

Management of involuntary childlessness in general practice — patients' and doctors' views

EDITH ITTNER

WOLFGANG HIMMEL

MICHAEL M KOCHEN

SUMMARY

In order to determine whether general practitioners (GPs) are interested in infertility counselling and whether infertile patients seek help from their family doctor, we personally interviewed doctors and infertile patients. Almost all of the board-certified GPs in Göttingen, Germany, and two independent samples of infertile women and men attending the Göttingen University Hospital participated. The majority of the GPs did not routinely ask childless patients about their desire to have children, although half of the infertile men and one-quarter of the infertile women would prefer it if their doctor were to raise the subject. About half of these doctors emphasized their role as an important source of information and advice during assisted conception and almost half of the patients expected emotional support from their GP.

Keywords: Infertility; physician-patient relations; communication; family practice; interprofessional relations.

Introduction

INVOLUNTARY childlessness is a grievous problem affecting approximately one in ten couples of child-bearing age.^{1,2} The general practitioner (GP) may be ideally placed to offer ongoing support and to engage in the psychosocial implications of new assisted reproduction techniques by guiding involuntarily childless patients towards specialist help.³⁻⁵ On the other hand, patients may be disinclined to have their GP involved and may prefer to separate the issue of involuntary childlessness from family medicine. In Germany, patients must usually obtain a referral certificate by their GP for an appointment to specialist services, but they are free to visit any ambulatory care doctor if they choose to do so.⁶ The aim of this survey was to assess both GPs' and patients' views on infertility management.

Method

All board-certified GPs ($n=33$) in Göttingen, a university town of 130 000 inhabitants in the North of Germany, were approached to participate in our survey. Using a semi-structured interview guide, the interviews focused on the attitudes of GPs towards involuntary childlessness, and the way in which they participate in infertility management. In order to explore patients' views on the involvement of their GP during fertility treatment, patient interviews were conducted at the department of obstetrics and gynaecology and the department of urology at the Göttingen

University Hospital. One of the authors (EI) was present for the recruitment of consecutive patients diagnosed as infertile. The data collected were coded by two raters. Descriptive statistical methods were used for data analysis.

Results

Eight GPs were excluded from the sample of doctors (mainly because they belonged to very small practices or were of advanced age). Twenty-one (84%) of the remaining 25 doctors took part in the study; seven (33%) were female. On average, they were vocationally trained for about seven years ($SD = 4.8$) and working as GPs for 13.8 years ($SD = 12.8$). The majority of the doctors interviewed (81%) were not accustomed to asking childless patients during the consultation whether they wanted to have children. Although most GPs (19/21) regarded their work as family-oriented, they left it to the patients to address the topic of involuntary childlessness themselves. Two-thirds of the doctors (14/21) usually referred infertile patients to secondary care immediately. About half of the GPs (12/21) emphasized their role as an important source of information and advice during fertility treatment. Seventeen doctors (81%) expressed their wish to take part in continuing medical education concerning involuntary childlessness.

In the patient survey, a total of 26 women attending the department of obstetrics and gynaecology, and 21 men attending the department of urology participated in the study (mean age 32 and 31 years respectively); three women and two men declined the interview. All men and women had been diagnosed as infertile and were independent of each other as there were no couples involved. Only two women (2/26) and none of the men reported that their GP took the initiative in asking them about childlessness. Likewise, none of the infertile women had been offered information on assisted reproduction techniques by their GP, whereas the GP had detailed the available treatment options for half of the infertile men in this sample. Approximately 40% of the infertile women (10/26) and men (8/21) under medical treatment wanted their GP to provide ongoing emotional support and to help them with future decisions. If medical interventions failed, these patients would also appreciate it if their GP helped them to adjust to a life without a child.

Discussion

As the management of infertility is, to date, not a common and routine task for GPs in Germany, we conducted personal interviews to learn about doctors' attitudes towards involuntary childlessness, and their criteria for investigation and referral. To avoid a selection bias, the sample should include all doctors in a defined area. The response rate of 84% ensured that a broad variety of doctors' attitudes would be represented and not only the attitudes of those doctors especially interested in family issues. Although a sampling bias in patients can also be excluded, as patients were consecutively entered into the study, their number is too small to be representative of all infertile patients under treatment.

