Emergency contraception

A recent *CMAJ* editorial¹ on oral emergency contraception asked, "Why ... must competent women ... be regarded as fair game for unwanted questioning and unsought advice — at their own expense?" This undermines the valuable counselling services that pharmacists provide.

A pharmacist has studied drugs for a minimum of 4 years, is trained to provide emergency contraception services and is accessible evenings and weekends when a woman cannot get an appointment with her family doctor. This would seem to reflect a policy on scopes of practice issued jointly by the CMA, the Canadian Pharmacists Association and the Canadian Nurses Association: "scopes of practice statements should promote safe, ethical, high-quality care that responds to the needs of patients and the public in a timely manner, is affordable and is provided by competent health care providers."²

We agree with *CMAJ* that women should not have to pay for these services. The Canadian Pharmacists Association believes that this medically necessary service should be covered as part of the government's insured health ser-

vices. If Plan B were available everywhere, the result would be a new cost barrier to access because drug plans will not pay for a product that a woman can pick up in a convenience store.

Garth McCutcheon

President
Canadian Pharmacists Association
Ottawa, Ont.

References

1. Emergency contraception moves behind the counter [editorial]. *CMAJ* 2005;172(7):845.
2. Canadian Medical Association. Scopes of practice [policy]. *CMAJ* 2002;166(2):236-7.

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CMAJ's editorial¹ on Health Canada's decision to make levonorgestrel 0.75 mg (Plan B) available to women without a doctor's prescription was way off the mark, incorrectly asserting that the pharmacist may be a barrier to women's access to emergency contraception. Health Canada should be applauded for its decision, which was made after much study and consultation, is consistent with what is happening in many other countries, and is supported by the Society of Obstetricians and Gynaecologists of Canada.²

The evaluation of a pilot program in British Columbia eliminating the need for a physician consultation for emergency contraception clearly showed that providing the medication through pharmacists enhanced its availability.³ This is not surprising, given that pharmacists are the most accessible of the frontline health care providers.

Do women need advice on emergency contraception? The statistics say they do. Pharmacists at the Drug Information and Research Centre operated by the Ontario Pharmacists' Association responds to over 70 000 calls per year from health professionals and the public; many of the calls are from anxious women with questions about the need for emergency contraception, how best to access it, possible side effects and potential interactions with drug or herbal medications.

Providing counselling on medication use is not paternalistic, as the editorial suggests. It is essential that patients understand what they are taking, as well as the expected benefits and potential risks.

Finally, the Ontario Pharmacists' Association also believes that emergency contraception is a medically necessary service that should be covered by