Letters to the Editor

The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.

Post-Abortion Attitudes and Patterns of Birth Control

To the Editor:

I am quite disturbed by the verbiage expended in the article by Abrams et al, "Post-Abortion Attitudes and Patterns of Birth Control" (*J Fam Pract* 9:593, 1979). Just reading the summary leads one to believe the article contains worthwhile and valid information regarding women's behavior and feelings after abortion. In fact, over one third sampled felt better able to cope with problems in life in general. Could one ask for anything more?

In the discussion, the authors report that a large number of the women surveyed showed "a high degree of commitment to family planning," and further that "these data support the concept that the decision for abortion . . . is rarely regretted." Later the authors state that the crisis of abortion was positively resolved with no serious reactions.

The authors admit that "data in the current study were based on a questionnaire which elicited a high response rate, probably because of the careful preparation of the participants, all of whom were personally canvassed for permission before questionnaires were sent." Discerning readers should ask whether this statement might color the data and prejudice the conclusions? Out of 450 patients from June through November 1974, the investigators selected 83, of whom 81 agreed to participate. The authors admit this is not a random sampling but they do not enlighten us as to the techniques of sampling used. Instead, using much statistical folderol, they proceed to reach all manner of totally invalid and unwarranted conclusions.

This article might have been acceptable as an interesting "Letter to the Editor," or as a jumping off point for a randomly sampled study to produce something of statistical validity. Its use as a major article in an important family practice journal is rather insulting, unless the plan is to incorporate it as a bad example in study design for a class in elementary statistics.

Larry E. Nacht, MD
Clinical Assistant Professor
Department of Family Medicine
University of Washington
Seattle

The preceding letter was referred to Ms. Abrams who responds as follows:

Burton Hillis once said, "There's a mighty big difference between good, sound reasons and reasons that sound good." Dr. Nacht, in his unremitting enthusiasm to be critical of our article on "Post Abortion Attitudes and Patterns of Birth Control" (Abrams M, DiBiase V, Sturgis S: J Fam Pract 9:593, 1979), has demon-

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strated his capacity to be caustic and to misinterpret the written word.

We stated explicitly at the outset, that "this was not a random sampling." Furthermore, the first paragraph spoke of the "feelings and attitudes [one year later] of a *selected* [italics mine] group of women who have had first trimester abortions"; if the selectivity offended Dr. Nacht, he could have stopped right there.

In the interest of space, the "Methods" section was compressed, but I am delighted to restate the sampling methods and problems. The records of 450 sequential patients were reviewed, because prior permission to be included in a study had not been obtained. In each case, indications of need for or requests for confidentiality were honored. Many of these subjects were eliminated from the study because they had not informed their parents, roommates, or husbands or boyfriends of the abortion. Among the remaining, one year after abortion, a large number had moved, had incorrect telephone numbers, or could not be reached after three attempts. The process of "personally" canvassing all subjects was done painstakingly to avoid embarrassment of the women, with no messages left, and no identification of the source of the telephone call until the subject herself was reached. I suspect that Dr. Nacht might agree that this kind of consideration for human subjects involved in such a study is reasonable and necessary.

Dr. Nacht was correct in singling out the phrase "careful preparation of participants"; in retrospect, its ambiguity is apparent. This was meant to refer to the contact prior to mailing the questionnaire in order to obtain the necessary permission.

The facts are, in spite of Dr. Nacht's dismay, that in this "selected" group—selected in sequence in the only humane manner suitable—there was a "high degree of commitment to family planning" . . . (78 percent using an acceptable method of birth control one year after abortion) and the decision for abortion was "rarely regretted."*

Dr. Nacht implies that we have tried to draw global inferences and that these methods might "color the data" and "prejudice the conclusions." In the article we were careful to state that "only *tentative* conclusions can be drawn from this *pilot* study."

For his information, let me emphasize again that it *was* a pilot study and that we are engaged presently in a study using a larger sample, in which permission was obtained for inclusion at the time of abortion. There will never be a fully randomized, unselected group of women available because permission is essential. Nevertheless, studies of women after abortion are intrinsically important for what light they shed even among a "selected" group.

In an area in which the data remain meager, it is encouraging that other significant studies support the "tentative" conclusions of our study.

Marilyn Abrams
The Crittenton Clinic
Boston, Massachusetts

*Two tables were omitted from the printed article which show respondents' answers to: Reasons Given for Abortion, and Feelings About Abortion—At the Time of Abortion and One Year Later. These are available by writing to the authors.