Letters to the Editor

Teen magazines

It’s great to see such a comprehensive and considered piece1 that talks to a range of people, particularly teenagers themselves, whose views are often left out of the debate. Young people will always find a way to read teen magazines – if they’re not allowed them at home they’ll probably go round to a friend’s house!

Melissa Dear
Communications Manager, fpa, London, UK. E-mail: melissad@fpa.org.uk

Reference

Cerazette® licence extension

It has been adopted, and hence cannot provide the family history of clotting disorders. This girl another clinic, concealed the family history of anticoagulants. This young client was so developed femoral vein thrombosis and was not acceptable because of concordance and who cannot accept the invasiveness of long-term implants. Young girls worry that their mothers may subject women of their age if they have amenorrhea or gain weight on implants. Cerazette may also be used when clients are unable to provide their family medical history. I give below no 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 who had been referred with a normal menstrual status. She was seen by a consultant and the underlying message is undeniably imprinted in my memory. She accessed the clinic for emergency contraception and it is my usual practice to talk about future contraception. Her father had suffered from pulmonary embolism. She informed me that he was under 45 years old and she wondered whether my children of similar age have no risk factors for venous thromboembolism (VTE).

I was impressed by the amount of medical information this young girl could give me and wondered whether my children of similar age would remember details of their parents’ medical histories. I offered the patient a thrombophilia screen but her consent gave her a letter requesting detailed medical information from her general practitioner (GP) out-of-hours. It seems most family planning clinic (FPC) doctors are not able to prescribe COCs to the young and hence not able to complete patient care effectively. Does any one else find this a problem?

Take the following scenario. It’s a Friday evening clinic, which is running late. A lady attends in whom you fitted an intrauterine device (IUD) 2 weeks ago. You diagnose a pelvic infection secondary to her IUD fitting. You write a letter to the GP, and she has to find time and energy to attend the out-of-hours clinic. Then she has to wait for a doctor’s consultation and prescription. If the chemist is not local she may well have to wait till morning.

This scenario can be a problem for patients, and will involve extra cost. As a result, 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 prescribe the patient’s own IUD. Keeping a selection of drugs on the FPC premises may mean wastage, as some will inevitably go out-of-date. So the patient’s next appointment is at the end of the week.

Most of us working in FPCs are actually used to more responsible work? Surely it makes sense to allow prescription generation of qualitative data with no inherent numeric value (images, sounds, words, etc.) and typically takes the form of text. Most definitions of qualitative research, however, distinguish 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 strategies and 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 often be, quality questions, and analytical methods can be used to test hypotheses and data can be generalisable beyond individuals within a sample.

The authors of the series did a good job of covering the basics of qualitative research, but it would be remiss to leave your readers with the impression that this is the only full range of qualitative inquiry. It is an expanding and exciting field, much broader than typically portrayed in health science journals. I encourage interested readers to have a look at some of the more and qualitative approaches to qualitative inquiry in this field, such as Field Methods Journal or the Cochrane Qualitative Methods Network (http://www.isp.nuff.ed.ac.uk/cochrane/homepage.htm).

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References

Reply

We are glad to read that Dr Guest has valued our series of articles on qualitative methods in family planning and reproductive health and agree that it is an expanding and exciting field. We do appreciate that there is an increasing use of ‘of quantitatively-oriented analytical methods that can be employed with qualitative data’. Dr Guest will, of course, appreciate that our articles are meant to be (a) aimed at a broad audience and (b) merely an introduction to qualitative methods. This said, we have outlined one of these qualitative approaches in the qualitative methods paper appearing in this issue of the Journal (pp. 132–135).5 Under the heading of

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