



Oral contraceptives and thrombosis – a follow-up

I write as a follow-up to my article *Oral contraceptives and thrombosis* which was published in the *New Zealand Family Physician* on 22 June 2004. As you may recall, this article referred to my report (03HDC00837) which I considered served as a useful reminder to general practitioners of the importance of reviewing and discussing a patient's personal risk factors before prescribing an oral contraceptive.

Following the publication of this article, a general practitioner expressed concerns about my report. He contended that 'Dr C' appears to have done what any reasonable general practitioner would have done in the circumstances, and that my expert has an exceedingly high standard. The GP then asked if my Office had an internal quality process to ensure that my opinions are correct.

I informed the GP that we do and that on rare occasions where there is controversy about an HDC decision, I have been willing to ask the relevant College to independently review my report.

Accordingly, I asked the Royal New Zealand College of General Practitioners to independently review my report. I note the College's conclusions that although there is evidence demonstrating an indirect, but close, association between superficial thrombophlebitis, oral contraception and deep vein thrombosis/embolism, it would not be reasonable for a GP to be aware of this association when faced with the Medsafe datasheet* unless he/she was aware of the research evidence or had significant prior experience. Accordingly, the College could not see how 'Dr C' could have been expected to discuss

superficial thrombophlebitis as a contraindication to prescribing an oral contraceptive.

The College also advised that the evidence about the association between superficial venous thrombophlebitis, oral contraception and deep vein thrombosis/embolism is not widely distributed and 'clearly the risk of embolism with SVT [superficial venous thrombophlebitis] needs publicity.'

I fully acknowledge that in obtaining expert advice, there will be some occasions where there are conflicting medical views on clinical issues, particularly with modern advances in medicine. In this case I have drawn this information to the attention of the parties involved.

Ron Paterson
Health and Disability Commissioner

* The Medsafe datasheet on Microgynon (May 2002) states: 'There is no consensus about the possible role of varicose veins and superficial thrombophlebitis in venous thromboembolism.'

Unusual surfing injury

'We describe a mechanism of surfboard injury not previously described in the published literature, which involved penetration of orbital tissues by blade-like fragments of fiberglass when the surfboard outer shell broke up on impact with the surfer. The fiberglass left a trail of fibers and resin particles as it traveled through the eyelid and orbital tissues, requiring painstaking removal and debridement to minimize the long-term effects of inflammatory reactions and scarring in the orbital tissues.'

Hall G, Benger RS. Missed diagnosis of an intraorbital foreign body of surfboard origin. Ophthal Plast Reconstr Surg. 2004 May;20(3):250-2.

Timing of the College conference

Anecdotally the impression of the Auckland Faculty Board has been that many of our GPs would prefer to have the College conference held during school term time rather than in the school holidays. The reasons they express for this are that it is difficult to get locums during school holidays and that they prefer to have holidays with just their families rather than trying to combine a conference with a family holiday. However traditionally the conference has been held during the school holidays and it was unknown whether changing this would upset a significant number of other GPs. We therefore decided to poll the members of the Northland and Auckland Faculties to determine the preferences of our Members and Fellows.

The College holds its Annual General Meeting during the conference. Because of the time involved in getting the accounts completed and audited, the annual report printed and members notified following the end of the financial year (31 March), it is not possible to hold the conference before the July holidays.

There are 1209 GPs on the RNZCGP Northland and Auckland Faculty database. Of these, 873 have recorded email addresses. For the sake of expediency the poll was limited to the GPs for whom the College holds email addresses (72%).

These 873 GPs were emailed a message asking them to reply as to whether they wanted the Auckland-hosted 2006 RNZCGP conference to be held during the school holidays

(8 to 16 July) or whether they supported the proposed change to hold it during term time (between 17 July and 22 September). They were asked to respond 'yes' if they wanted the conference time changed to during the school term, and 'no' if they wanted it held during the school holidays (the status quo).

Sixteen emails were returned as unknown addresses (remaining N = 857). A total of 323/857 GPs responded (response rate of 38%).

Overwhelmingly GPs do not want the College conference held during the school holidays (283/323; 88%). Many responses were strongly 'yes'. For example:

- 'YES!!!!'
- 'Emphatically yes'
- 'YES, unequivocally!'
- 'Yes, not during school hols. About time this was changed, many thanks.'
- 'Yes. In fact I have never been to a GP conference mainly for this reason.'
- 'Yes I think it is better to plan it outside school holidays. It's good that people are now considering such!'
- 'Yes – I like to spend time with my family during school hols.'
- 'Better for locums etc. if not in school holidays.'
- 'Term time is cool!!'
- 'Yes, prefer in term time. This is because we are both GPs. Childcare much easier to organise if they are at least at school during daytime. In holidays it is a 24 hour thing!'

- 'I have been asking for this for a number of years now...I refuse to go to a conference during school holidays when I should be spending it with my family and have done the latter. This is wonderful news to me.'

A further 30 (9%) said they had no particular preference. This was mainly because their children were now adult ('The birds have flown the nest') or they were childless.

Only 10 GPs (3%) wanted the College conference to be held during the school holidays. Of these, one responded 'I want the conference in the university holidays' (between 24 June and 16 July 2006). However the last two weeks of these three-week holidays coincide with the school holidays and the first week is too early to hold the conference given the College timeframe. The nine other 'no' respondents did not specify any particular reason why they preferred the school holidays.

In summary, the vast majority of Northland and Auckland GPs would like the College conference held during school term time, not in the school holidays. Although a response rate of 38% may be considered inadequate within a formal research setting, it was expected that only a handful of GPs would respond to an email poll, and the number of GPs who replied far exceeded our expectations. I think we can draw from this result that we have a mandate from our members to hold the Auckland conference during term time.

Felicity Goodyear-Smith

In Response

The College has heard the message from members and will trial out of school holiday dates for the 2006 conference. Planning was too advanced to be able to move dates for the 2005 year.

Members may be interested to know that planning for the 2007 conference is about to get underway.

Karen Thomas

Chief Executive, RNZCGP