

Preface

“The obligation to promote the good of the patients is a basic presumption of medical care giving a defining feature of the physician’s ethical responsibility. To promote the patient’s good is to provide care in which benefits outweigh burdens or harms” [American College of Obstetricians & Gynecologists (ACOG) Committee Opinion #156, 1995].

How does the busy clinician balance this with the conflicting pressures of time, regulation, paperwork, increased costs, declining reimbursements, burnout, and ever-changing knowledge? These issues have affected us at all levels: the medical student, the resident, and the established practitioner. This second edition of this book has been designed to address the issue of changing knowledge and to touch on some of the other issues as well.

Let us begin with medical student training. More information, clinical application, problem-based learning (PBLs), and often-times short but succinct obstetrics and gynecology rotations are the current name of the game. How can we train our future physicians to think multisystem? The ability to collate all information and apply it to the specific clinical problem at hand remains a challenge. One objective of this book is to tie the gynecologic and the medical knowledge clinical application together and to apply them to the patient who is currently in front of us.

Residency training continues to stress exposure to primary and preventive ambulatory health care, i.e., internal medicine, critical care, geriatrics, and the emergency department. The book is designed to provide information that can integrate these disparate callings.

Primary care, as obstetricians and gynecologists are asked to provide, covers the spectrum from the pediatric-adolescent, to the reproductive-aged woman, to menopause and beyond. Adolescent and sexual development and awareness, along with psychological and cognitive development, all begin early and proceed rapidly into adulthood. When should the first pelvic examination be performed? How do we provide health guidance and counseling based on age? We attempt to provide guidelines to these questions in this second edition.

Periodic health assessment is important in our day-to-day clinical activities. How do we as clinicians provide primary and preventive care? How does a busy clinician identify the high-risk patient? For example, when is a lipid profile or colorectal screening indicated? What is the gynecologist's role in preconception counseling and genetic testing, hepatitis vaccination, human immunodeficiency (HIV) assessment, mammography, influenza, and human papilloma virus vaccinations? The list goes on.

The second edition of this book is designed to provide a succinct, immediately clinically applicable source of information. It is our sincere hope that everyone who has this new revised edition at his or her disposal can provide excellence in clinical care.

Joseph S. Sanfilippo, MD, MBA
Roger P. Smith, MD

<http://www.springer.com/978-0-387-32327-5>

Primary Care in Obstetrics and Gynecology

A Handbook for Clinicians

Sanfilippo, J.; Smith, R.P. (Eds.)

2007, XIV, 542 p. 100 illus., Softcover

ISBN: 978-0-387-32327-5