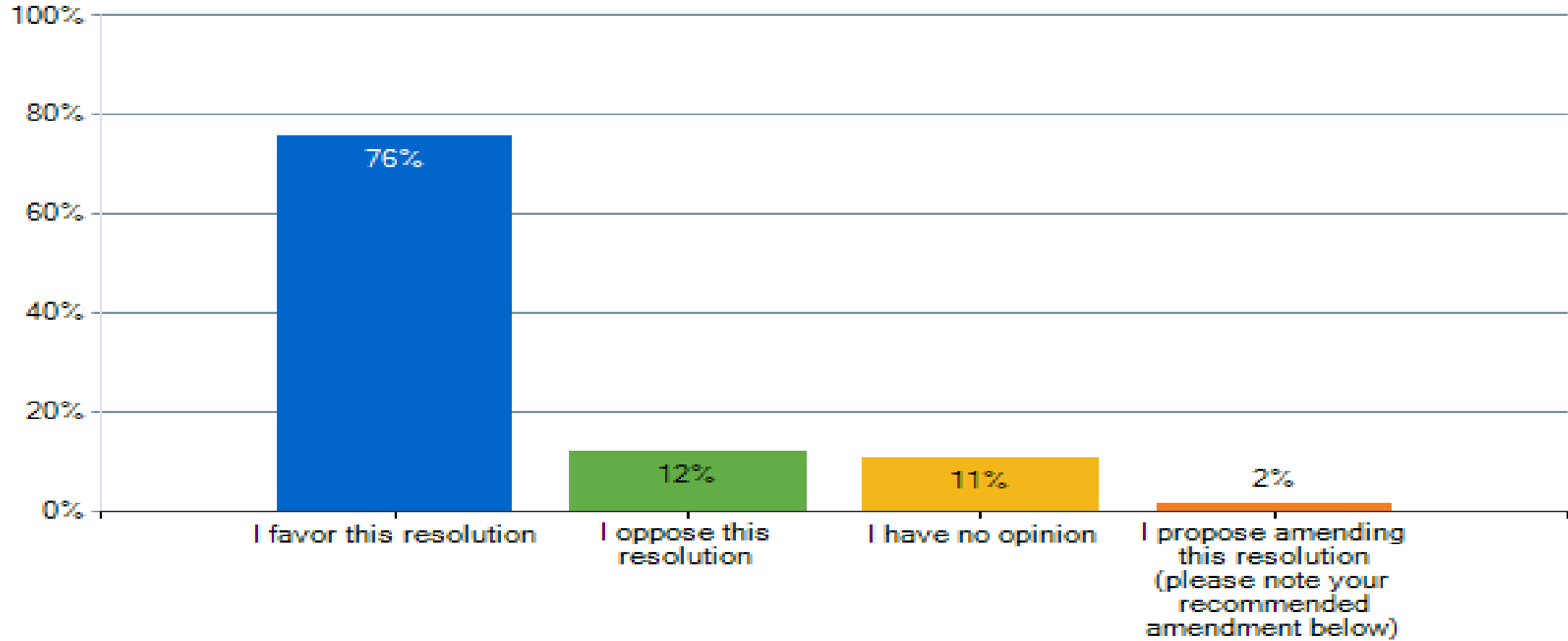
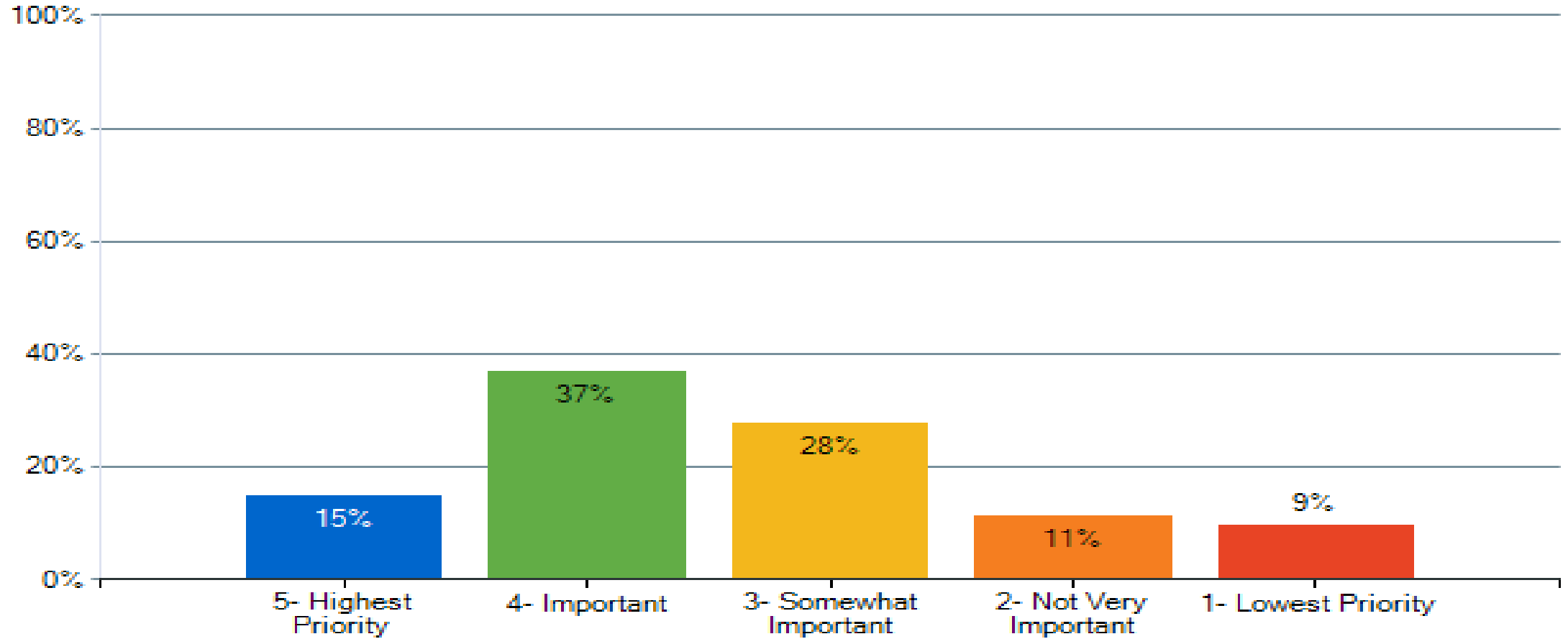


