Some years ago, I listened intently to a presentation on cervical cancer at a conference on women’s health care held in Orlando, Fla. During the Q&A, I asked the expert physician why he did not comment on the increased risk of cervical cancer in women who are using oral contraceptives. His response? “Let’s keep that to ourselves.” Seriously.

That’s when I knew I had to finish the book I had started writing in 1995 — which was, not coincidentally, when my wife and I attended our first classes in natural family planning — taught by a CCL couple in Augusta, Ga.

Why did this Ob-Gyn expert recommend against informing pill users about the increased risks of cervical cancer? I started to ask myself: Which is more dreaded in the world of women’s health care: an isolated case of cervical cancer, or an unplanned/unexpected pregnancy? Or any pregnancy, for that matter?

I’ve come to understand that the primary factor driving decisions made in medical offices is the need to prevent pregnancy — at any cost. And organizations such as the American College of Obstetricians and Gynecologists (ACOG), the Centers for Disease Control (CDC) and other agencies operate from the belief that women are incapable of making the decision to remain chaste until marriage and couples most certainly cannot be trusted to make the decision to avoid pregnancy without the “benefit” of artificial contraception or sterilization.

In my book, I detail how the “presumption of promiscuity” applies to all young men and women — and even us older folks! I recall the debates I would have in my family medicine residency about the need to get young ladies on the pill. The responses to me: “Of course they are going to have sex — and then, get pregnant, and then — well, better to nip it in the bud!” Now, some 25 years later, ACOG recommends that we prescribe not the pill but rather “LARCs” (Long Acting “Reversible” Contraception) for all adolescent...
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Women. These methods — contraceptive implants, Depo-Provera, and IUDs — will eliminate any possibility of non-compliance on the part of the notoriously non-compliant young women. Of course, along with the guarantee of avoiding pregnancy come the many health risks to these young women... but no worries there. To avoid pregnancy at any cost — that’s the ticket!

I literally just got off the phone with a 23-year-old patient of mine who is expecting her second baby in a month. She is married, has a nice job and does not want to have more children. Sounds like a lot of women, doesn’t it? Her Ob-Gyn has her scheduled for sterilization after her vaginal delivery. No mention of the fact that women who have tubal ligations prior to the age of 30 are four to five times more likely to undergo hysterectomy (due to heavy bleeding and pelvic pain) than non-sterilized women! No mention of the increased risks of tubal pregnancy! No mention of the regrets she may have in the future — she is, after all, only 23 years old! And what of the responsibilities of her husband with regards to family planning? Sadly, this is pretty routine care these days.

Let’s face it — women are called upon to make abundant sacrifices during the course of their reproductive lives. There are the many physical, emotional and psychological demands that come with the experience of monthly reproductive cycles, pregnancy, childbirth and childrearing. Coupled with the rigors of managing a home and, often, full-time employment outside the home — is it any wonder that my exam rooms are full of exhausted, anxious and depressed women?

So why is it that these same women have been asked, and at times, required — to make health care choices which further compromise their overall wellbeing — while men — their partners and soulmates — are left with little or no responsibility for such issues as STD prevention and birth control?

Witness even reports of permanent infertility in young women who have been on the receiving end of this Gardasil vaccine.1 And again — why just assume future promiscuous behavior in these most innocent children? Why not educate them — along with their parents and caretakers — about the many ways to prevent acquisition of HPV as well as the ways to eliminate HPV from one’s reproductive tract instead of insisting only on potentially harmful vaccines and invasive gynecologic procedures?

It all comes back to the principles of informed consent and the concept of paternalism. It would appear that women cannot be trusted to make correct decisions about their health even when given correct information, and as a result, physicians and others in the field of medicine feel the need to act as substitute parents for them and for their children — i.e., paternalism. Yes, I can see why that physician speaker at the seminar on women’s health advised me and the 400 other doctors in attendance several years ago to “keep that to ourselves.”

But I chose not to. I wrote a book.

Dr. John Littell is a family physician in Kissimmee, Fla., and a former speaker at CCL Physician Seminars.

1 Little and Ward, “Premature ovarian failure 3 years after menarche in a 16-year-old girl following human papillomavirus vaccination,” British Medical Journal Case Reports 2012; doi:10.1136/bcr-2012-006789.