



BSPOGA NEWSLETTER NO 2

With the end of 2003 fast approaching, we would like to wish our members a Merry Christmas and Happy New Year. This Newsletter has the Chairman's letter, the Conference Report and Abstracts, Write-ups or References from the Conference, updates from ISPOG activities and sadly an obituary for the President of ISPOG, Prof Carlos Gurucharri who died this year. Thanks to the members of the Committee who have worked to contribute. We also start a "Know Your Committee" spot with the photo and CV of the new Chairman, Dr Ian Allen. We thought it would be helpful for members to know a bit about the Committee, and also so they can say "Hello" to us at ISPOG. More details and hopefully more photos will appear in the next Newsletter in the Spring. Also in this mailing are the AGM Minutes, held in September. I hope you enjoy the festive season. Please keep the Newsletter so that when you attend the AGM next year, you can bring the Minutes with you!!

Best Wishes from **Jayne Cockburn, Secretary**

Chairman's Letter

I am pleased to write in this second edition of the Newsletter, published by Jayne Cockburn and Hazel Jones. My CV is published elsewhere, along with a photograph, which I have not seen!

The next year is going to be a very important one for BSPOGA with the ISPOG Congress in May 2004. I hope that all members will make an effort to attend and encourage as many of their colleagues as possible to do likewise. This is the first ISPOG Congress in Europe for nine years and we want it to be a success. The last ISPOG Congress in the UK was organised by Professor Norman Morris, our Honorary President, in London in 1971 and attracted around 1000 delegates. I do not think that we can match that figure but hope that we can register half that number.

I hope that we can all use the Congress to recruit new members to BSPOGA. Our membership has been stable at about 100 for some years. BSPOGA is unusual in that it has a multidisciplinary membership, including medical, nursing and midwifery staff, psychologists and therapists. I feel that this is the strength of our society and want to build on this base during the two years of my Chairmanship. Please try and persuade interested colleagues in all lines of work to join us. As a charity, BSPOGA membership is also open to members of the public who support our object of advancing the education of the general public and medical profession by encouraging the development of a better understanding and improved management of the psychological problems associated with reproductive and associated conditions in women and men.

Please feel free to write to me about any issues that concern you or to make suggestions for future conferences or activities. My address is 11 Haghorn Road, Cleghorn, Lanark. ML11 7SG and my email address is ian_c_allen@hotmail.com (Note underscores).

Finally I should like to wish all members a Merry Christmas and a Guid New Year.

Ian C Allen

Conference Report

The Eighth Annual Conference of BSPOGA was held at Guys Hospital London on 19 September 2003.

With good talks, excellent views, good weather and despite some problems with the Audio-visual aids, we had a very interesting and varied day.

Sandra Elliott talked about a most impressive initiative at Guys and St Thomas' Hospital setting up a full psychiatric and psychological service to support the obstetric work. This also included a midwifery training programme to ensure pick up and referral as well as co-ordinating a range of teams and services to speedily respond. It serves as an example and beacon to all trusts in the NHS.

Susan Bewley was a particular star, talking on "Maternal request for a Caesarean section" and coping with the difficult AV situation having come ready prepared with a whole range of AVs to suit every scenario. My thanks must go to her in helping keep the Conference going because of this. What lies behind maternal request for Caesarean Section is a complex mix, and we were asked to consider who was to blame for the rising Caesarean Section rates, and consider our role in it. There was a very active discussion.

Tony Mander emphasised the need for discussion, hopefully by trained people, of sexual response after hysterectomy, given the more complex nature of female response compared to male. Overall women should feel reassured that hysterectomy, for the right indication, can maintain or by removing pain, improve sexual functioning.

Competitively submitted papers were given by Annie Hawkins on HRT and sexuality in the menopause and in PMS. She presented a lot of good data on hormonal levels with oestrogen and testosterone implants and women's sexuality in response to them. "Testosterone increases the number of times of intercourse but seemed to reduce satisfaction" she observed.

