participate in the decision of whether or not she should use an oral contraceptive. The corollary of this, of course, must be that the physician keep abreast of all implications of the use of the pill and, in cases of doubt, refer the patient for another opinion.

The introduction of oral contraceptives has, unfortunately, brought some problems. As early as 1961, the incidence of certain complications associated with the pill were identified. In the ensuing years, extensive studies have been carried out in Canada and abroad to establish the relationship between oral contraceptives and these various effects.

The Minister of National Health and Welfare's (Mr. Munro) concern for the safety of Canadians taking the pill resulted in his appointment of a special advisory committee of leading medical authorities to assess the physical and mental wellbeing of women practicing family planning in this manner.

The report of the special advisory committee was tabled in December in this House. The committee, chaired by Dr. R. A. Kinch, who is obstetrician and gynecologist in chief at the Montreal general hospital and one of Canada's leading authorities in the field, provides answers to such basic questions as, first, what, if any, are the risks of oral contraceptive therapy, short or long term, inducing serious conditions or altered physiological processes. Second, how do these risks compare with similar serious conditions in healthy non-pregnant women of child bearing age. Third, how do these risks from the use of the pill compare with those of the pregnancies which had been thereby prevented. Fourth, how do the risks of the pill compare with other hazards of modern life. Fifth, what practical clinical measures may be taken to reduce risks. Should the Food and Drug Directorate further regulate the sale or distribution of hormonal contraceptives? Sixth, should the Food and Drug Directorate, based on the advice of its consultants, take the responsibility for informing physicians and the general public on all aspects of the use of hormonal contraceptives.

Of the 28 recommendations resulting from the excellent report prepared by the committee, three relate to general matters, and 13 concern pre-market testing, post-marketing surveillance, pharmaceutical advertising, and information to the professions and the public. Twelve recommendations deal with studies in epidemiologic, haematologic and endocrine fields.

While the report stressed that the risk of coronary thrombosis from using oral contraceptives containing 50 micrograms of estrogen is not of sufficient significance to demand special precautions, the special advisory committee pointed out that women using the pill should be reminded of the need for continuing medical supervision and be alerted to signs of potential trouble so that specialist consultation may be obtained where appropriate.

The committee found that the combined type of oral contraceptive is virtually 100 per cent effective in preventing unwanted pregnancy, while effectiveness of the sequential type is slightly lower.

The report reviews in considerable detail the present state of medical knowledge of the mode of action and the short and long term effects of these drugs, and contains a number of valuable recommendations about the direction of future research in this field. It also makes recommendations about providing information on the use of the drugs to the medical profession and to the public and advice to the Food and Drug Directorate about testing the products before they are marketed.

Other major points made by the committee were that there is no evidence so far of any incidence of premalignant change in the uterine cervix directly attributable to birth control pills. No significant increase in the incidence of breast cancer has yet been detected, although for 25 years or more concern has been voiced that the clinical use of estrogen may induce the disease in women. Concern has naturally heightened since the introduction of oral contraceptives. The committee concludes there is no firm evidence to suggest any relationship between genital and breast carcinoma and oral contraceptives.

• (5:30 p.m.)

Much of the committee's discussion and study centred on the real and potential hazards of oral contraceptives. A relationship between thromboembolic disorders and the use of oral contraceptives has been established, with evidence suggesting the level of estrogen in combinations as a possible major factor in determining the risk of thromboembolism. The committee recommended further investigation of the relationship and that, whenever possible, physicians should be advised to prescribe a preparation containing not more than 50 micrograms of ethinyl estradoil or mestranol.

Oral contraceptives present the doctor and patient with a novel and important relationship. Hitherto it has been implicit that the patient accepts the judgment, expertise and experience of her doctor. However, the fact that these potent drugs are now prescribed for predominantly healthy women demands that the patient should be informed and participate in the decision as to whether or not she should use them. If she does decide to use oral contraceptives she should be reminded of the need for continuing medical supervision and be alerted to signs of potential trouble, with appropriate specialist consultation where indicated.

The combined type of oral contraceptives is virtually 100 per cent effective in preventing unwanted pregnancy, 0.1 per 100 women per year, while effectiveness of the "sequential" type is slightly lower, 0.5 per 100 women per year. The progestational potency of these drugs depends on the type and dosage of progestogen employed, as well as on the dosage and anti-progestational effect of the estrogen combined with the progestogen. However, in spite of the individual variations in potency of their components, the efficacy of oral contraceptive preparations marketed in Canada appears to be related to the group in which they belong, that is, combined or sequential.

Oral contraceptives act primarily by suppressing ovulation. The present theory is that the action of the combined preparation is mainly through its progestogen component, abolishing the LH peak by inhibition of the