Policy & Practice

MDs Don't Counsel on Contraceptives

Although prescription medications that may increase the risk of birth defects are commonly used by women of childbearing potential, only about half of those women receive contraceptive counseling from their health care providers, according to a University of Pittsburgh study involving 488,175 women. The study, reported in the Annals of Internal Medicine, found that over the course of a year, one in six women of reproductive age filled a prescription for a medication labeled by the Food and Drug Administration as increasing the risk of fetal abnormalities. The researchers found little difference in rates of contraceptive counseling, use of contraception, or subsequent pregnancy test results when they compared medications labeled as increasing the risk of birth defects with safer medications. "Many women—and perhaps their physicians—may be unaware of the risks associated with the use of some medications, the chance that women may become pregnant, or both," said study author Dr. Eleanor Bimla Schwarz, of the departments of medicine and obstetrics, gynecology, and reproductive medicine at the school.

Tamper-Resistant Rx Rule Postponed

Congress has passed and President Bush has signed into law emergency legislation to delay until March 31, 2008, a requirement that tamper-resistant prescription pads be used for all Medicaid prescriptions. National Community Pharmacists Association spokesman John Norton noted in an interview that the delay was bundled with extensions on several programs due to expire Sept. 30, including an abstinence education initiative that the Bush administration supports. The original mandate, passed as part of war funding legislation earlier this year, requires that all Medicaid prescriptions be written on tamper-resistant paper to be eligible for federal reimbursement. Even though many states have similar requirements, pharmacists' organizations have maintained that most physicians do not currently use these types of pads, nor are supplies readily available.

FDA Asked to Ban Red Clover Ads

The Center for Science in the Public Interest has asked the FDA to ban what it calls deceptive advertising and labeling for a red clover–based dietary supplement called Promensil, saying it is being marketed to women for the relief of hot flashes, night sweats, and mood swings. According to the CSPI, the advertising that the group would like the FDA to ban includes a recent television ad calling Promensil "the only supplement proven to reduce menopause symptoms" and ads in women's magazines touting the results of clinical studies that CSPI said actually show the supplement is ineffective in reducing menopausal symptoms. Promensil is sold by Natrol, a publicly traded company based in California.

N.J. Court Dismisses Abortion Case

Last month, the New Jersey Supreme Court unanimously ruled that physicians are not required to inform women seeking abortions that the procedure would result in "killing an existing human being." The decision came in a medical malpractice lawsuit against a New Jersey physician that claimed the physician had failed to properly inform a patient that her embryo was a "complete, separate, unique and irreplaceable human being" with whom she had an "existing relationship," and the physician's failure to make this disclosure caused the patient emotional distress. In its opinion, the New Jersey high court said there is no common law duty requiring a physician to suggest to a woman that abortion is "tantamount to murder. There is not even remotely a consensus among New Jersey's medical community or citizenry that plaintiff's assertions are medical facts, as opposed to firmly held moral, philosophical, and religious beliefs."

Groups Call for New AIDS Strategy

More than 100 organizations from across the country are calling for the next president to commit to ending the AIDS epidemic in America, and they have asked every presidential candidate to develop a national AIDS strategy designed to reduce HIV infection rates, ensure access to care and treatment for those who are infected, and eliminate racial disparities. The "call to action," detailed at www.nationalaidsstrategy.org, maintains that the lack of an outcome-based response to HIV domestically has led to unacceptable results, with half of those infected not in care and increasing racial disparities in infection rates. "We need to move from a response to AIDS that is often bureaucratic to one that is evidence based and outcomes oriented—a response that reaches everyone at risk of infection or needing care," said Julie Davids, executive director of Community HIV/AIDS Mobilization Project, in a statement.

—Jane Anderson