For me the day hit its crescendo with talks on sperm banking. Not quite what I had expected when I first looked at the programme. Allan Pacey, a scientist rather than clinician by training, discussed the service (or lack of it) with us and he also shared that he was a user, due to testicular cancer. For him sperm banking is an oncological issue rather than a fertility issue and yet all banking can only happen in IVF clinics. This problem was further emphasized by Marilyn Crawshaw who continued these extraordinary talks and insights with her work on the experience of adolescents and sperm banking. These talks have kindly been summarised by Mike Pawson and appear later in this Newsletter together with references or abstracts for the other talks. I would commend you read them.

Claudine Domoney ended the day with her competitively submitted and chosen paper giving a bright and entertaining resume of her work on the "Use and Recommendation of Alternative Therapies by O&G Professionals". Whilst midwives were greater users and recommenders, a significant number of doctors also used and recommended this. A range of therapies from osteopathy (which is almost mainstream now?) to reflexology and crystals were asked about. We look forward to hearing more about her work.

Conference Abstracts/References

In order to help those who came to the Conference to remind themselves about what they learnt and those who were unable to attend not feel left out and benefit from the Conference by being a BSPOGA member, we have included a Personal Review, a Submitted Abstract or a Reference for you for each of the talks of that day. We hope you find this helpful – let me know – feedback is very useful.

PERINATAL MENTAL HEALTH SERVICES

Sandra Elliot

This talk outlined a major initiative to firstly pick up psychological and psychiatric problems in antenatal patients and secondly to co-ordinate and provide prompt psychological and psychiatric services when problems were identified. This is even more pertinent as the Triennial Report on Maternal Deaths has highlighted that psychiatric illness is a major cause of death. Work has been put into devising a training day for midwives, paying them to come in on days off to attend in order for them to feel confident in taking a full psychiatric history on a par with a medical history. Once identified then referral to the "MAPPIN" Team is made. The second prong is an impressive job of co-ordinating all agencies interested providing mental health care. Response times are within a week. The project aims to provide all those with psychiatric illness and severe risk factors with medical and psychological help. This adds up to about 180 women per year. Women with mild risk factors are able to be followed by the midwives. The audience were impressed by the effort put into liaising and co-ordinating to achieve all this and look forward to reports of the service as it develops further. I hope this great innovation goes on to be a model that is an example in other hospitals where all too often both pick up and services are patchy and under funded and not given priority

Miss Susan Bewley: References

The Unethics of "Request" Caesarean Section, BJOG June 2002 Vol 109, pp.593-596

The Unfacts of "Request" Caesarean Section, BJOG June 2002, Vol 109, pp 597-605

Mr Anthony Mander: Reference

Sex and Hysterectomy, British Journal of Sexual Medicine Vol 26 No4

'WHAT CAUSES DISTRESS IN GYNAECOLOGY OUT-PATIENT ATTENDERS?'

Dr Myra Hunter St Thomas' Hospital, London

Surveys of gynaecology out-patient attenders have revealed high levels of distress - higher than other medical out-patient clinics - with up to 50% of women scoring above the cut-off for risk of clinical depression on the GHQ.

A survey of 197 out-patient attenders at a London Teaching Hospital was undertaken in order to access the women's views about their distress, based on Leventhal's Self Regulation Model. 45% reported clinical levels of anxiety or depression on the HADs. Four main themes emerged in response to open questions about perceived causes of distress:

- Distress directly resulting from gynaecological problems e.g. pelvic pain, PMS;
- Distress as a reaction to communication and uncertainty about diagnosis, treatment and prognosis;
- Distress as secondary to impact of symptoms upon self-esteem and social relationships;
- Distress not related to gynaecological problem.

Implications for service provision in relation to these themes were discussed.

OESTROGEN / TESTOSTERONE IMPLANTS AND SEXUAL BEHAVIOR

A. P. Hawkins, C. L. Domoney, J. W. W. Studd.

Chelsea and Westminster Hospital, London, UK.

Introduction: Women receiving hormone implants often report a return of symptoms during the weeks before re-implantation. This contrasts with reported well-being at peak hormone levels (2-4 months after insertion). We were interested in whether we could show any difference in reported sexuality between these two points in the treatment cycle.