Birth Control and Proposed Appropriate Counseling on Side Effects



252 responses

Please indicate your view of this resolution as an ISMS priority.



245 responses

Comments

Response Text

I support education for OCP but continued access.

Contraception in all forms needs to remain publicly available.

neutral- this already occurs as part of the OB/GYN rotation, and likely Family Medicine rotation

More good than harm Cost of seeing a physician may deter their use.

Seems extreme in the whereas' and not sure telling medical schools to do this is necessary or appropriate.

Additional warnings are not necessary. You could make the same recommendation for aspirin or Aleve. Regulations are reasonable as they exist, as is medical school education. Education should not be regulated.

Take out the part about mood disorders. This does not belong in here. If the point is to ensure education of medical students in contraception choices, simply state that this should remain part of the Gyn medical school training (because it already is!). Is this in response to overturning of Roe vs Wade? I'm not understanding at all why this is even being submitted. Next thing we'll be sponsoring resolution requiring education about menopause and hormone therapy I do not think we need to do this. It is already part of curriculum. Even in a Catholic medical school

This is a total waste of our time. Why should a medical student who is going into a branch like ophthalmology or orthopedics (and many others) be burdened with this nonsense? Of course Gyn/Ob practitioners should study this and counsel their patients accordingly in line with the best evidence available at that time.

This is highly unnecessary. We don't issue statements regarding medical education on side effects for any other over-the-counter medications. There is no evidence that there has been a lapse in education regarding side effects of over-the-counter medications. It is obvious that physicians should counsel on the side effects of any recommended medication. To single out hormonal birth control as a medication of concern without evidence of a problem smacks of political motivation.

We went through this 50 years ago! It's 2022, people, and birth control is here to stay!

I agree

For outside groups to mandate educational requirements is rarely a good idea. In this case, mandating training all students as to how to counsel patients on the use of oral contraceptives is not warranted. Only a fraction of students will be called upon to do such counseling in practice. Reserve this for the appropriate residency programs, not all medical students.

I thought medical contraception is a medical issue and being taught in medical schools across the globe.

Strongly oppose. As written, this resolution seems highly critical of the side effects of OCPs. While all medications have side effects, which the prescribing provider should know, there is no indication to raise the importance of birth control pills above any other medication, pathology, pharmacokinetics students should be expected to know upon medical school graduation. To re-iterate, we should not promote policy which intentionally skews a medical education which should otherwise be balanced. I should know about OTC Tylenol and OTC Naproxen just as much as this, yet there isn't policy

about those. Yes, we should support evidence-based education. However, the recommendations for birth control differ widely internationally despite similar formulations. This policy is not in the ISMS purview and should not be elevated to the AMA.

I question the honesty of this. All good teachers already teach students to discuss risks and benefits of meds they take. Any woman using estrogens and smoking is at high risk of thromboembolism. There was a malpractice judgement against a Petersburg physician for around a million dollars for not discussing possible stroke when giving a Rx for oral contraceptive about 30 yr ago. I do not think we need to tell med schools how to do their jobs. This issue is not new.

This is out of scope of ISMS and quite frankly I don't see what this is aiming to accomplish? OB/GYNs and FM providers already spend countless hours counseling patients and many students see and experience this counseling.

I think we are all already doing this. Seems superfluous to me

Educational materials should be part of health and safety education in high schools and are reinforced by education provided by the pharmacists in the stores that are selling birth control pills. It should be clear in the educational materials that at risk persons should be seeking their contraception education from a Primary Care Physician or specialist in OBGYN when the use of OCPs are a risk to them personally.

I'm not sure that adding this to the medical school curriculum will result in the understanding and retention of the subtle side effects of oral contraceptive use. I seem to recall being challenged to remember major issues. Subtleties are learned after graduation and with continuing med education and experience. There is no way for all the important aspects of practice to be learned in med school. I would think public education to a targeted group, (young women) to be a better venue for this.

