THE ORAL CONTRACEPTION STUDY AND COLLECTIVE RESEARCH IN GENERAL PRACTICE

COLLECTIVE research studies in general practice are a relatively new idea. They first developed on a significant scale with the foundation of the College of General Practitioners. This provided the lines of communication which enabled like-minded practitioners to co-ordinate their activities. The measles survey was an early example and the oral contraception study is the latest and largest project.

One of the big problems about general-practitioner research is finding enough cases in any single practice to provide statistically valid conclusions. Grouping practices together is the logical answer to this, but never before have as many as 1,400 practitioners followed 46,000 patients for six years.

The advantage of specialist research in medicine is that it enables doctors to study in depth a defined field. The advantage of generalist research is that it enables doctors to study total morbidity. The difficulty in interpreting specialist research is that of placing it in its proper perspective. Thus research by both specialists and generalists will always be needed and will be complementary.

The British National Health Service offers a unique opportunity for general-practitioner research—an opportunity not yet adequately exploited. Because patients normally only consult one practitioner and lists can be defined, a relatively secure population base is known. Total morbidity can be recorded in general practice more easily in the United Kingdom than in almost any other country.

The principles of this project were well prepared. Scrupulous care is given to the confidentiality of the information. The Manchester research workers do not even know the names or identities of the patients and deal throughout in coded numbers. Only the patient's general practitioner knows who is involved. This research was prospective throughout and the information obtained has been checked and coded regularly every six months. Manchester is one of the College's active units, and has now raised the horizon of general-practitioner research for the future.

Dr Clifford Kay

The main credit for this enormous project rests with Dr Clifford Kay, who is in general practice in Manchester. Though he has been well supported by the Executive Committee and by his colleagues in the College he has borne much of the responsibility alone. No project on this scale could have succeeded without determined direction and the tight central organisation that he has created. The Medical Research Council is to be congratulated for sponsoring this imaginative project and thus enabling all the information to be computerised.

The research, however, was only possible because—as expected—1,400 ordinary general practitioners up and down the country were prepared to take on the extra work involved for several years on end.

The future

Oral Contraceptives and Health is an interim report of the biggest single collective research project by general practitioners in the world. The findings have added a new and important perspective to our understanding of the Pill. As the project is still continuing a further report can be expected later.

Quite apart from what has been learned about the Pill, even more important may

be what has been learned about organising collective research. It is exciting that this method has many other applications. New ideas in organisation coupled with computers have transformed the concept of general-practitioner collaboration.

Computerised multi-practice research might now help to solve some of the outstanding questions still facing medicine today.

REFERENCE

Royal College of General Practitioners (1974). *Oral Contraceptives and Health.* London: Pitman Medical. Price: £2.50.

GENERAL PRACTITIONERS AND ABORTION

"*. . . but whatever the parity or age of the patient a vaginal termination without associated sterilisation before three months of pregnancy carries less risk of fatality than that of completing the pregnancy.*"

Committee on the Working of the Abortion Act (1974). Report. Command 5579. London: H.M.S.O.

The Lane Committee has been examining the working of the Abortion Act for three years. The Committee was chaired by the Hon. Mrs Justice Lane and consisted of ten women and five men. It included six doctors two of whom were general practitioners. The Committee's terms of reference required it to examine the way the Abortion Act was working rather than the principles on which it was based.

The Committee uncovered many abuses and has recommended to the Government several ways of trying to stop them. On balance, however, it supports the introduction of the Act " We have no doubt that the gains facilitated by the Act have much outweighed any disadvantages for which it has been criticised. . . . the problems . . . are not indications that the grounds set out in the Act should be amended in a restrictive way. To do so when the number of unwanted pregnancies is increasing and before comprehensive services are available to all who need them would be to increase the sum of human suffering and ill-health, and probably to drive more women to seek the squalid and dangerous help of the back-street abortionist " (Para. 605).

General principles

The main principles of the report are clear:

First that every woman seeking an abortion should be entitled to receive the most careful *individual* attention and assessment which should take fully into account all aspects of her health and situation. This conforms with the job definition of the general practitioner who considers physical, psychological and social factors.

Secondly, every woman seeking an abortion should be provided with counselling. This is defined as the opportunity for discussion, explanation and advice which should be given in as unhurried and informal an atmosphere as possible. It is suggested that general practitioners, consultants, health visitors and many social workers could provide this service.

Thirdly, that abortion work should not be segregated from other health services, and that it would be a mistake to encourage or create more separate units which might be humiliating for patients, might breach confidentiality, might create staffing and training problems, and lead to second class gynaecology.

Fourthly, that abortion, if it has to be done, should be done as early as possible and particularly before 12 weeks.