Methods: 38 long-term implant users of at least 2 years were identified (average 7.9 years). They were asked to complete validated sexuality questionnaires at 3 and 6 months after implantation. Data were analysed using the SPSS version 11.0.

Results: The mean age was 52.5 years. There was no significant difference in self-reported general health status ($p=0.14$). A statistically significant increase was found in free androgen index (FAI) 3 months after implantation (peak level) compared to prior to re-implantation (six month trough level) ($p<0.001$) as expected.

There was a significant increase in sex drive ($p=0.01$) and enjoyment ($p=0.04$). Frequency of intercourse and fantasies increased ($p=0.09$) and women reported feeling more sexually attractive at three months after implantation.

However, there appeared to be a tendency towards less satisfaction with time partner spent on intercourse and non-genital physical relationship at peak levels. A reported trend of increased partner erectile failure was also seen at peak FAI.

Conclusion: We have shown a difference in sexuality with differing androgen levels in this preliminary sample. It suggests that as free androgen levels increase female sex drive increases but satisfaction and intimacy may decline.

PREMENSTRUAL SYNDROME: EFFECT OF PHASE OF MENSTRUAL CYCLE ON SEXUALITY

A. P. Hawkins, C. L. Domoney, J. W. W. Studd.

Chelsea and Westminster Hospital, London, UK.

Introduction: Women with premenstrual syndrome (PMS) are polysymptomatic in the luteal phase of the menstrual cycle. Anecdotal reports suggest a decrease in interest in sex and sexual activity in the luteal phase in PMS sufferers. There has been little data addressing change in sexuality across the menstrual cycle in either asymptomatic women or those with PMS.

Methods: 26 women were recruited from a specialist premenstrual syndrome clinic and asked to complete validated sexuality questionnaires prior to commencing any treatment. All women were diagnosed as moderate to severe sufferers on the basis of history and prospective symptom diaries. Those with significant psychiatric history or current use of any hormonal treatment including contraception were excluded. Data was analysed using SPSS Version 11.0.

Results: All women had regular menstrual cycles and normal hormone profiles on day 2 of the cycle. There were no differences in age (mean 36.9 years), ultrasound findings or patient's self-assessment of overall health. The two groups were compared using the Mann-Whitney U test. There was a trend towards increased sexual activity in the follicular phase ($p=0.07$) and a significant increase in anxiety when the partner suggested intercourse in the luteal phase ($p=0.018$). They

reported a significant increase in ability to touch the vagina without discomfort in the luteal phase ($p=0.014$). A trend towards increased dislike of caressing the partner during the luteal phase ($p=0.08$) was noted. There was no difference in feeling towards partner, overall assessment of the relationship or satisfaction with sexual activity.

Conclusion: Patient's overall assessment of satisfaction with their relationship or sexual life was not affected. However, this pilot study suggests a dislike of closeness and intimacy in the luteal phase of the menstrual cycle in PMS sufferers, which corresponds with their luteal phase symptoms.

**BELIEF IN COMPLEMENTARY AND ALTERNATIVE THERAPIES:
ARE HEALTH PROFESSIONALS IN AGREEMENT WITH PATIENTS.**

C Domoney St Georges Hospital, London, AP Hawkins Chelsea and Westminster Hospital, London.

Introduction: The interest in complementary and alternative therapies (CAM) has increased dramatically over the last decade. It is estimated that at least 25-50% of European populations have used CAM. Yet it is not clear to what extent this has influenced hospital management in obstetrics and gynaecology. Reports from North America indicate that there is enthusiasm from primary care practitioners and OBGYN physicians for CAM but there is little or no data from the NHS.

Methods: An anonymous questionnaire regarding professional and personal use of CAM was given to doctors and midwives in two London teaching hospitals to complete and the data analysed using SPSS.

