

# Lucky for some

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One of the best things about general practice is the opportunity to practise family medicine, and few areas of medicine have as big an impact on the family as infertility. As experts in family medicine, we juggle extremely complex biopsychosocial issues as we attempt to meet the needs of all types of people apart from just the one in the chair at the time.

We have a privileged perspective of relationships that is denied to most doctors. Joseph Agricola came to see me a few years ago because his wife wasn't pregnant after 5 years of marriage. I wasn't that surprised, as for years I'd been giving her 3 monthly depot progesterone injections to ensure that this remained the case. But it quickly became apparent that Joseph was not aware of Robyn's contraceptive use; he placed a Vegemite jar of semen on my desk and sadly explained that his mother was furious with him and his failure to procreate.

Robyn had been at a loss to explain to Joseph her inability to conceive and she had suggested that he see me to get himself tested. He was similarly confused, as his current girlfriend had fallen pregnant almost immediately. Being astute, I recognised that all was not well within the marriage.

Not all family relationships are as convoluted as this one (which was only slightly modified for privacy reasons). For most couples, having children is a logical and expected consequence of their relationship. Reliable contraception allows some control over the timing and frequency of this consequence, but it can also give birth to its own problems.

In our guest editorial, O'Connor and Johnson propose a role for doctors and the media in alerting women to the facts of fertil-

ity, in particular its decline and the increased gynaecological complications that can occur if childbearing is delayed too long.<sup>1</sup> Writing in the *Australian and New Zealand Journal of Obstetrics and Gynaecology* in 2002,<sup>2</sup> Weston and Vollenhoven explored a similar theme and concluded that several social factors were conspiring against women to force them into delayed childbearing, while assisted reproductive technology provided a less than reliable backup for their fading fecundity. And it is an expensive backup in terms of both financial and emotional costs.

So have assisted reproductive technologies turned children into commodities to be purchased when the time is just right? Are they a safety net for the 'socially infertile' who have left it too late, or who haven't secured a partner with complementary plumbing? Surely there are more than enough children in the world – they're just poorly distributed.

Such a trite view dismisses the suffering of the medically infertile for whom having their own child becomes an overwhelming need. It does, however, recognise that society is changing and that our expectations are different. Some would say that this is a conceit of the affluent – The European Society of Human Reproduction and Embryology (ESHRE) estimates that 78% of the world's population lives in countries that have fertility services including IVF and intracytoplasmic sperm injection.<sup>3</sup> These countries account for 91% of the world's gross domestic product. Whether the average citizen has equitable access to these services is another question; very few – if any – nations provide adequate public fertility services. The ESHRE group also estimates that existing fertility services can only meet the needs of a third of people who need them.

Even in Australia there are social differences between those who come to their GP for help with their infertility and those who don't. In this month's issue, BEACH authors Charles, Pan and Britt show that only 13% of patients presenting to GPs with infertility carried a commonwealth concession card, compared with 42.5% overall.<sup>4</sup>

Maybe our patients are bypassing us and going straight to IVF clinics. Lass and Brinsden found in the UK in 1999–2000 that up to one-third of patients did not consult their doctor before undertaking fertility treatments, preferring to choose their clinic on the basis of its publicised success rates.<sup>5</sup> A logical decision driver, under the circumstances.

Despite stunning technological advances, infertility remains a significant cause of morbidity for our patients. We hope you will find this issue of *Australian Family Physician* a timely update on one of the few truly new areas of medicine in the past 30 years. Our authors are Australian world leaders, who have managed to leaven their passion for the science with some compassion for the people.

## References

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