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Obstetrics in the front line of change

Obstetrics and gynaecology is probably the medical specialty in the front line of change, which explains why it features so prominently in this week's journal. Scientific investigation has led to doubt over many of the specialty's routine practices; the patients, most of whom are in full health, question the benefits and style of what is offered to them; sociologists hover around the specialty like paparazzi around royalty; and much of what obstetricians and gynaecologists do—like terminate pregnancies—is intensely politicised.

An editorial suggestion (p 695) that emergency contraception should be made available off prescription will no doubt evoke political debate. But the arguments in two other editorials—that much of routine antenatal care (p 697) and the routine vaginal examination six weeks after birth (p 698) are not scientifically justified—will be debated more by clinicians. Politicians may, however, be interested by the implication that resources could be more effectively used elsewhere.

Three longer papers also relate to obstetrics. It is known that medical abortion is as safe as surgical aspiration in early pregnancy, but until now we have had little evidence on which method women prefer. A group from Aberdeen shows this week that both methods were acceptable to most women less than nine weeks pregnant but that those closest to nine weeks pregnant tended to prefer vacuum evacuation (p 714). The design of this trial is of broad interest because the researchers thought that many women might have a clear preference

for one method or the other and be unhappy about randomisation. They thus designed a "patient centred, partially randomised" trial in which women were randomised if they were willing but those unwilling were assigned to the group of their choice. A second paper, from South Australia, shows that the total prevalence of neural tube defects has remained unchanged over 25 years but that the number of babies born with such defects has dropped by 84% because of terminations of affected pregnancies (p 703). A third paper—published in the week before a follow up to last year's "earth summit" in Rio de Janeiro—argues that critics who think that the Catholic church opposes birth control are wrong. In fact the church supports natural family planning, which, R E J Ryder argues (p 723), can be as effective as other forms of birth control.

As contentious as anything in obstetrics are the arguments over the allocation of resources to health care, and news stories from Australia (p 699), France (p 701), and Germany (p 700) all cover this issue. In the week in which we wait for the announcement on what Bill Clinton proposes for health care in the United States the Australian government is considering capping doctors' fees and the French government is telling doctors to cut their costs (p 701). President Clinton may be particularly interested in how the Germans managed a 2.7% cut in health care in the first half of 1993 after a 9.2% rise in 1992. Budgetary ceilings on prescriptions, treatments, and hospital fees did the trick. But will the fall last?

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Editor's Choice

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