

This essay seeks to clarify some of the facts and unknowns that mould attitudes toward the hormonal contraceptives at the beginning of their second decade of use. It further seeks to plot a reasonable course for family planners besieged by a welter of conflicting scientific and lay opinion. The information and attitudes expressed here are largely drawn from the Chairman's report in the Second Report of the Advisory Committee on Obstetrics and Gynecology to the Food and Drug Administration on Oral Contraceptives. Opinions expressed are, however, the beliefs of the author and do not represent any official policy of a governmental agency.

By early 1969, 20 preparations of oral contraceptives (combined and sequential) were being distributed in the United States at the rate of approximately 8.5 million cycles per month. This estimate of use for 1969 is twice as high as that listed in the National Fertility Survey of 1965. It is one-third higher than that published in the report of the FDA Advisory Committee on Obstetrics and Gynecology in 1966. The apparent increase in numbers reflects not only an expansion in the population of women aged 15-44, but a wider use among older women and those of limited education. Such a trend could have been forecast from population estimates as well as from the increase in contraceptive services available in the poorer areas of our big cities. Expanding use of the hormonal contraceptives will probably continue when the recently projected governmental programs are initiated.

The use of oral contraceptives has spread in foreign countries as well. Among countries without laws prohibiting the distribution of contraceptives, only Japan and the U.S.S.R. now proscribe distribution or sale of these drugs. The estimate of worldwide distribution of oral contraceptives is now approximately 18.5 million cycles per month. The introduction of these effective contraceptive agents in some developing countries, however, has been slower than many would wish. Many of these countries have governmental population programs. The constituted authorities have hesitated to introduce massive oral contraceptive programs in view of the widely publicized hazards. Governmental caution in this instance is understandable. The failure, however, to evaluate the benefit to risk ratio may have lasting consequences.

The current aggregate pharmacological experience with the oral contraceptives is unique in that a large percentage of healthy young women is using powerful drugs for a purpose other than the control of disease. This fact alone, irrespective of continuing controversy over the risks, would have provoked attention of the world's press. Particularly in the United States and Great Britain, the press has attempted to keep the public informed of each discovery and each reported difficulty. Such reporting is the duty of a free press; it is the quickest way to satisfy the public's right to know.

The task of conveying complicated scientific information to the public is a responsibility requiring well informed and accurate reporting based on a judicious appraisal of data. Neither the public nor the press is well served if the information is exaggerated, mitigated, or suppressed. In the final analysis, both the physician and the layman must evaluate the risks of the hormonal contraceptives in comparison with those of other methods of contraception, or no contraception at all. They can do so wisely only when they have access to all available information accurately and dispassionately presented.

Not only does the press reflect ambivalence in respect to the oral contraceptives but the scientific literature abounds with divergent reports on the possible relation of these drugs to a host of different risks. The vast majority of adverse effects, however, occur naturally albeit at a very low rate in young women. Thus, identification of an etiologic relation, especially with the more serious reactions, has been difficult and slow. The risk of thromboembolic disease presented by the hormonal contraceptives has now been defined in both Great Britain and the United States. Other risks, such as those of hypertension, liver disease, and reduced tolerance to carbohydrates have not been quantitated with the same precision. Some of the risks have been recognized by isolated clinical observations, whereas others have been predicted on the basis of experiments with animals or merely on theoretical grounds.

Controversy has centered about two areas: the scientific data required to establish an etiologic relation, and the balance between acceptable risk and potential benefit. The voluntary submission of reports by individual doctors to scientific journals, to the pharmaceutical industry, or directly to the Food and Drug Administration, is fragmentary at the best. Since the data on incidence of