

In New York City, 25 percent of the patients who were taking oral contraceptives requested consultation when they returned to the clinic, and 18 percent were then given IUD's or diaphragms.

Acceptance of pills by new patients went from 70 percent the first week in January down to 47 percent in the first week in February.

All of these Planned Parenthood Centers reported that women were frightened, that the number of phone calls had doubled over the number previously coming in and is remaining at this level and that much additional time has to be spent conferencing and reassuring patients.

Objective data coming from the clinics in New York City also bear out the subjective impression of patient fears and subsequent behavior. In the OEO-funded clinics, approximately 80 percent of the new patients asked for the pill during the 3 to 4 months prior to January 15, 1970. Since that date, this has dropped to approximately 60 percent, and these clinics report that many patients have discontinued using pills for nonmedical reasons, unrelated to the development of symptoms.

In the Maternal and Infant Care projects in New York City, approximately 65 to 70 percent of their patients asked for pills in 1969. During the 4 weeks of January, percentages of their 1,200 new patients were 63, 62, 58, and 47, staying at this new low level in early February. A search for factors other than the adverse publicity did not reveal anything else that could account for this precipitous drop.

I am sure that such information will be most gratifying to opponents of the pill. However, I can only say that it strikes profound fear in the hearts of those of us who deal daily with women and population problems. Despite what has been stated here, I do not know of anyone with wide experience who feels that at this moment, there is any alternate method or combination of methods of contraception which can immediately and completely replace the oral contraceptive.

The statement is frequently and glibly made that IUD's and traditional methods can and should be used in place of the more dangerous pill. To anyone who has dealt with large groups of patients, such an assertion is not only untrue but is patently ridiculous on several scores, and therefore dangerous.

First of all, the fact that the IUD carries its own burden of side effects and deaths is frequently glossed over. Second and much more important is the fact that we have all seen that women will not universally accept and use these alternate and less efficient methods.

It is very easy to talk loosely about patient education and motivation. However, studies have been done in this area which point out that education alone will not provide the answer today, tomorrow, or anywhere in the immediate or foreseeable future, even with unlimited funds. In my opinion, and in the opinion of many other physicians, there is at this moment no panacea for the loss of the pill.

I would like to look at a few points raised here last month, as seen through the eyes of someone actively and vitally interested in contraceptive programs. In January 1964 I started and developed a