that of the combined oral contraceptive pill (COC). The extension of the missed pill licence for Cerazette offers better adherence as well as improved ovulation,2 and increases the contraceptive choices available to young women who cannot take the COC due to physical or medical risks or who cannot accept the invasiveness of long-term implants. Young girls worry that their mothers may suspect a pregnancy if they have amenorrhoea or gain weight on implants. Cerazette may also be used when clients are unable to provide their family medical history. I give below an account of a client who changed my prescribing habit.

It was at the end of a busy clinic when I saw this young 16-year-old girl. She had been using the pill taking the form of text. Most definitions of qualitative research, however, make a clear distinction between the data themselves and the analyses performed on them.4 The authors of your series discuss some of the more frequently used qualitative data collection methods such as in-depth interviews and focus groups – as well as some of the more common qualitative approaches to data analysis. Like many others in the field, however, they miss an ever-growing suite of quantitatively-oriented analytical methods that can be employed with qualitative data. Qualitative data can be quantified, and measured, for example, in a timely fashion. The out-of-hours doctor may be busy, and is unlikely to be the patient’s own doctor. Advice is not taken and antibiotics are not sought in a timely fashion. The out-of-hours doctor may be busy, and is unlikely to be the patient’s own doctor. Advice is not taken and antibiotics are not sought in a timely fashion. The out-of-hours doctor may be busy, and is unlikely to be the patient’s own doctor. Advice is not taken and antibiotics are not sought in a timely fashion. The out-of-hours doctor may be busy, and is unlikely to be the patient’s own doctor. Advice is not taken and antibiotics are not sought in a timely fashion. The out-of-hours doctor may be busy, and is unlikely to be the patient’s own doctor. Advice is not taken and antibiotics are not sought in a timely fashion. The out-of-hours doctor may be busy, and is unlikely to be the patient’s own doctor. Advice is not taken and antibiotics are not sought in a timely fashion. The out-of-hours doctor may be busy, and is unlikely to be the patient’s own doctor. Advice is not taken and antibiotics are not sought in a timely fashion. The out-of-hours doctor may be busy, and is unlikely to be the patient’s own doctor. Advice is not taken and antibiotics are not sought in a timely fashion. The out-of-hours doctor may be busy, and is unlikely to be the patient’s own doctor. Advice is not taken and antibiotics are not sought in a timely fashion.