Results: Thirty doctors and 41 midwives completed the questionnaire. There was no difference between doctors and midwives recommendation of CAM to patients; half admitted recommending alternatives. The majority felt it was reasonable to advocate these treatments (83% doctors and 75% midwives) but 51% midwives and 60% doctors felt there was an insufficient evidence base. Half of all health professionals would refer patients to alternative therapists although more midwives recommended CAM as adjunctive therapy. Eleven (37%) doctors asked about CAM use during routine history taking but 19 (63%) rarely or never asked. However there were significant differences in the personal use of complementary therapies: 58% midwives used CAM whereas only 40% doctors ($p=0.002$) did often or occasionally. Half of the doctors surveyed had never used any alternative remedies although 46% suggested they might in the future.

Conclusion: There is significant interest amongst midwives and doctors in CAM which may reflect that of the general population. Although there is a need for further research into their efficacy, most felt it is appropriate for NHS health professionals to be involved in alternative therapy management. This should encourage further qualitative and quantitative work regarding prescribing habits and complementary interventions.

SPERM BANKING FOR MEN WITH MALIGNANT DISEASE: PROFESSIONAL AND PERSONAL PERSPECTIVES

Dr Allan Pacey

Dr Pacey gave a most entertaining and accomplished presentation. He told us that at the sperm bank in Sheffield 76% of the storage is for oncology patients. He then went on to say that he himself had been diagnosed with testicular cancer 2½ years ago so had personal and first hand knowledge of the feelings and emotions and difficulties related to sperm storage.

He then went on to discuss who banks sperm and why, it is not always for reproductive reasons. There may be difficulties in respect of time because surgery is often urgent, needing to be carried out within days of diagnosis, this leaves little time for counselling, discussion and the bureaucratic arrangements that are obligatory.

Dr Allan Pacey continued

The issue of consent is a minefield. Who is the right person to see the patient on his first visit to the clinic? What does the patient want to be done with the sperm in the event of their death? Not the easiest question to ask a young man who has just had a diagnosis of cancer, but one that must be addressed.

Then there is the problem of where to produce the sample. The usual place is the IVF clinic but how does a young man feel in a fertility clinic? Some patients may be too sick to even get to the clinic.

As far as follow up is concerned the clinic write to everyone who has stored semen asking if they still want it. It seems that many just prefer to forget about it and 25% do not respond. The bank does continue to store the semen until specifically given permission to dispose of it. Only 10% of men have returned to use the sample for conception, which seems a small figure but Dr Pacey pointed out that the median age of men storing sperm is 35 and the median age of men conceiving their first child is also 35. Other problems that Dr Pacey highlighted were how to manage the adolescent 15 year old; what about ethnic groups who are not allowed to masturbate; in young adolescents should it be the girl friend or parents involved in the discussions and what do you do and how do you manage the Down's boy in respect of storage and consent?

EXPERIENCES OF THE SPERM BANKING PROCESS FOR TEENAGE MALES WITH CANCER

Dr Marilyn Crawshaw

Dr Crawshaw presented the results of interviewing 7 boys between 14 and 17 together with 5 sets of parents and 2 of carers. The numbers are low because there is a high mortality in this age group. She first addressed the question of choice. All the boys agreed that it should be their own decision as to whether they opted for sperm storage or not. The issue of where the sample should be produced was not easy for any of them.

An IVF clinic is inappropriate for a 14 year old. Should it be a parent or male nurse who accompanies them and how appropriate is it to provide under age boys with pornographic material? All the boys felt that it would have been helpful to have talked to someone else who had been through it before.

All of the sample felt that they knew enough to give consent although some were very ill at the time. They recalled very little about the consent form or the consent to disclosure form. The boys felt that they benefited from written information and might benefit further from a video. They needed information on sexuality and fertility, being a father was a very important issue for all of them. All wanted the professionals to be proactive in talking and discussing everything, particularly the consultants. They picked up very quickly when the professionals were embarrassed.

They all emphasised how important and helpful it would be to talk to someone who had been through it all themselves.

The problems that Dr Crawshaw highlighted were those who were too ill to make decisions and those who were not Gillick competent.

Both these presentations were moving and really rather inspiring. They were beautifully presented by two people clearly very dedicated in a distressing area of care that few of us get involved in.

