letters to the editor

We welcome original letters of less than 300 words; they may be edited for clarity and length. Letters may be emailed to journal@doctorsofbc.ca, submitted online at bcmj.org/submit-letter, or sent through the post and must include your mailing address, telephone number, and email address. Letter writers will be required to disclose any competing interests.

Re: Why infertility patients deserve our attention

I am a physician in BC and a long-standing infertility patient.

First of all, I wanted to say thanks for publishing the recent articles about infertility in the *BCMJ*. The editorial especially resonated with me [*BCMJ* 2018;60:202]. It has been difficult being a physician dealing with infertility and trying to balance the emotional, physical, and financial burdens of treatment. There are real logistical issues when trying to coordinate work scheduling with a sometimes-uncooperative reproductive cycle! Beyond the logistical, it is also emotionally wearing to live and work in a world in which the joy of growing families and pride in children is constantly celebrated with little or no acknowledgment for those who struggle to achieve these life goals.

I have met many fellow infertility patients over the years and have seen how much they suffer, and how there is still strong societal stigma. I am very fortunate that I was able to afford the treatment I needed, but for many others, finances pose a real barrier. I would like to do whatever I can to help turn this tide, particularly with respect to funding for treatment in BC.

I wrote a letter to the Ministry of Health a few months ago, and part of their reply really surprised me: "MSP relies on the advice of the medical profession in determining the medical necessity of procedures. To date, there has been no indication from the medical profession that it considers IVF to be medically necessary."

I have reached out to some of my obstetrics and gynecology colleagues who may be able help advocate for infertility patients. I had been hesitant to reach out to reproductive endocrinologists in BC to ask them to get behind the cause because I do understand that public funding could significantly impact the current compensation models, and I wasn't sure if progress in this area would actually be supported. However, after reading Dr Dunne's editorial, I know that the details can be worked out and that infertility patients do indeed deserve the support of all physicians, especially those who deal with reproductive medicine.

Thanks again for bringing attention to a population that faces a lot of stigma.

—Susan M. Lee, MD, FRCPC, MAS
New Westminster

Authors reply

In my editorial, I wrote that it would require a "brave candidness" for physicians to admit that infertility affects us, too. Thank you for your letter, and for your bravery.

Your initiative in writing to the Medical Services Commission is also laudable. Their dismissive response is not only disappointing but also incorrect.

The World Health Organization has stated that infertility is a global public health issue.[1] The Medical Services Plan (MSP) in British Columbia recognizes infertility as a disease for which investigations and surgical management are insured. Unfortunately, MSP does not cover infertility treatments such as insemination or in vitro fertilization (IVF), which are far more efficacious than surgery.

The medical profession in BC has made requests to the Minister of Health to consider insuring IVF. In response to my colleague's letter, the then-minister, Kevin Falcon, stated that IVF would not be insured because it was "experimental."

IVF is not experimental; 25 July 2018 marked the 40th birthday of Louise Brown, the world's first IVF baby. Dr Robert Edwards received the Nobel Prize in Physiology or Medicine in 2010 for the development of IVF. A Canadian randomized controlled trial published in 2004 demonstrated the benefits of IVF over expectant management (NNT = 4).[2]

For women with bilateral fallopian tube obstruction or men with severe male factor, IVF provides high pregnancy rates where conception could not otherwise occur (pregnancy rates that are significantly higher than those resulting from surgical repair of fallopian tubes, which *is* insured by MSP).

Unfortunately, access to fertility treatment in Canada is suboptimal. IVF utilization rates are less than

one-third compared with jurisdictions where fertility treatment is funded (Australia, Belgium, Israel). Cost is by far the largest barrier, as demonstrated by the introduction of provincially insured fertility treatments in Quebec, which increased IVF use by more than 250%.

The persistent refusal of fertility care funding has nothing to do with being experimental or lack of awareness by the Minister of Health. Rather, in spite of the previous Liberal government's Families First agenda, there was no concern for residents of BC who could *not* start a family.

While the current NDP government has demonstrated a willingness to improve access and affordability for child care, we hope this letter serves as notice that the medical profession sees a strong need for fully funded fertility care. Many residents of BC need medical help to build their families. Providing MSP coverage for this service will create a future generation of contributing residents (and taxpayers) for this province.

Thank you, Dr Lee, for reinvigorating this conversation.

—Caitlin Dunne, MD, FRCSC
Co-Director at the Pacific Centre for Reproductive Medicine
—Jon Havelock, MD
Co-Director at the Pacific Centre for Reproductive Medicine

References

1. World Health Organization. Infertility is a global public health issue. Accessed 6 June 2018. www.who.int/reproductive health/topics/infertility/perspective/en.
2. Hughes EG, Beecroft ML, Wilkie V, et al. A multicentre randomized controlled trial of expectant management versus IVF in women with Fallopian tube patency. Hum Reprod 2004;19:1105-1109.

Re: Infertility: Testing and diagnosis

Thank you for publishing the article, "Infertility: Testing and diagnosis for the community physician," by Dr Caitlin Dunne in the May 2018 issue of the *BCMJ*.

I am a new-to-practice community- and hospital-based family physician. Despite having read both the Society of Obstetricians and Gynaecologists of Canada guideline and an American Academy of Family Physicians review on infertility, I was still treading a bit carefully with first-line infertility testing in the family practice office. Dr Dunne's article was clear and concise, helped outline the rationale and steps for testing, and explained the hormonal mechanisms required to understand the tests to a reasonable level of detail. Thank you for the great piece; it will serve as a fantastic resource for both practising physicians and trainees.

—Goldis Mitra, MD, CCFP
Vancouver

Re: Daily ibuprofen may prevent Alzheimer disease

Dr McGeer and colleagues report on a study of the neuroinflammatory process leading to the cognitive deficits that define Alzheimer disease clinical onset in an article titled "Alzheimer's disease can be spared by nonsteroidal anti-inflammatory drugs," published in the *Journal of Alzheimer Disease*.

They recommend that people get tested for peptide amyloid beta protein 42 (Abeta 42) in saliva at age 55, 10 years prior to the usual age of 65 when the onset of Alzheimer disease would typically occur. If it's elevated, these people should take daily ibuprofen to ward off the disease, according to a related News item published in the *BCMJ* [2018;60:191].

In March 2017 the European Society of Cardiology issued a press release titled "'Harmless' painkillers associated with increased risk of cardiac arrest, with specific reference to ibuprofen and diclofenac."

On 5 November 2017, the FDA strengthened labels warning that (nonaspirin) NSAIDs, used for the temporary relief of pain and fever, can increase the risk of heart attack, stroke, and death.

In addition, elderly people may have increased cardiovascular risk and disease.

In their article, Dr McGeer's team states "we are currently investigating whether NSAID consumption can affect these levels [of Abeta 42]."

Hence, the general public should be cautioned not to jump into action by taking daily ibuprofen to prevent Alzheimer disease until Dr McGeer's investigation has been completed. It is not clear if long-term daily use of ibuprofen associates with significant cardiovascular side effects.

—H.C. George Wong, MD, FRCPC
Vancouver

Dr McGeer has read Dr Wong's letter and agrees with his comments. —Ed.