

Editor's Note

This letter pays tribute to one of the many sound ideas of Herman Snick, a superb clinician and critical investigator who sadly passed away on 24 April 2009 at the age of 70 in Canet de Rousillon, France, where he had retired after his active clinical life. We have been fortunate enough to have worked with Herman for many years and always have appreciated his ideas about not interfering with the normal lives of infertile couples. It started in 1984 when Herman stressed the dangers of orchidopexy for future fertility if applied for anything else than proven cryptorchidism in young boys (Snick, 1984). This was followed by his landmark 'Walcheren study' in 1997 (Snick *et al.*, 1997), and his war on inappropriately applied intrauterine insemination (IUI) that is referred to in the Hampton and Mazza 'Letters to the Editor' (Snick, 2005). During his illness, Herman further developed his thinking about IUI in his 2008 paper in this journal (Snick *et al.*, 2008). It was a sombre and saddening event when Herman informed us of his diagnosis, and we were all grateful that the paper could be published while he was alive.

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Should spontaneous or timed intercourse guide couples trying to conceive?

Sir,

We read the letter published in your journal by Snick (2005) who cites the statement by the National Institute for Clinical Excellence (NICE, 2004) Guidelines that 'Timing intercourse to coincide with ovulation

causes stress and is not recommended'. NICE also states that '... people who are concerned about their fertility should be informed that sexual intercourse every 2 to 3 days optimizes the chance of pregnancy'. We wish to make the following points.

First, the guideline recommendation not to time intercourse to coincide with ovulation is based on only one study (Kopitzke *et al.*, 1991) that reports the results of a mail survey (with a sample size of 26 women) measuring their perceived stress levels in relation to infertility routines, procedures, medications and events. In this study, no comparison was made between stress levels in women who timed intercourse in the fertile window and those continuing intercourse 2–3 times a week irrespective of the timing of the fertile window. We therefore believe that the NICE recommendation is not valid as it is based on poor quality data.

Secondly, we live in a time when medicine has moved beyond paternalism to respect the concept of the informed patient and this is especially important in reproductive health where knowledge of the menstrual cycle and fertility-awareness is essential to women's capacity for family planning and fertility self-care (Frank-Herrmann *et al.*, 2005; Bunting and Boivin, 2008). Women have a right to know and understand their fertile body.

The World Health Organization (WHO) identifies sexual and reproductive health as a human right and a priority that should be promoted through woman-centred delivery practices in comprehensive primary care services (World Health Organization, 2007). In keeping with this vision, health professionals should strive to educate women about their fertility and not keep them in the dark, particularly as many studies now show that pregnancy is only a possibility with intercourse in the fertile window of the menstrual cycle (Wilcox *et al.*, 1995; Gnoth *et al.*, 2003; Brosens *et al.*, 2004).

Women having trouble conceiving are aware of their limited fertility knowledge and the need to improve it (Dyer *et al.*, 2002). A large number of women use Google to find information on fertility-awareness methods (Snick, 2005). We believe that it would be better for women to receive the information from well-informed, credible sources such as their health practitioners. In conclusion, we agree with Snick that further research is necessary and that properly designed trials testing the efficacy of education regarding fertility-awareness should be undertaken but believe that this is a separate issue to a woman's right to know and understand her fertile body.

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RCT of real versus placebo acupuncture

Sir,

I read the letter titled 'RCT of real versus placebo acupuncture in IVF' by Renckens, in which he regards acupuncture as a type of placebo therapy. I think it is too early to make the final conclusion, because whether the effectiveness of acupuncture is completely the result of placebo needs more studies.

Up to now, many RCTs and systemic reviews have confirmed that acupuncture is effective in the treatment of pain (Linde *et al.*, 2009a, b), post-operative nausea and vomiting (Lee and Fan, 2009), but many RCTs failed to investigate whether placebo effect plays a big role in acupuncture due to trial design. As an interventional method, it is difficult to perform blindly to patients and clinicians in an acupuncture trial. That means the bias is inevitable, partly due to patients' expectation. In addition, how to separate the real acupuncture from placebo acupuncture remains undefined. There are two kinds of commonly used placebo acupuncture: minimal acupuncture with shallow needling and non-acupoint puncturing. Both of them have limitations. First, shallow needling is one kind of acupuncture manipulation in traditional Chinese medicine (TCM) theory, and imaging studies have proven each kind of stimulation will produce responses in the brain,

no matter how shallow or deep. Secondly, the location of acupoint is not restricted to the 14 meridians; there are extra-points and a-shi point which is also called as pain point in given conditions.

A recent fMRI imaging study (Kong *et al.*, 2009) examines to what extent treatment and expectation effect pain, indicated that although both real acupuncture and sham acupuncture induced subjective reports of analgesia of equal magnitude, fMRI analysis showed that real acupuncture produced a greater fMRI signal decrease in pain-related brain regions.

In conclusion, imaging evidence has been provided that the mechanism of how acupuncture or expectancy evoked placebo works is different. I think that, for the particularity and complexity of acupuncture, further well-designed RCTs are needed to investigate the specific effect of acupuncture and give clear answer to whether acupuncture is a type of placebo therapy.

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Evaluation of impact factor using two different methods

Sir,

Impact factor is one of the most important tools in evaluating the quality of science journals. Perhaps, it is the only factor known to most researchers today and it has been used by many individuals and institutions. For instance, authors prefer to publish in high impact journals, editors make effort to increase the journal's impact factor and academic institutions take impact factors into consideration for hiring, promotion or financial incentives. In addition, granting agencies use it to evaluate the quality of applicant's publications, and governments rank academic institutions based on impact factors.

Thomson Reuters, the owner of the Institute of Scientific Information (ISI), a company specialized in producing various research analysis tools, produces impact factors of numerous journals. ISI