

CMA has prepared two *Health Tip* articles: one devoted exclusively to the pill, and the other entitled "*How Does Your Doctor Know When a New Drug Is Safe?*" The two articles are available in quantity through CMA and are reprinted below. It is suggested that each physician consider giving the two articles to every patient seeking a prescription for the pill—and in addition, the physician should make an entry in the patient's record of the delivery of the articles. In this fashion, "informed consent" could occur without the physician being required to be a lecturer but with the explanation to the patients being uniform and being done in a friendly, understandable manner. The dissemination of this data by the physician with the corresponding entry in the patient's record has a relationship to the continuation of the physician-patient rapport. The importance of an entry in the patient's record of whatever information you give cannot be overemphasized.

The two articles reprinted here may be ordered in quantity for this purpose at nominal cost from CMA Health Tips.

WHAT YOU SHOULD KNOW ABOUT "THE PILL"

Women who are taking oral contraceptives—generally referred to as "The Pill"—as a method of birth control do so only under medical supervision, and their doctors usually explain to them at the outset that they may anticipate certain side effects, especially in the first months of use.

From time to time, newspapers and magazines carry sensational articles disclosing "new" revelations of dangers which might be associated with the use of the pill, and the peace of mind of millions of women is shattered. Patients may all too readily forget the careful instructions and reassurances they received from their doctors, and react with panic.

Here are some things doctor *do* know and do *not* know about the pill—at this time.

OUR BEST KNOWLEDGE—AT THIS TIME

It is important to remember, first of all, that the pill has been authorized for use only since 1956—that is, only 13 years. It has been in widespread use only since 1961. This means that no woman has taken the pill through the entire span of her reproductive life—from age 14 to age 50. In other words, what your doctor tells you about the possible risk of taking the pill represents the best that is known to medical science at this time. It is not yet known whether years of taking it might produce adverse effects which are not now anticipated. It is impossible, at this time, to know what the genetic effects of the pill might be on future generations, however in the best opinion of most doctors, the pill is safe. These medications are the subject of continuing study and observation, and if any results in the future modify the opinions of doctors, they will share that information with their patients.

What, then, can you believe about the effects of the pill?

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TEMPORARY DISCOMFORT

First, it is true that the pill produces a variety of minor discomforts among women who use it. It should be remembered that the pill acts on the hormonal system, bringing about endocrine changes similar to those which occur during a normal pregnancy. It is logical, therefore, that many of the discomforts which accompany some pregnancies also may accompany the use of the pill. For example, many women using the pill (and many pregnant women) experience nausea and vomiting. Some find that they develop some pigmentation of the skin; other develop acne (On the other hand, many doctors find the pill very effective in *clearing up* acne.) There is sometimes an excessive amount of vaginal mucous secretion among women taking the pill. Others may experience weight gain. In a certain percentage of women there are emotional effects associated with hormonal changes, whether brought about by pregnancy or by use of the pill. These emotional responses may include depression or decreased or increased sexual drive.

These are all temporary changes. They are not serious or threatening. If they are caused by pregnancy, they disappear when the pregnancy is completed and