gonadotropin testing, a 7-day window of time (assuming a 72-hour window postconception for emergency means to prevent a pregnancy from continuing) might determine the ultimate fate of any individual human embryo.

—Graham Mansell, MD, CCFP
Ottawa, Ont
by e-mail

References
1. Dunn S. Emergency contraception and family physicians. An once of prevention when it really counts [editorial]. *Can Fam Physician* 2001;47:1159-60 (Eng), 1166-8 (Fr).
2. Dunn S, Davis V. Emergency contraception. Summary of the Society of Obstetricians and Gynaecologists of Canada's clinical practice guidelines. *Can Fam Physician* 2001;47:1261-3 (Eng), 1267-9 (Fr).
3. Glasier A. Emergency postcoital contraception. *N Engl J Med* 1997;337:1058-64.
4. Bracken MB. Oral contraception and congenital malformation in offspring: a review and meta-analysis of the prospective studies. *Obstet Gynecol* 1990;76:552-7.

•••

I would like to comment on Dr Dunn's article,[1] "Emergency contraception and family physicians" in the June 2001 issue. Dr Dunn goes so far as saying that, "Some individuals and groups argue that it is an abortifacient. It is critical to explain that the therapies used in Canada will not interfere with an established pregnancy; they can only prevent one from happening."[1]

The point is, a pregnancy has already happened; it is just that the endometrium is not responsive to the implantation of the pregnancy.

I quote Jim Hughes[2] in *Campaign Life Coalition National News* of June 2001.

> The… government and medical community have failed to recognize a simple truth, a truth summed up perfectly by children's author Dr. Seuss: "A person's a person no matter how small." Or put in scientific terms, as the embryologist Dr. Dianne N. Irving described it in the International Journal of Sociology and Social Policy, "After fertilization the single-cell human embryo doesn't become another kind of thing. It simply divides and grows bigger and bigger, developing through several stages."… We are no longer in the scientific dark about the beginning of human life. As the late novelist and medical doctor Walker Percy put it, life begins "when chromosomes of the sperm fuse with the chromosomes of the ovum to form a new DNA complex that thenceforth directs the ontogenesis of the organism." This produces the "continuum that exists in the life of every individual from the moment of fertilization of a single cell." Therefore, Percy said, "The onset of individual life is not a dogma of the church but a fact of science. How much more convenient if we lived in the thirteenth century, when no one knew anything about microbiology..."[2]

If we accept the destruction of this newly formed DNA, then we are debating the value of some class of human beings, in this case an unborn child, an embryo, a fetus, whatever you want to call the tiniest possible person.

—Gabriel Lemoine, md
Sainte-Anne-des-Chênes, Man
by mail

References
1. Dunn S. Emergency contraception and family physicians. An once of prevention when it really counts [editorial]. *Can Fam Physician* 2001;47:1159-60 (Eng), 1166-8 (Fr).
2. Hughes J. When life begins. *Campaign Life Coalition National News* 2001; (June):3-4.

Response

I thank Drs Mansell and Lemoine for expressing their thoughts on emergency contraception. The concerns they raise reflect the ethical and moral debate that often surrounds the use of postcoital contraception. I am unlikely to be able to resolve their personal concerns about this therapy but would like to address some of the issues they raise.

Drs Mansell and Lemoine have both implied that emergency contraception works after conception or pregnancy has occurred. This is not correct. Conception is defined[1] as the onset of pregnancy and is marked by implantation of the blastocyst in the endometrium. The "human embryo" Dr Mansell discusses does not develop until the end of the second week after fertilization.[2]

The balance of evidence suggests that the most widely used emergency contraceptive pills work primarily by inhibiting or delaying ovulation.[3] Therefore, in most cases where emergency contraception is effective, fertilization

does not occur, and interference with a fertilized ovum is impossible. All methods of postcoital contraception used in Canada, including a postcoital intrauterine device, are used within 7 days of sexual intercourse before implantation occurs and pregnancy begins. They therefore prevent pregnancy but will not affect an embryo or an established pregnancy.

I agree with Dr Mansell that women need accurate information so they can make informed choices about their health. Women should be informed about how emergency contraception is thought to work. For some women, knowing that emergency contraception might interfere with the implantation of a fertilized ovum is relevant to their decision about whether to use this therapy. They should also be informed of other mechanisms that are more likely to be responsible for the effectiveness of emergency contraception.

Dr Mansell advocates a truly comprehensive prevention strategy that informs patients of all available options to prevent unwanted pregnancy. This is a huge and admirable goal. By promoting education and access to emergency contraception, the National Advisory Committee on Emergency Contraception is working to ensure that emergency contraception is an appropriate part of such a strategy.

Like Dr Mansell, I believe it is possible for physicians who have reservations about postcoital birth control to provide nonjudgmental and supportive care. In practice this is often a problem if they have strong personal beliefs that make it difficult to provide a balanced view. Emergency contraception is a commonly used, safe, and medically accepted therapy. Our patients need accurate information that is based on science in order to decide whether it is appropriate for them. In this discussion it is the woman's moral and ethical belief, not the physician's, that is important.

The CMA Code of Ethics provides guidance to physicians to "Inform your patient when your personal morality would influence the recommendation or practice of any medical procedure that the patient needs or wants."[4] For some physicians this will mean referring these patients to a colleague who can provide the care they need with a clear conscience.

—*Sheila Dunn*, *MD*, *CCFP(EM)*, *FCFP*

References

1. *Dorland's illustrated medical dictionary*. 28th ed. Philadelphia, Pa: WB Saunders Company; 1994. Conception; p. 365.
2. *Dorland's illustrated medical dictionary*. 28th ed. Philadelphia, Pa: WB Saunders Company; 1994. Embryo; p. 542.
3. Glasier A. Emergency postcoital contraception. *N Engl J Med* 1997;337:1058-64.
4. Canadian Medical Association. *Code of ethics of the Canadian Medical Association* [webpage]. Ottawa, Ont: Canadian Medical Association; 1996. Available from: http://www.cma.ca/inside/policybase/1996/10-15.htm. Accessed 2001 July 13.