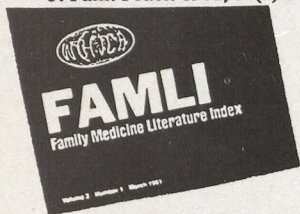


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"No medical library should be without this publication . . ."

J. Fam. Pract. 1982; 14(2):354



FAMILY MEDICINE LITERATURE INDEX

- references from the database of Index Medicus
- AND
- references from family medicine journals not in Index Medicus
- easy access — references listed under both subject and author
- quarterly, with an Annual Cumulation listing all references for the year
- the Annual Cumulation also includes:
 - list of books on family practice published during the year
 - list of publications by member organisations of WONCA
 - these written by family physicians
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Letters to the Editor

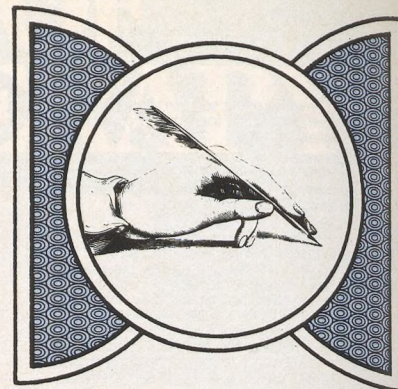
The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.

Educational Pelvic Examination

To the Editor:

As a woman physician, I found the article by Dr. Gabriel Smilkstein, "The Educational Pelvic Examination" (*J Fam Pract* 13:932, 1981) very offensive. I feel that it is inappropriate to point out the patient's anatomy, unless specially requested, especially in front of a chaperone, and I feel sure that most female patients would be embarrassed by this examination. Most physicians try to perform the most gentle pelvic examination possible, with adequate explanations of procedures involved, and patients are always encouraged to tell the physician if they feel any pain or discomfort and to ask questions if they feel so inclined.

I feel that doing the educational pelvic examination would initiate more anxiety than usual and doubt whether patients, if given the choice, would request this type of examination. The use of mirrors, with explicit details of the genitalia, borders on voyeurism, unless, of course, the patient requests special information from her physician. The author does not discuss whether he offered this procedure to his patients and how many of them preferred the conventional to this educational pelvic examination. Finally, I feel that suggesting Kegel exercises to patients is inappropriate unless it is requested or indicated by the history and examination.



In summary, I think the educational pelvic examination is probably non-cost-effective, time consuming, and an inappropriate way of conducting this examination.

Leonie Gordon, MD

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South Carolina

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To the Editor:

Dr. Smilkstein's article on the pelvic examination (*J Fam Pract* 13:932, 1981) made some very good suggestions for increasing the educational value of the pelvic examination while improving patient-physician rapport.

I would add one further suggestion: the elimination of routine use of stirrups to perform the examination. This may be accomplished by having the woman place her feet on the table and letting her legs fall outward; the speculum can then be inserted and twisted so that the handle is pointing toward the ceiling rather than the floor.

With a brief amount of practice, one can easily perform the examination in this manner. Women are generally more comfortable and very appreciative when the stirrups are eliminated. This method can also be used for IUD insertions.

Eric Henley, MD

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