

Where Are The Doctors? Teens Risking STDs



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On Wednesday, the Centers for Disease Control delivered some bad news: after steadily increasing their condom use throughout the 1990s, sexually active teens haven't shown any improvement in four years. They are just as likely to risk STDs today as in 2003.

This is unacceptable. As a primary care physician with special training in family planning, I refuse to stand by while teenagers jeopardize their health and their futures.

Here is what I ask every teenage patient I see: "What are your plans for birth control?" I don't whisper. I don't wink. I ask the same way I ask about an earache. Then we talk.

I wish the way I treat teens was common practice for the majority of my fellow physicians. Instead, I am one of a tiny minority.

Last week, Nicole, age 15, came to me for an abortion. As we spoke, I realized that she had never talked to a doctor about birth control or STDs. I explained the ring, the IUD, Depo-Provera, the patch, the various birth control pills, and the rest. Nicole asked lots of questions, and together we settled on a shot of Depo combined with condoms. She understood that she could come back in three months, either to have a second injection or to try another method. She left my office calm, her worries eased.

As a doctor, I have a unique opportunity to help my teen patients learn about and take care of their reproductive and sexual health. Almost all of the hundreds of teens I have treated have been relieved and grateful that they can talk about

birth control and STDs in a safe, private place where they won't be judged. Teenagers want our help with birth control and STD prevention. Not enough of us provide it.

In a 2005 study of doctors' checkups of 13- to 18-year-olds in the U.S., researchers found that only 8% of these appointments covered birth control and only 5% covered HIV and other STDs.

Eight percent included birth control? Five percent for STDs? Meanwhile, 46% of 15- to 19-year-olds have had sexual intercourse at least once. To care for teens properly, to keep them disease-free, doctors must make reproductive health part of the routine. 8% of appointments with teens cover birth control .



Physicians also have a responsibility to be accurate when telling teens about birth control and STDs, but I have found that doctors sometimes give their young patients misinformation. When I met 18-year-old Sarah, she had a child at home and was pregnant again. She was angry. She told me that she had an IUD for more than a year but had it removed after an emergency room doctor told her that the IUD is the worst method of birth control and increased her risk of infection. Now she was pregnant for the second time in two years.

I let Sarah know that the IUD can be the best option for some women, that the risk of infection is low and can be kept that way if she takes certain precautions. Happy to have information about the IUD, condoms, emergency contraception, and other methods to discuss with her partner, Sarah thanked me for spending so much time talking with her. She promised to return for future care.

To avoid situations like Sarah's, doctors must seek out the training to keep up with developments in birth control and STDs as well as in adolescent health. And we can't help all of the Nicoles if we have trouble broaching the subject of sex or discussing it in the ways most useful for teens. We must get the training to handle these conversations. We must also stay current on state laws regarding confidential care for minors.

If the training programs we need aren't there, we must build them. I spent two years on the faculty of one such program, the Adolescent Reproductive Health Education Project (ARHEP), which trains physicians to teach other healthcare providers about teens' sexual and reproductive health. I met with groups of

doctors and medical students all over the country, presenting contraceptive updates, as well as creative techniques for working with teens on birth control and STDs. Through ARHEP and other peer-to-peer learning programs, we can educate each other to help every teen.

Let's give the CDC something positive to report. Let's address reproductive and sexual health every time we treat teens. Our patients deserve nothing less.