

presentation for EC implies that barrier contraception has not been used or has failed. There may be a number of explanations why doctors are not discussing STIs with their patients. One reason could be that they feel the time constraints of the consultation do not allow them to explore these issues. Doctors may feel uncomfortable having a discussion about the patient's sexual activity. Alternatively, doctors may not be aware that STI discussion and sexual history taking are a part of current EC guidance. The previous FFPRHC Guidance written in 2000 did not cover this area.<sup>12</sup>

Samples to test for chlamydia infection were taken in only 15 (2.1%) consultations despite recommendations to offer STI screening to all patients attending for EC.<sup>1</sup> A recent study of barriers to opportunistic chlamydia testing outlined a number of reasons why screening was not occurring in general practice. These explanations included: lack of knowledge of the benefits of testing and when and how to take specimens, lack of time, worries about discussing sexual health, and lack of guidance. Health care staff stated that any increased testing should be accompanied by clear, concise Primary Care Trust guidance on when and how to test, including how to obtain informed consent and perform contact tracing.<sup>13</sup> It could be, however, that doctors are offering screening but patients are refusing it and the doctor's offer has not been recorded in the notes.

A study looking into the clinical management of chlamydia supports our finding that few tests for chlamydia are being carried out in general practice. In that study, 42% of GPs reported carrying out only between one and four tests a month and 35% of GPs reported performing less than one test a month.<sup>14</sup>

## Conclusions

Requests for EC provide a valuable opportunity for discussion around better prevention of unintended pregnancy and STIs. General practices are failing to adhere to FFPRHC Guidance on sexual history taking, future contraceptive needs and the use of the IUD as a method of EC. It may be possible to improve adherence to the Guidance by relatively simple measures such as the use of protocol proformas to guide consultations, the booking of double appointments for those requesting EC to allow time for more meaningful consultations, further training in this area for both doctors and nurses, and an increase in the role of practice nurses in this area of health provision.

In order to combat the rising rates of genital chlamydia infection and the high rates of unplanned pregnancies in the UK, now more than ever it is important that clinicians are implementing best practice in every consultation for EC.

**Memories After Abortion.** V Wahlberg (ed.). Oxford, UK: Radcliffe Publishing Ltd, 2006. ISBN: 1-84619-131-9. Price: £17.95. Pages: 111 (paperback)

This helpful book provides a wide perspective on young people's experience of abortion.

The editor has spent a working lifetime in reproductive and sexual health care in Sweden and writes with authority and compassion. Although clearly rooted in Swedish experience, this book has much to say to a wider audience. A useful section sketches the historical context of liberalisation of abortion in Sweden and allows

interesting comparisons with abortion legislation in other countries. Elsewhere, there are specific comparisons of attitudes to abortion in Italy and Sweden, acknowledging the vast historical differences but predicting increasing uniformity across Europe.

A particularly interesting chapter focuses on the experiences of young men involved in unwanted pregnancy. Theirs is a voice seldom heard. This chapter also reports extensive research on the risk behaviours and health needs of these young men as a group.

There is also a useful reflection on abortion from various ethical perspectives. This is

We hope that the publication in April 2006 of new FFPRHC Guidance on EC will increase awareness about this issue amongst health professionals.

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refreshing and challenging reading at a time when ethical discussions can be polarised and dangerously simplified.

Throughout this book, quotes from young people experiencing abortion keep the discussion fresh and pertinent. Each chapter is also well referenced.

This book would be illuminating for any professionals involved in reproductive and sexual health or the care of young people.

Reviewed by **Kate Weaver**, MChB, MFFP  
Staff Grade Doctor in Reproductive Health  
Care, Edinburgh, UK