Response of patients and doctors to the 1983 'Pill scare'

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SUMMARY. The immediate response of patients and doctors to the recent adverse publicity about the combined oral contraceptive 'Pill' were studied in two separate locations: a major family planning clinic and a large provincial health centre. Consultations arising from anxiety about the Pill were less than the general practitioners had anticipated but extra sessions were required at the family planning clinic to cope with the increased demand. Differences in the responses of doctors were observed both within and between the two locations. Doctors at the family planning clinic were more likely to change the brand of Pill, whereas doctors at the health centre were more likely to offer reassurance only. The respective roles of primary care teams and family planning clinics in the provision of a comprehensive contraception service to the community are discussed.

Introduction

TWO studies of cancer among women using oral contraceptives were published simultaneously in *The Lancet* of 22 October 1983. In the first of these articles, Pike and colleagues reported that the long-term use of certain combinations of the Pill before the age of 25 years may be associated with the risk of breast cancer;[1] the second article, by Vessey and colleagues, suggested a possible adverse effect of the Pill with respect to cervical cancer.[2] In anticipation of widespread public concern over the relevant articles, *The Lancet* issued a press release which appeared in the media on the day before publication. Up to that point, there had been no warning to UK doctors of the imminent appearance of these articles, and therefore the news broke on an unsuspecting medical profession as well as an unsuspecting public on the morning of Friday 21 October.

Whatever the scientific merits and demerits of the original articles, there was a lack of anticipatory authoritative advice from *The Lancet* or from the Committee on the Safety of Medicines and it was soon apparent that another 'Pill scare' had arisen. This study set out to examine the immediate responses of both patients and doctors to the 'scare' and to look at related implications.

Method

A survey of the responses of patients and doctor to the latest Pill publicity was undertaken in two separate places. One of the locations was the main family planning clinic in the city of Aberdeen; this had a part-time medical complement of six doctors — one senior clinical medical officer and five clinical medical officers. The other location was a provincial general practice of 10 doctors—nine principals and one trainee—based in Peterhead Health Centre (list size 19,517).

At the outset of the study, the *Lancet* articles were made available to all 16 doctors. Then, for the 20 workdays immediately after publication every consulting doctor at each location collected survey data. In order not to impose an excessive extra workload on the doctor, recording was confined to age of the patient and outcome of consultation.

Results

In the family planning clinic, 76 clients who telephoned for appointments voluntarily voiced anxiety about the Pill. A further 38 women were referred to the clinic's midwife, who reassured 32 and arranged appointments for the remainder. Altogether, 207 consultations with clinic doctors were prompted by anxiety about the Pill and accounted for 24.8 per cent of the workload over the 20-day period of observation.

In the practice, 73 women (7.8 per cent of all the Pill users) who attended over the 20-day period expressed concern about their method of contraception. The general practitioners reported lower levels of patient response than had been anticipated, whereas at the family planning clinic extra sessions had to be arranged to accommodate the temporary upsurge in demand.

At each consultation, the doctor had proffered one of the following three possible responses: changing the type of Pill; changing the method of contraception; offering reassurance only. The outcome choices of doctors at both locations are listed in Table 1. For any doctor who saw at least 10 patients there is a separate entry, otherwise the data are aggregated. Overall, there was a significant difference between the locations (chi-squared $=23.46$, 2 df, $P<0.001$): patients seen at the health centre were more likely to be offered reassurance, whereas those attending the family planning clinic were more likely to have a change of contraceptive method recommended.

Table 1. Outcome choices of family planning (FP) clinic doctors and health centre (HC) doctors.

	Number of patients seen	Outcome as a percentage of patients seen: Change of Pill	Change of contraceptive method	Reassurance only
Family planning clinic				
Doctor 1	102	*59*[a]	*25*	*16*
Doctor 2	67	*60*[a]	*1*	*39*
Doctor 3	11	*36*	*9*	*55*[a]
Doctor 4	10	*80*[a]	–	*20*
Doctors 5 and 6	17	*53*[a]	*6*	*41*
All FP doctors	207	*58.5*[a]	*14.0*	*27.5*
Health centre				
Doctor 1	18	*44*	–	*56*[a]
Doctor 2	17	*29*	–	*71*[a]
Doctor 3	12	*50*[a]	*8*	*42*
Doctor 4	10	*20*	–	*80*[a]
Doctors 5 to 10	16	*50*[a]	*6*	*44*
All HC doctors	73	*39.7*	*2.7*	*57.5*[a]

[a]First outcome choice of doctor.

Within the family planning clinic, Doctor 1 and Doctor 2 between them conducted 82 per cent of the 207 consultations. Although both these doctors recommended change of Pill brand in a similar proportion — about 60 per cent of patients — they differed significantly in the percentage of patients for whom a change of method was advocated and in the percentage of patients who received reassurance. The first outcome choice of five of the six clinic doctors was to change the Pill, but one doctor preferred to offer her patients reassurance.

