most surprising. Presumably this is a purely political statement. Nevertheless, a new formal training covering all relevant aspects of reproductive function in the male may be difficult to organize, especially in Europe where already many different specialists are in the field. But the need to organize this new subspeciality is becoming increasingly urgent. How and by whom it should be organized still has to be discussed. We therefore invite everyone to participate in a survey on this subject. A questionnaire will be posted at http://www.ferti.net/question.htm. This questionnaire will be announced through different electronic mail engines and published in newsletters from organizations whose members have an interest in clinical andrology. Please participate!

References


Andrology and clinical sciences

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We very much appreciate the lively discussion on the importance of clinical andrology in the era of intracytoplasmic sperm injection (ICSI) and the letter of Dr Krause (1998). We would like to comment on the two aspects that Dr Krause discussed: (i) the role of ICSI in clinical andrology and in clinical science; (ii) the definition of the term ‘andrology’ and the medical field of ‘the andrologist’.

Role of ICSI in clinical andrology and clinical science

The technique of injecting a single sperm into the cytoplasm of an oocyte, revolutionized treatment of male infertility and due to its clinical success rates application of ICSI treatment has developed much faster than the basic knowledge on the physiological and biochemical events of fertilization. This, however, is comparable to many other successful medical treatments in which the exact details of the mechanisms of action and/or the biochemical events are often not completely understood.

However, the development of the technique of ICSI and the ‘ICSI euphoria’ of physicians and scientists ‘has opened the door’ to detailed basic research. As it was with ‘conventional’ in-vitro fertilization (IVF), publications reporting ‘only’ clinical success rates or improvement of methods will eventually decrease in numbers and basic science papers related to ICSI will increase and lead to new clinical applications. Several very good basic research papers have already been published and clinical andrology will definitely benefit and also eventually improve in diagnostic, therapeutic and prophylactic aspects.

Andrology and the andrologist

Reproductive medicine has developed significantly to a very complex multidisciplinary field which requires the collaboration of various specialists, e.g. endocrinologists, surgeons, embryologists, geneticists, psychologists, andrologists and others. This field has become too complex to be covered by one physician only. From the clinical point of view for optimal patient care a centre of reproductive medicine will definitely require an expert on ‘male fertility’ regardless of any other interest of this expert, e.g. research or clinical activities in urology, internal medicine, oncology or dermatology. Currently the field covered by the ‘andrologist’ varies according to the medical background and to national and local differences in the system of medical practice. In the past gynaecology has developed into various subspecialties, e.g. endocrinology and infertility, obstetrics, oncology, and in several countries the non-specialized ‘general gynaecologist’ is more and more becoming a primary care physician for women. We, however, do not expect a comparable development for andrology. In the future the field of clinical andrology, has to improve in structure, medical education and research and to develop to a separate subspeciality to guarantee optimal patient care.

References