AGM Report

The Annual General Meeting was held at the Annual Conference on 19th September 2003. Beth Alder our President for the last 2 years stepped down and handed over to Ian Allen previously serving as Treasurer. We thanked Beth for all her work and leadership in the last 2 years and look forward to seeing her as Past Chair of BSPOGA and in her role as ISPOG organiser with Ian. Ian we welcomed into his new role and his continuing role as Treasurer. This is a good idea at present due to the complexity of finance with ISPOG coming up. However come next May it is hoped that a new Treasurer will be found to allow Ian's energies to focus on his Presidency.

The AGM Minutes are also in this Newsletter. Please read and if you spot any inaccuracies either email me Jayne Cockburn (jecockburn@ntlworld.com) or Hazel our secretary on hazel.jones@ntlworld.com or mention them when you come to the AGM next year.

AGM Minutes

BSPOGA BRITISH SOCIETY OF PSYCHOSOMATIC OBSTETRICS, GYNAECOLOGY AND ANDROLOGY

MINUTES OF ANNUAL GENERAL MEETING HELD ON 19 SEPTEMBER 2003 AT 1.30 PM AT GUY'S HOSPITAL

PRESENT:

Ian Allen, Annette Spence, Maggie Gormley, Heather Montford, Jo Woolf, Mary Pillai, Mira Lal, Mike Pawson, Jayne Cockburn, Ian Allen, Beth Alder, Helen Chalcraft, Myra Hunter.

1. APOLOGIES:

Kevan Wylie.

**2. MINUTES OF LAST
AGM:**

The Minutes of the previous AGM were circulated by Beth Alder and agreed without any corrections.

3. CHAIRMAN'S REPORT:

Beth Alder reported that Jayne Cockburn had become Secretary to BSPOGA and has agreed secretarial administrative support and through the secretarial administrative support we now have a database of all members of BSPOGA.

The joint BSPOGA/RCOG Conference collaboration in March was very successful and a high quality Conference was enjoyed by the audience.

We were in good financial position and that would be reported more fully in the Treasurer's Report.

The progression of the organisation of the XIV ISPOG Congress was reported. Abstracts had been called for. The date of submission had been extended to 30 September 2003. The problem with the unexpected reduction in sponsorship was explained and all members were asked to help by approaching any local reps, book shops, friends, business colleagues that might be able to help. In the event that there was an interest in sponsorship, Meeting Makers would help supply information etc. These can be contacted by phone 0141 434 1500, fax 0141 434 1519 email ispog2004@meetingmakers.co.uk,

via the website www.ispog2004.org or by post to ISPOG 2004 Ltd., Congress Secretariat, Meeting Makers, Jordanhill, Campus Southbrae Drive, Glasgow, G13 1PP, Scotland.

It was anticipated that the programme would be ready by the end of October and this would be circulated together with the registration details.

Our BSPOGA website address is www.bspoga.org. The retrieval of the domain name from the previous secretary was reported and the website is now up and running.

A vote of thanks was given to Ian Allen, Kevan Wylie and Nigel Westwood. All members of BSPOGA were urged to look at the website and send comments via email to Kevan who would continue to liaise with the technical team on our behalf.

With the decline of conference numbers and the problems of September being a busy month, the future of the next Conferences were discussed and the idea for a smaller and social based meeting was proposed with the annual conference in March 2005. It was reported that March can also be a busy month for conferences. Nobody had strong views for or against this proposal. The suggestion to combine with other societies was made by members. Ian Allen commented that we already worked closely with the Institute of Psychosexual Medicine and that we were having discussions to work more closely with the British Infertility Counselling Association. This seems like a productive way forward.

4. FINANCE REPORT:

Ian Allen circulated the accounts. There is a considerable surplus and now that BSPOGA is a charity that is becoming a bit of a concern. We need to use the money consistent with the charity's aims, which is the promotion of education of professionals and public in psychosomatic obstetrics and gynaecology. He reported that BSPOGA Executive Council agreed to support some symposia at the ISPOG Congress as part of BSPOGA's aims and this was accepted.

