EXPLORING THE EXPERIENCES OF HEALTHCARE PROVIDERS WHEN FACED WITH A REQUEST FOR EARLY LARC REMOVAL: A QUALITATIVE STUDY

Ding J¹, Williams H ^{1,2}, Hocking JS¹, Coombe J¹

¹ Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, The University of Melbourne, ² Melbourne Sexual Health Centre, Alfred Health

Background:

Long-acting reversible contraceptives (LARC) are the most effective contraceptive methods available in Australia and are effective for between 3-10 years. Early LARC removal (<12 months of use) can lead to gaps in contraceptive cover exposing women to risk of unplanned pregnancy. This study explored the experiences of healthcare providers (HCPs; general practitioners and sexual health physicians) when asked to remove LARC earlier than expected.

Methods:

Semi-structured telephone interviews with healthcare providers who were currently working in Victoria were conducted from May to July 2020. The interviews were analysed using reflexive thematic analysis and occurred concurrently with data collection.

Results:

Thirteen HCPs (age range 30-65 years) participated. Eight participants were general practitioners and five were sexual health physicians. One participant was male. Participants' workplaces were a mix between public and private GP settings and community health centres. Three main themes were identified. Overall, participants felt conflicted about early LARC removal requests; participants highlighted the importance of respecting patient autonomy, but many felt that patients should ideally persist with LARC longer. Participants found balancing a desire to respect patients' autonomy with their clinical responsibility challenging. HCPs employed reassurance, delaying tactics and treatment of side effects to try and prolong LARC use. However, this balancing act led many HCPs to perceive a tension between themselves and their patients when early LARC removal was requested.

Conclusion:

There is often a tension between HCPs and LARC users if removal is requested early. This perceived tension is a result of respect for a patients' autonomy and a desire to provide effective contraception for women. Incorporating professional education addressing these issues may help primary care providers better anticipate and navigate the tension surrounding early LARC removal consultations and maintain effective doctor-patient relationships.

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