What a poor straw man argument. Falling on the heels of the undoing of Roe v Wade, which will cause untold negative healthcare issues in our state, to put this out by our society is just nuts. What is this proposal trying to do, create more unwanted pregnancies to have coat hanger abortions in Illinois back alleys? Drop as many barriers to unwanted pregnancies as possible should be our basic stance.

Oral contraceptives have severe side effects in some cases, including thrombo-embolic episodes. They should remain prescription only drugs.

ISMS and AMA can establish policy and encourage medical schools but they do not directly participate in establishing educational policy of other institutions.

This resolution is overly prescriptive in medical student education, and would encourage the teaching of a topic that is likely not fundamental or foundational to the practice of medicine. Resolved 1 (which is not divisible from resolved 2 and thus is questionable if it can actually be reviewed in its current form) outlines all of the items needed to have an informed decision making discussion with patients which (while valuable to learn in medical education) is generally a core educational milestone for residency training. While the informed decision making discussion is valuable, it does not have to be surrounding birth control specifically to be useful in medical education.

Medical schools already educate. This seems to be an attempt to just talk about the harm of ocp's

I favor the resolution, but think "medical students" should be replaced with "providers" to have the more general application implied by the Whereas clauses. This is simply including OC's under the same rules as one would apply to other OTC treatments available to patients with or without a prescription.

Why is this necessary? Are medical schools threatening to stop teaching about OCPs?

Medical education is sufficient already regarding the subject of pharmacological agents in fertility control. AMA should not attempt to dictate curriculum to medical educational entities. This resolution should be opposed.

Tautology

Absolutely! Those of us who have spent our entire careers in this space know OCPs have a potential quiriness that must be dealt with by experienced professionals.

Fine

I am not sure why we need to have a resolution about this. Don't medical students already obtain education about oral contraceptives? The critical issue is whether physicians still have concerns about making such medications over the counter with what is known about side effects. I support certainly ongoing education for medical students, physicians, and our female patients about oral contraceptives, appropriate use, and possible side effects. The effect of oral contraceptives on mood actually is variable in clinical practice. The "provide good counseling" so as to prevent unwanted pregnancies, abortion, and undue stress... sounds strange to me. Counseling about how to prevent pregnancies when not desired makes sense to me. However, mentioning the very emotionally charged "abortion" issue and "unwanted pregnancies" as providing "undo stress" may be taken, whether intended or not, as rather more of a judgment of our female patients or implying a too simplistic (absolute) view of how women may feel in such situations.

Medical student education a must. There are so many considerations to discuss before a patient just grabs OCPs off the shelf.

YES. Just as I need to counsel on use of acetaminophen or ibuprofen.

Seems like oral contraceptives have proved their worth over many years. If the issue is over the counter without prescription availability is the target, this resolution is wide of the mark.

I think this is an important resolution.

This is already a part of every medical school curriculum. Why is this policy needed?

I agree with these resolutions. Having cared for teenagers who had strokes while on the BCP as well as other side effects, esp. mental issues, there should be adequate training of medical students to be aware of the many side effects from the pill.

-These products are Medical Prescriptions and have medical risks/could cause harm. As such these medications, should only be prescribed by qualified medical doctors who have a true doctor-patient relationship with the patients who seek to use these. -Physicians who may potentially be involved with the prescribing these or monitoring patients using these medicines or to have used these drugs have an obligation and duty of care to understand them and be able to safely counsel, Rx, document and monitor patients in their care who may use these products. -ISMS has allowed policy on this to be steamrolled by outside non-medical/non-physician competing interests to allow active legal prescriptions like this to be improperly available by those without proper training or licensure to medically oversee their use.

The knowledge of risks and side effects of oral contraceptives versus the usefulness and benefits has to be an essential part of medical education. I don't know why there is any question about it. This just has to be strongly emphasized because it is a very commonly used medicine.

Training is always good. Have we identified a training gap with birth control? Does mandated training of this type (or any type) take away from overall training? Does it become a check box that is well intended but doesn't add to overall care? I think it may be better to have certain skills and tasks met during medical school, considered by the faculty of the school, maybe coordinated by AAMC across schools. That's really the point

of the 2nd RESOLVED. I think the 2nd RESOLVED is the main point, the 1st RESOLVED could become another whereas.

terrific,, thanks

Another roadblock to women getting healthcare. I was trained in BCP in med school years ago. Im sure current students are too. This resolution spouts a lot of bunk

We complain about state required CME; we shouldn't be hypocrites and compel medical schools to instruct on such a narrow topic. I think medical students have plenty to learn - this is best taught at the resident level. Shouldn't we support medical students/residents who might have religious, moral or personal objections?

Why do all medical students need to be trained to counsel patients. I have never written a prescription for birth control. Why not encourage prescribers to be trained to counsel patients. Or require the pharmacists to also provide counseling,

seems unnecessary.....are there medical schools who are not already doing this?.....I know my age/years since medical school, but I am sure this was covered