Leaps in the dark

Fiona Godlee editor in chief

The BMJ

If your patients need information on fertility treatments, where should they look? Not, it turns out, the websites of the United Kingdom’s in vitro fertilisation (IVF) clinics. There they will find a confusing menu of “add-ons” to standard IVF, with little to support claims that these will increase the chances of a successful pregnancy. As Carl Heneghan and colleagues discovered, most are not backed by evidence of effectiveness, and there is almost no information on harms (doi:10.1136/bmj.i6295). The UK National Institute of Health and Care Excellence and the Cochrane collaboration have made only small inroads into this largely unmapped terrain, and their conclusions are not encouraging. To my reading, none of the available options are given an unconditional green light, yet all are available, for a fee, to vulnerable people desperate to conceive a child.

Commissioned as part of a BBC Panorama investigation fronted by BMJ associate editor Deborah Cohen, this review and the linked research paper in BMJ Open (doi:10.1136/bmjopen-2016-013940) are a wake-up call for the UK Human Fertilisation and Embryology Authority. As Heneghan and colleagues conclude, “The current approach by HFEA leaves patients and clinicians to seek evidence for themselves or from staff in private clinics selling fertility services. We do not believe this approach is realistic.”

One group in particular is in need of specialist fertility care: women and girls with cancer who want to preserve their fertility. For them, time is more than ever of the essence, but clear information and reliable provision are in short supply. As Richard Anderson and Melanie Davies explain (doi:10.1136/bmj.i6145), patients may not be offered fertility preservation because many oncologists aren’t aware of it and clear referral pathways are lacking. And then there is the small matter of funding: should this come from the fertility or oncology budget? Either way, say these authors, we need evidence based decisions about which patients are at high risk of infertility and which are most likely to benefit from attempts at preservation.

Sadly, the question of NHS funding for fertility treatment may become academic before too long. Chris Ham, chief executive of the health think tank the King’s Fund, speaks for many of us in his dismay at the chancellor’s decision not to provide extra funding for health and social care (doi:10.1136/bmj.i6382). The effects are already being felt by the most vulnerable people in our society and by staff working in health and social care, who have become, in Ham’s words, “shock absorbers in a system lacking the resources to meet the demands placed on it.”

Finally, this week we launch our Christmas appeal. For 35 years Orbis has been providing treatment for blindness and training for eye care workers in Africa, Asia, and Latin America (doi:10.1136/bmj.i6425). Please, as you have always done, give generously.