The doctors surveyed in this study were not sure whether involuntary childlessness is within the scope of family medicine

E Ittner, PhD, psychologist; W Himmel, PhD, medical sociologist; and MM Kochen, MD, MPH, PhD, FRCGP, professor, Department of General Practice, University of Göttingen, Germany.
Submitted: 26 February 1995; accepted: 2 October 1996.

© British Journal of General Practice, 1997, 47, 105-106.

and few of them initiated discussions about fertility issues. In general, the doctors immediately referred patients to specialist services. The question we tried to answer was whether these attitudes and communication patterns are in accordance with patients' expectations and needs. Half of the male patients, but only a quarter of the female patients would have liked their GP to initiate the discussion concerning involuntary childlessness. As many women regularly present to their gynaecologist (as primary care doctor for this condition), they do not usually see their family doctor as a communication partner. Therefore, the GP's role as advisor, advocate, and confidant in all health-related matters^{7,8} does not automatically function as a 'guideline' for his or her actual performance in the case of infertility — at least in Germany. However, we should emphasize that no patient interviewed would have taken offence if the GP had raised the issue of childlessness, or had offered emotional support.

Infertility is an experience associated with feelings of distress, grief, and guilt, which could be intensified by potentially humiliating and embarrassing diagnostic and therapeutic procedures.^{9,10} Consequently, patients might have difficulties in deciding how far to proceed with specialist treatment. Forty per cent of the patients surveyed believe that it is an essential role of the GP to prevent them being exposed to unnecessary investigations or treatment.¹¹ Doctors interviewed were interested in crucial information about the effectiveness and benefit of fertility treatment, and wanted to develop their ability to help patients in coping with infertility. The introduction of guidelines could help the GP to determine the benefit of further diagnosis and therapy.¹²

References

1. Templeton A, Fraser C, Thompson B. Infertility - epidemiology and referral practice. *Human Reprod* 1991; **6**: 1391-1394.
2. Gunnell DJ, Ewings P. Infertility prevalence, needs assessment and purchasing. *J Publ Health Med* 1994; **16**: 29-35.
3. Jensen P. Childlessness and general practice. *J R Coll Gen Pract* 1966; **11**: 150-165.
4. Lilford R, Young G. How general practitioners can help subfertile couples. *BMJ* 1992; **305**: 1376-1377.
5. Grimshaw J, Emslie C. Managing infertility - the GP's role. *Practitioner* 1994; **238**: 586-590.
6. Iglehart JK. Germany's health care system. *N Engl J Med* 1991; **324**: 503-508.
7. Taylor RB. Family medicine principles: Current expressions. In Taylor RB. (ed.) *Family medicine. Principles and practice*. (4th edn.) New York: Springer, 1994.
8. Smilkstein G. The family in family medicine revisited, again. *J Fam Pract* 1994; **39**: 527-531.
9. Menning BE. The emotional needs of infertile couples. *Fertil Steril* 1980; **30**: 313-319.
10. Whitefort L, Gonzalez L. Stigma: The hidden burden of infertility. *Soc Sci Med* 1995; **40**: 27-36.
11. Working Party of the Welsh Council of the Royal College of General Practitioners. Patient care and the general practitioner. *BMJ* 1994; **309**: 1144-1147.
12. Emslie C, Grimshaw J, Templeton A. Do clinical guidelines improve general practice management and referral of infertile couples? *BMJ* 1993; **306**: 1728-31.

Acknowledgments

We are grateful to the patients and GPs who participated in the survey and to Bernd Hinney, MD, PhD, and Manfred Kallerhoff, MD, PhD, and the staff of the University of Göttingen for their support. Also, we are indebted to Jeremy Grimshaw, MD, MRCP, University of Aberdeen, for critical review of the manuscript. This work was supported by a grant from the Federal