There was a surplus of £1,000 at the last annual conference.

The paper showing attendance drop at conferences was circulated to the membership.

In view of our financial success at present, subscriptions will remain the same for the next year.

The Financial Report was accepted.

5. SECRETARY' S REPORT:

Jayne Cockburn informed the membership about the arrangements for help from the administrative secretary, Hazel Jones. Any member could contact herself or Hazel if there were problems.

All members were encouraged to submit small articles for the Newsletter. This could take the format of their own views on any of the issues discussed or raised at the Conference or anything of interest that they had picked up from other related organisations which they thought would be of interest to BSPOGA membership.

6. ISPOG:

Mike Pawson reported the progress of the Scientific Committee of ISPOG 2004 and was pleased to confirm that there are now 40 symposia, 10 more than published. This is because the ISPOG Executive have had more offers from speakers from different countries and it was felt that this would stop it having a British slant! As expected, the programme will look interesting and varied. He reported that there will be time set aside for posters and "breaking news" for people to put in any new work since the closing date 30 September 2003. The need for money and sponsorship was also made. The social calendar was outlined with Sunday having the Opening Ceremony at the Conference Centre with Edinburgh Castle being a lovely site for the reception on Monday and Tuesday being the Conference Dinner and Ceildih at the Assembly Rooms. It was agreed that this looked very attractive.

7. CHAIRMAN:

Beth Alder stepped down as Chairman and Ian Allen as Chairman Elect was inaugurated as Chairman. This makes Beth Alder Past Chairman on the Executive Council. John Studd stepped down in his position but it was agreed that he should stay co-opted on to the committee in view of his past experience and his essential skills involved with the ISPOG Congress. Kevin Wylie was proposed and accepted as Chairman Elect, proposed by Beth Alder and seconded by Ian Allen and accepted as there were no other nominations.

8. POST OF EXECUTIVE TREASURER:

It was reported that Ian Allen would stay on until May. Nominations were requested for a Shadow Treasurer until May to take over in the position. There were no nominations. It was agreed that the Executive Council would ask around for nominations and authorised to co-opt a willing person into that position.

9. EXECUTIVE COUNCIL:

Myra Hunter and Mark Lupton having completed two years were up for re-election and were elected unopposed. The resignation of Judith Rosen because she was going to live in Greece was announced and retirement after two years on Council of David Hampson was also announced. Ann McQueen was nominated by Mike Pawson and seconded by Jayne Cockburn. Mira Lal expressed an interest and was nominated by Jayne Cockburn and seconded by Ian Allen. These two were duly elected.

The role of Membership Secretary was discussed. It was agreed that this role was now redundant and no longer needed. The co-option of Mike Pawson, Vic Robinson and John Studd in view of their experience and involvement in ISPOG was confirmed.

10. THANKS TO MEMBERS:

Members were thanked for attendance at the AGM.

11. DATE OF NEXT MEETING:

It was agreed to let members know the date of the next meeting when the details had been finalised. The meeting will be in September 2004. It is quite likely that this will be an evening session held during an allied organisation's conference so that we can merge the facilities.

12. ANY OTHER BUSINESS:

The Chairman formally handed over to the new Chairman Ian Allen. Ian Allen then announced his first duty which was to thank Professor Beth Alder for her work as Chairman and in her previous two years as Chairman. He looked forward to her work as Past Chairman! He also thanked Judith Rosen and David Hampson for their work on the Committee. He looked forward to seeing everybody at ISPOG and next year.

ISPOG 2004 CONGRESS

ISPOG is getting nearer and I'm getting very excited. It's such a privilege to host an International Society event in your own country. I also admire and respect the huge amount of work Beth, Ian and Mike Pawson have already put into the organisation. It's wonderful to see the whole thing grow from an idea. Abstracts entry time is now over but there will be a place for new work under "Breaking News and Posters" if you were not ready to submit before the closing date. If you cannot remember, it is in **Edinburgh May 16 – 19th 2004**. Reserve those dates off from work now before other colleagues book them up.