The general practitioners saw an average of 7.3 patients (range 1–18 patients) over the 20-day period; four doctors saw 78 per cent of the patients. Reassurance only was the first outcome choice of three of the four general practitioners who saw at least 10 patients. The remaining six general practitioners between them saw only 16 patients, thus precluding meaningful interpretation.

Another possible outcome of a consultation was a cervical cytology test. Smears were in fact taken in 7.7 per cent of family planning clinic consultations (16 out of 207) and in a similar proportion — 6.8 per cent (five out of 73) — of general practice consultations. The mean age of patients seen at both locations was also similar — 25.1 years at the clinic, 25.6 years at the health centre.

Discussion

This limited study suggests that the predicted 'Pill scare'[3] did not materialize as far as the general practitioners at Peterhead Health Centre were concerned, and it confirms the experience of Barley at Sheffield,[4] Jewell and colleagues at Southampton[5] and Portnoy at Leicester.[6] In Portnoy's study, similar proportions of current users of the Pill expressed anxiety about their method of contraception (8.8 per cent compared with our study's 7.8 per cent) and a similar proportion of all consultations related to the Pill resulted in a change of prescription (37.2) per cent compared with 39.7 per cent).

In contrast to the experience of the general practitioners, the family planning clinic staff in our survey reported a marked increase in workload, including enquiries from the press and local radio stations.

It is clear that there were substantial differences in doctors' immediate responses to clients presenting with Pill-related anxiety. The general practitioners' more conservative responses compared with those of their clinic colleagues cannot be accounted for by lack of information since all the doctors in the study had immediate access to the original articles. Similarly, there was no evidence to suggest discrepancies in the range of Pill brands being issued at both locations; neither the family planning clinic nor the general practitioners had an accepted policy on oral contraceptives before the 'Pill scare', and all doctors continued to work independently during the period of study.

Another important factor that might have influenced the outcome of consultations is the type of patient seen. Although the average ages of women seen at both locations were similar, their psychosocial profiles may have differed (data unavailable). One survey of consumer views of a family planning clinic service revealed that about 40 per cent of the users found the clinic more acceptable in terms of convenient times, accessible premises and a more comprehensive service than that provided by their family doctors.[7] Differences in clientele may also partly explain the observation that in the general practice the proportion of women who were simply reassured was twice that in the family planning clinic.

Of particular interest is the proportion of patients in whom a change of contraceptive method was advocated. It could be argued that the doctors at the family planning clinic were in a position to offer a wider range of services and so were more likely to advise a change of method; again, this is unlikely to have been decisive here as the health centre could offer a similar range of services, with the exception of diaphragm fitting and the issuing of sheaths. This argument can be placed in perspective by examining individual outcomes — one clinic doctor was unique among all participating doctors in advocating a change of method in a substantial proportion (25 per cent) of patients seen.

Yet another important consideration is the time constraint on consultations: there were six-minute intervals between booked appointments in the health centre and 10–12 minute intervals in the clinic. It may be that the greater pressure under which the general practitioners were working acted in favour of maintaining the *status quo* and offering reassurance only as opposed to altering the brand of Pill or the contraceptive method used. The argument that clinic doctors had more time to intervene, and chose to do so, is partially countered by the fact that in each location similar proportions of women had cer-

vical smears taken and by the fact that the time allocated to any given individual consultation could have been relatively flexible if deemed appropriate.

Another factor is the continuity of care that the primary care team can provide. It may have been that the more cautious approach of the general practitioners reflected this, in the knowledge that once the initial excitement had subsided and sensible guidelines were made available[8] it would be relatively easy to intervene if necessary. Such intervention could occur when the patient required further supplies of the Pill or presented with another problem, or by recalling the patient—possibly with the assistance of the health visitor.

This study used the opportunity provided by the latest adverse publicity about the Pill to demonstrate that doctors ostensibly providing similar services in the two separate organizations responded differently to the same stimulus. The observed discrepancies merit closer study, not only in the context of a temporary 'Pill scare' but also in terms of the respective roles of general practitioners and family planning clinic doctors in the provision of an effective and comprehensive contraception service to the community.

While on the matter of contraception the family planning clinic and the general practice can be regarded as complementary, the continuing requirement for a dual service has been questioned *inter alia* by Brooks,[9] who advocated the retention of only a small number of Family Planning Association (FPA) clinics for research and development and educational purposes. The Royal College of General Practitioners' report, *Family planning — an exercise in preventive medicine,*[10] did not address the service provided by family planning clinics but did recommend that all vocational trainees in general practice should train to the standard of the certificate issued by the RCGP Joint Committee on Contraception and Family Planning and also that part of the training should be carried out in the practice setting.

The issue of quality cannot be dissociated from related costs, and certainly in these times of increasing financial stringency within the National Health Service the cost-effectiveness of family planning services requires further scrutiny. The limited studies undertaken to date[11,12] have reported that for a family planning service the clinic is usually more cost-effective than general practice. It is suggested that further studies are required to evaluate the quality of family planning services and to elucidate the relative contributions from primary care teams and from local authority or health board clinics.

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