

Quinacrine sterilisation

SIR—Kessel in his Sept 10 commentary rekindles the quinacrine controversy and includes further misrepresentations of Association for Voluntary Surgical Contraception's (AVSC) part in it. Perhaps a summary of what we did, why we did it, and what we hope to achieve will provide some perspective on what has been happening.

The report that began the controversy dealt only with quinacrine sterilisation in Vietnam. Because it seemed clear that the report was going to simulate interest far beyond Vietnam and because the method had not gone through the normal sequence of tests and trials of a regulatory agency process, AVSC took two steps to encourage discussion of questions about safety, effectiveness, and free and informed choice associated with quinacrine sterilisation. We issued a technical statement¹ and simultaneously organised a meeting of organisations and individuals with an interest in quinacrine so that everyone concerned could be brought up

to date on the use of quinacrine sterilisation and on related issues. That meeting took place on Dec 2, 1993.²

We were surprised at the vehemence of the reaction to our efforts. We stand accused of hindering what seems to be some sort of crusade that expects to save women's lives by making sterilisation widely and cheaply available—the experience to the contrary in India notwithstanding. The crusaders argue that the situation is so grave that it is mere fastidiousness to suggest a pause to resolve questions of safety and effectiveness and to recommend caution about introducing a permanent method in settings in which it may not be possible to assure free and informed choice.

This approach to quinacrine sterilisation resembles earlier efforts at technological quick fixes for complex problems: the failed intrauterine device introduction in India in the mid-1960s and the mass sterilisation programmes in South Asia come immediately to mind. Have we not learned from these failures that they discredit family planning programmes and inflict harm on women? If there is to be a crusade, let it be to offer women a wide array of safe methods in a reproductive health context, in ways that are responsive to their needs, and on the basis of free and informed choice. Such services will attract women who now avoid family planning services and will reach those who want to space births as well as those who want to limit them. Such action would save far more lives than would adding an untested method to inadequate services.

Bangladesh is instructive in this respect. It had only limited success as long as its programme relied mainly on sterilisation. When Bangladesh gave women easy access to a decent array of contraceptive methods, everyone gained and even fertility declined.

Hugo Hoogenboom

Association for Voluntary Surgical Contraception, 79 Madison Ave. New York, NY 10016, USA

- 1 Hieu T, Tan TT, Tan DN, Nguyet PT, Than P, Vinh DP. 3 1781 cases of non-surgical female sterilization with quinacrine pellets in Vietnam. *Lancet* 1993; 342: 213-17.
- 2 Pollack AE, Carignan CS. Association for Voluntary Surgical Contraception: a technical statement on quinacrine pellets for nonsurgical female sterilization. *Adv Contraception* 1994; 10: 43-50.
- 3 Carignan CS, Rogow D, Pollack AE. The quinacrine method of nonsurgical sterilization: report of an experts meeting. *AVSC Working Paper, no 6, July, 1994.*