Jayne Cockburn

The invitation to register will be distributed at the beginning of January 2004. The programme currently includes 5 Plenary Speakers, 43 Symposia, 3 Workshops and 15 Free Communication Sessions. There are also Poster Sessions. 2 Lunch Time Talks and Exhibition Stands. Contributors are coming from every continent with the exception of Africa and Antarctica.

The Plenary Speakers are:

Professor Ken Daniels, Associate Professor of Social Work, University of Canterbury, New Zealand.
The Family

Professor Germaine Greer, Professor of English and Comparative Studies, University of Warwick, United Kingdom.
The Epidemiology of Fear

Professor Tom Kirkwood, Professor of Medicine, Institute of Ageing and Health, University of Newcastle, United Kingdom.
Ageing, Sex and the Menopause

Dr Tom Shakespeare, Director of Outreach (Policy, Ethics & Life Sciences), University of Newcastle, United Kingdom.
What is Normal?

Professor Phil Steer, Professor of Obstetrics, Imperial College, University of London, United Kingdom.
Is fear of childbirth justified?

There will be a Welcome Reception and Opening Ceremony on the Sunday evening, a Reception at Edinburgh Castle on the Monday evening (where we have exclusive access to all areas of the Castle and its exhibits) and a Conference Dinner and Ceilidh in the Assembly Rooms on the Tuesday evening.

I encourage all members of BSPOGA to attend this Congress and persuade their colleagues to come as well. The Congress website includes updated details of the programme at www.ispog2004.org.

Ian C Allen, Chairman, Local Organising Committee

ISPOG Executive Committee May 2003

This meeting was held in Granada and was hosted most hospitably by the Spanish Society. Granada is a beautiful city and lived up to expectations. There was a drinks reception in the University where we were the guests of the University. A particular treat was to be shown the wonderful collection of ancient books in the library, with exquisite illuminated scripts.

There was a Scientific Meeting with presentations mostly by the Spanish Society but the highlight of this part of the day was a presentation by Professor Carlos Gurucharri. He spoke mostly in Spanish but even the non-Spanish speakers could understand and appreciate his wise and eloquent discussion of Spanish literature and its psychosomatic elements. This day was dedicated to the memory of the father of psychosomatic gynaecology in the Spanish speaking world, Professor Vicente Salvatierra.

There was a long Meeting of the Executive Committee where the UK was represented by Prof Alder and Michael Pawson. The usual topics included the financial state of ISPOG, the journal, encouraging other smaller countries to join and, of course, ISPOG 2004 in Edinburgh. There was a lot of support for the programme but a number of representatives from other countries expressed disappointment at the lack of speakers from outside the UK. As is often the way, all Member Societies had been circulated well in advance asking for suggestions as to topics, speakers etc and only the Indian and a sub section of the German Society had replied. It was put to the other members that all they had to do was submit suggestions and they would be gratefully received. There is now a much more widespread programme which we welcome. This meeting was presided over by Carlos Gurucharri, it lasted over 4 hours, he was extremely ill at the time and died 6 weeks later. His Obituary appeared in the September Journal and an all too brief appreciation appears overleaf.

Obituary
Professor Carlos Gurucharri

Professor Carlos Gurucharri was the President of ISPOG and not due to retire from that position until May 2004. He was Professor of Gynaecology at the University of Buenos Aires. He was by far the most influential and energetic promoter and supporter of psychosomatic obstetrics and gynaecology in South America and the Spanish speaking world. He organised the last ISPOG Conference in Argentina. This was not an easy undertaking in a country which already had financial problems and where sponsorship is difficult. Carlos overcame all the difficulties in good heart and was responsible for an outstanding meeting in every respect. He and his wife Cristina and their family entertained us in their homes and to a tango evening that none of us will ever forget.

