Knowledge about the morning-after pill

Sir,

This letter reports an assessment of knowledge about the 'morning-after' contraceptive pill among patients in two practices. A questionnaire was handed to women (and men in one of the practices) aged between 17 and 50 years in general practice waiting rooms attending all types of clinics including family planning clinics. One practice was in Hackney, London, and the other was in County Durham.

In both practices and among both the women and the men there appeared to be a widespread ignorance about both the existence and availability of this form of contraceptive (Table 1). Although in both practices three out of four women knew of the existence of the morning-after pill (compared with three out of five men), in Hackney as few as 12% of women also knew where to obtain it and had no reservations about its use.

While few respondents expressed reservations about the use of the morning-after pill, remarkably 43–48% of women did not know where it might be obtained, even though they knew of its existence. This is surely a disappointing finding in view of media publicity in recent years. A similar ignorance about this contraceptive has recently been described in women requesting termination of pregnancy.[1]

In neither practice were leaflets about the morning-after pill available to patients in the waiting rooms, nor had the general practitioners more than a very occasional experience of handing out this contraceptive upon request. Surely more thought and effort must be exercised in finding the most effective way to publicize this form of contraception, if, as this study suggests, only one-quarter of women of childbearing age know where to obtain the morning-after pill?

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Table 1. Percentage responses to questionnaire on knowledge about the morning-after contraceptive pill.

	Durham women ($n = 58$)	Hackney women ($n = 51$)	Hackney men ($n = 48$)
Unaware of the existence of the morning-after pill	26	29	39
Aware of the existence of the morning-after pill and:	74	69	61
(a) Knew where to obtain it	26	25	19
(b) Did not know where it might be obtained	48	43	42
(c) Held medical or ethical reservations about its use	7	18	8
(d) Knew where to obtain it and held no reservations about use (i.e. potential users)	21	12	17
Non-responders	0	2	0

Reference

1. Johnson TA, Howie PW. Potential use of post-coital contraception to prevent unwanted preganancy. *Br Med J* 1985; **290**: 1040-1041.

General practice in Canada

Sir,

I am writing in support of the College initiative which suggests that the pay of general practitioners should be linked to performance.

Having worked abroad for a number of years and sampled several systems of health care, I must recommend the Canadian method of payment of general practitioners as a possible solution.

As in this country, health care in Canada is entirely free. It is financed by government from taxation. However, unlike the system in this country where remuneration is related to capitation, payment in Canada is based solely on fees. Fees for a comprehensive range of services are negotiated annually by the profession and paid by Medicare on submission by the doctor of a computer card duly completed — usually by his receptionist. Appropriate fees for routine consultation, full medical examination, home visits, out-of-hours calls, counselling and so on are agreed, together with smaller fees for minor procedures such as injections, cervical smears and ear syringing. Workload is therefore directly related to income, and although it may sound complicated, in practice I found it much simpler than the system here. Claims are usually submitted weekly and payment is normally received within a month. Unlike the system in this country, however, there were no extras and all practice expenses had to be found out of this income.

In Canada a degree of specialization in general practice is a reality. It is normal for example to find general practitioners with special interests in surgery, anaesthetics, obstetrics and paediatrics and these of course attract extra fees which greatly add to practice incomes. By means of a 'privilege' system those with appropriate experience and qualifications can be granted permission to undertake procedures which are not normally carried out by general practitioners in this country. This I felt resulted in greater job satisfaction and was far more convenient for patients. One might envisage such a system being adopted here for a wide range of extras — obstetrics, manipulation, electrocardiogram interpretation, minor surgery and child welfare to name but a few.

Canadian general practitioners are also paid for looking after their patients in general practitioner hospitals. A fee per day per patient is normally paid and this decreases for long-stay patients. I felt that this made the extra effort much more worthwhile and I would imagine that doctors in this country would be similarly encouraged. As I believe the cost of looking after patients in such hospitals would be very much less than that of our district hospitals one would think that this would be something to encourage. Perhaps doctors could even consider building their own small hospitals. These hospitals also provide more personal service, reduced transport costs, and greater doctor and patient satisfaction.

Abuse of the system is probably the main drawback As far as possible this is minimized by computer checks on those with above average returns. On occasions payment is withheld. Patient checks are also used to avoid fraudulent billing.

From the point of view of the government in this country I am sure that finance is likely to be the main problem. The cost of such a scheme could well be more than the cost of the present system. Savings however in the cost of transport and district hospital care are likely. Should finance prove too much of a problem one might even envisage such a scheme for lower income groups only with the remainder being charged modest fees.

Unlike their British counterparts, patients in Canada enjoy total freedom to consult any doctor. In my experience most patients stay with one general practitioner, but they do not register and can readily approach another for a second opinion. Fear of losing patients and income greatly influence attitudes towards care.

Personally I feel that the Canadian system of payment, by rewarding endeavour and special skills, is both fairer and greatly encourages standards of care. With modification it could be adopted here, and is I feel worthy of consideration.

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