

Quite a Year

Timothy Rowe, MB BS, FRCSC, FRCOG

Editor-in-Chief

Reviewing the events of the past year is usually a benign and relaxed process, but the events of 2009 have more likely caused spasms. If we look back, I think most of us will give a sigh of relief that a new year is about to begin. With global economic uncertainty, local economic and political uncertainty, relentless Middle East conflicts, persisting poverty in developing countries, and a global pandemic, we have had many distractions during the year and could be excused for becoming short-tempered and irritable.

But we have not become short-tempered and irritable; instead, it has been business as usual, and, as the contents of the Journal reflect, clinicians have continued to find ways to improve the quality of care. We are gratified that the number and scope of submissions to the Journal has continued to increase. The introduction of a digital edition of the Journal has accelerated delivery to readers living at a distance, and has widened the scope of access. We have, through some electronic wizardry, actually published an issue of the Journal in another country in another hemisphere. This special FIGO issue contained articles on critical aspects of international women's health; most of these would have been comfortably remote for Canadian practitioners, but some other aspects may have resonated. These do not go away easily. In the current issue of the Journal, Iqbal Shah and Elisabeth Åhman review the rates and trends in induced abortion, both safe and unsafe, using global data.¹ They show that although rates of legal and safe abortion have declined in the recent past, the rates of unsafe abortion have remained unchanged, and they conclude that legal restrictions on safe abortion do not change the rates overall. We can hope that such observations will bring some reason to the eternal divisiveness of therapeutic abortion and its place in health care systems; but the divisiveness is likely to continue, because it is inevitable when emotion and belief are added to medical reasoning.

Medical reasoning has had further workouts in recent issues of the Journal, in considering the issues of Caesarean section on demand and Caesarean section for breech

presentation. In this issue of the Journal, Daniel Reilly provides a further consideration of the differing ethical perspectives that professional bodies and individual physicians may have in responding to a maternal request for Caesarean section without medical indication.² Even from a strictly ethical perspective, agreeing to such a request may or may not be defensible. In a parallel to his review of the history of operative delivery,³ James Low provides in this issue an account of the origins, development, and growing prevalence of Caesarean section,⁴ and concludes that the optimal role of the operation to benefit both mother and child is yet to be determined. Delivery by Caesarean section remains, for the most part, the province of the specialist obstetrician, and this fact adds to the controversy over the optimal management of breech presentation. The SOGC has expressed its opinion about the place of vaginal breech delivery in the Clinical Practice Guideline published in the June issue.⁵ Their conclusion that planned vaginal delivery is reasonable in selected women with a term singleton breech fetus presumes that birth attendants with expertise in vaginal breech delivery will be readily available to provide this option, and that may be a stretch. This conclusion about vaginal breech delivery is curiously similar to a recent conclusion about the safety of planned home birth in Canada,⁶ although the latter was made from a midwifery perspective and lacks endorsement from other professional groups. What pregnant women in Canada actually want before, during, and after delivery has been explored in the Canadian Maternity Experiences Survey,⁷ but controversy and personal biases abound. Thus, the discussions will—indeed, must—continue, but they must be centred on the best objective evidence.

For these discussions, the pages of JOGC will continue to provide a forum. We try to be as sensitive as possible to the requirements for rigorous discourse in our areas of interest, while at the same time holding fast to our wish to provide the maximum education for our readers in every issue. With this goal in mind, we, like many other clinical journals, have restricted the publication of submitted case reports to those that describe a truly unique scenario or a truly novel form of management. Gone are the reports of unfortunate pregnant

women who fall from the CN Tower or become stuck in airline washrooms—unless there are extenuating (and educational) factors. We don't want to be dull, but we don't want to be trivial, either.

My most important task in this year-end report is to express, once again, my immense gratitude to all who contribute to the monthly production of JOGC. This includes the peer reviewers, the members of the Editorial Board, and the hardest-working editorial production team in existence (that is, Martin Pothier, Vyta Senikas, Jane Fairbanks, and Daphne Sams). It also includes the authors who submit their precious work to us and accept with good humour all the feedback they receive. We deeply appreciate the trust that authors show us in submitting their work to the Journal and in responding to suggestions for modification or improvement. We hope that this will remain mutually beneficial. And as always, I wish to thank you, our readers, for your support of JOGC, and I hope that 2010 brings you professional satisfaction and personal happiness.

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