He and I had become good friends. When I became ill he was immediately sending me supporting and loving e-mails. When economic disaster struck Argentina and I e-mailed him with my sympathy he replied "We are still alive". That was typical of Carlos. When then he himself got an abdominal malignancy he showed the spirit and courage one would expect of him. He was very ill when he insisted on doing the job we had entrusted to him and came to Granada to Chair the Meeting of the Exco. He knew he was dying, his wife had not been able to accompany him due to bureaucratic problems in Argentina so he came alone. He gave a lecture; he Chaired a 4 hour meeting and attended the dinner. He then caught the plane home, went into hospital for further surgery and never came out of hospital. He had a predilection for English bread and butter pudding and my wife and I had promised him one to remember when he came to the Edinburgh meeting. We will eat it alone.

Mike Pawson

Know Your Council
1) Chairman



Dr Ian C Allen MB ChB, FRCOG
Consultant Obstetrician & Gynaecologist
Wishaw General Hospital
Lanarkshire

I have always been interested in the psychosomatic aspects of obstetrics and gynaecology. In my second Pre-registration House Officer post, I worked with two Consultant Physicians, one of whom was a psychoanalyst and the other a hypnotist. Both used these skills in their management of patients and taught me to look holistically rather than just at physical symptoms. In my training in obstetrics and gynaecology, I worked with James McGarry who treated patients with psychosexual problems and I developed an interest in this area of gynaecology. I established the first clinic in Lanarkshire when I was appointed as a Consultant in 1980 and have continued it since then.

I was an individual member of ISPOG from the 1970's and became a founder member of the Nixon Club when it was formed in 1987. I rejoined BSPOGA when it was rejuvenated in 1994 and became Executive Treasurer in 1995, a post that I have held since then. I was elected as Chair Elect in 2001 and Chairman in September 2003.

I have attended three ISPOG Congresses in Basle, Washington and Buenos Aires. I am the Chairman of the Local Organising Committee for the XIV Congress of ISPOG which will be held in Edinburgh from 16-19th May 2004 and a member of the Scientific Committee. In these capacities I am a Director of ISPOG 2004 Ltd. which is a charity set up to organise the Congress.

Journals at reduced rates for BSPOG members

Journal of Psychosomatic Obstetrics and Gynaecology

This is the official Journal of ISPOG and is published quarterly. Subscriptions for BSPOGA members £40 (reduced from individual member rate of £90). Write to

The Parthenon Publishing group

Richmond House White Cross, South Road, Lancaster, LA1 4XF

Sexual and Relationship Therapy

This is the official Journal of the British Association for Sexual and Relationship Therapy and is published quarterly. Subscriptions for BSPOGA members £35 (reduced from the individual members rate of £136). Write quoting reference CMST-BSPOGA to

Louise Porter, Taylor & Francis Ltd,

4, Mark square, Milton Park, Abingdon, OX14 4RN

Proposed Future BSPOGA meetings

Sept 2004

Spring 2005

And now to ask for help/advice. With all the effort going into ISPOG by everyone, what does the membership think of having a smaller meeting possibly together with a related society e.g. Marce or SRIPS in Autumn 2004, with the traditional Annual Conference in March 2005? Would it help you to attend? Are there other things you would prefer BSPOGA to do? Would this be a useful start to co-ordinating and strengthening organisations in the area of psychological aspects of O&G? Would it help your time off work to be co-ordinated? Is it best for BSPOGA to continue having only individual Conferences? My only experience is the Maternal – Foetal Medicine Conference overlaps with the more Paediatric Perinatal Conference to allow items of common interest to be discussed by a wider audience, and in a time effective way for all. Please let me or any of the Council members know your views. It only takes 5 minutes by email to send views.

BSPOGA Executive Committee members

Hon President

Professor Norman Morris

Chairman (2003-2005)

Dr Ian Allen

Past Chairman (2001-2003)

Professor Beth Alder

Chairman Elect (2005-7)

Mr Kevan Wylie

Treasurer

Dr Ian Allen

Sec

Ms Jayne Cockburn

Council Members

Gilly Andrews, Cathy Coulson, Myra Hunter,

Mira Lal, Anne McQueen, Arlene Raeburn,

Co-opted members

Dr Mike Pawson, Mr John Studd, Mr Vic Robinson

BSPOGA WEBSITE

Committee directly.

www.bspoga.org To look for all further details, and to contact the

Secretary

Jayne Cockburn

December 2003