Discussion
“A patient is competent if he/she can comprehend information, it having been presented to them in a clear way; believe it; and retain it long enough to weigh it up and make a decision.” There are many different ways to improve communication between health care professionals and patients to provide information in a culturally sensitive manner. Approaching “obtaining consent” as a process and involving other professionals may be sufficient to prove competence in most cases. Although providing contraception may sometimes be considered as working in “the best interest of the patient”, it is ultimately the responsibility of the health care professional who is looking after the patient to ensure that informed consent was given and legal advice should be sought if in doubt.

Acknowledgements
The author would like to thank the panel members for their input. A listing of the individual panel members who have contributed to the Clinical Conundrum section of the Journal in 2006 appears on this page.

Reference

Book Reviews


This is an essential read for anyone involved in relationship therapy and of interest to anyone involved in clinical work with patients presenting with sexual problems, where there are often co-existing relationship issues. It takes a dedicated read, but the serious subject matter is presented in easily readable style with a huge amount of illustrative casework.

In the first of the book’s two sections, the author presents the latest from the fields of affective neuroscience and the science of intimate relationships. Details of the neuroscience studies that have identified the brain’s neural response circuits are outlined. These circuits are “wired” into the brain very early in life and persist throughout life, with automatic activation when an individual is presented with certain circumstances. This may explain why individuals persist with ways of acting and thinking, even when they know it would be in their own best interests to change. It is also suggested as part of the reason why sometimes psychotherapies do not produce lasting change. The new studies in relationship science outline the detail of what people who have successful relationships do differently from those who do not. Atkinson connects these advances in scientific understanding with the processes of change in interpersonal interactions for improvement in intimate relationships.

The second part of the book gives a very detailed and practical account of Pragmatic/Experiential Therapy for Couples (PET-C), with frequent and useful illustrative references to case studies. Broadly, couples are helped to identify their internal mood states and habits of interaction and then helped through a programme of “wiring” these response states for greater flexibility and activation of more positive emotional responses that are predictive of relationship success.

Although not likely to be high on the priority reading list for the busy doctor, unless with a special interest in the field, the book does provide a fascinating insight into the attempts to understand the emotional brain and does present a new approach in couple therapy - a thought-provoking read.

Reviewed by Gillian Flett, FRCoG, MFP, Consultant in Sexual and Reproductive Health, Grampian, UK


This book’s lofty aim is to give women over 35 all the information they require to prepare them for conception, pregnancy, birth, and adjusting to motherhood. The book is divided thematically and chronologically into pre-pregnancy planning, each trimester, and motherhood. It is about the age and weight of a glamorous woman’s magazine, and it would fit perfectly into this season’s slouchy leather bags. It is very definitely aimed at the professional woman who has delayed childbirth and actively seeks pregnancy. The photographic illustrations are all of slender, well-groomed, smiling women (although the few illustrations of men are more realistic – scruffy, chunky, balding: all seem age-appropriate) but the text is full of useful information about planning a pregnancy, managing common complaints, the benefits of exercise and other things you would hope to be included, presented in a straightforward way. I particularly liked the hints on “what’s safe to use” in pregnancy, and suggestions for healthy eating and exercise in each trimester. The diagrams and line drawings are excellent, especially those relating to antenatal testing and methods of delivery. The authors are based in the USA, but it has been carefully adapted to reflect UK practice.

This book claims to give health professionals user-friendly, factual information on various aspects of female genital mutilation (FGM). FGM is still a secret, kept by women, inflicted on their daughters. The authors emphasise that it is performed as an act of love, of deep cultural significance, despite being illegal in most countries and a human rights outrage. The morbidity and mortality of the procedure and its complications are unknown but estimated to be high.

In the UK, infibulation becomes a pressing issue when we care for women with FGM, often refugees who have sporadic, unplanned contact with the health service. Girls are at risk, and the procedure may be performed while they are ‘on holiday’. The prevalence in Somalia is close to 100%.

This is really a collection of articles by authors from a variety of backgrounds. It is a tough read, for two reasons. First, it is an uncomfortable subject and its elimination is far off. Second, the book has many technical problems: contradictions and repetitions between chapters, difficult writing styles, unexplained abbreviations and poorly presented numerical information. It would benefit from tighter editing. The book comprises articles relating to the technical details of the procedure and its sequelae, child protection, distribution of the problem, human rights issues, asylum seekers and the cultural background. There are also interviews with Somali women living in the UK. I recommend Harry Gordon’s chapter about a clinician’s experience of running a clinic in south London. He gives clear advice about services needed by Somali women. Els Leye writes concisely on European legal strategies. It behoves those of us working with women and girls affected by FGM to be better prepared. This book makes a contribution that, despite its shortcomings, is an optimistic one.

Reviewed by Helen Johnston, MRCoG, DTMH, General Practitioner, Orkney, UK


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