

DOES MEDICINE HAVE A SEXISM PROBLEM?

→ When we think about gender bias, we tend to think of wolf-whistling builders or the career glass ceiling. But it seems women have yet another equality problem: healthcare. **healthy investigates**

WORDS ROISÍN DERVISH-O'KANE



Bitter pill: is our health system failing women?

You're not feeling great, so you make an appointment with your GP. What do you expect? Probably, you expect them to set your gender aside and treat the body; to apply science and logic to your symptoms and come up with a solution. However, it seems that getting a fair treatment is not that straightforward. In a famous study entitled *The Girl Who Cried Pain*, US researchers found that although women complained of pain more than men, female patients were more likely to be told it was 'all in your head'. Earlier research also found women were left longer to wait on emergency wards, and were more likely to be administered sedatives, while men were prescribed painkillers – perhaps harking back to the bad-old days of medicine where 'women's issues' were linked to 'hysteria'. But this apparent bias doesn't end in the treatment room; research into conditions that affect women specifically lags woefully behind other medical problems, and that's particularly marked when it comes to those that are linked to hormones.

'In the past, there has been a dismissive element to hormonal conditions. People would use the word colloquially, often when talking about mood,' says Dr Channa Jayasena, researcher in reproductive endocrinology at Imperial College London. 'But people now realise that hormones cut through your anatomy and can affect the way that you think, your mood and your reproductive abilities.' So if we understand that they're important, why do we still know so little about them? 'Funding is tight, and money will go to diseases that kill the most people, like cancer and cardiovascular disease,' says Dr Jayasena.

Fair is fair

The one in 10 UK women with endometriosis are a case in point. The condition occurs where endometrial tissue grows outside the womb, causing intensely painful periods and increased infertility risk. 'It's not taken seriously on the front line,' says Jane Hudson Jones, CEO of charity Endometriosis UK (endometriosis-uk.org). 'Because they haven't experienced periods, some male GPs think this pain is what women come to expect.' But it's far from routine, with 25 per cent of those surveyed by the charity admitting they'd contemplated suicide. The condition impacts an estimated 1.6 million women, figures comparable to the number with diabetes. 'Yet, unlike diabetes, there isn't a national fund for endometriosis,' Hudson Jones continues, adding: 'I try not to get into gender politics, but I'd say women are not being served well at the moment.'

It's a similar story with polycystic ovary syndrome (PCOS), the most common endocrine disorder in the UK. An estimated one in five

women have the condition, and numbers are growing. It's associated with excess androgen (male hormone) production, a lack of periods, and cysts in the ovaries, and it significantly ups a woman's risk of developing obesity, type 2 diabetes, and heart disease. Like endometriosis, it can't be cured, and many (though, of course, not all) doctors don't know how to deal with it.

Rachel Hawkes made regular visits to her GP in Australia to discuss her erratic menstrual cycle. 'I was told "Oh, you're one of the lucky ones who has regular-irregular periods", so I thought that must be normal for me,' she says. 'When I moved to the UK, aged 24, blood tests revealed that I had PCOS, but the doctor said, "Don't worry, just come back when you have kids".' Only after joining the UK's PCOS charity, Verity (verity-pcos.org.uk) did Hawkes, now Chair of Verity, realise she'd been fobbed off. 'PCOS is so much more than a fertility issue. If I'd been told there were treatments that could help my acne, or warned if I didn't watch my weight, I could develop type 2 diabetes, I might have left that room feeling empowered. Instead, I walked out feeling like it was no big deal,' she recalls.

Women's issues

Women now make up half of the country's GPs; the Chief Medical Officer is, for the first time, a woman (Professor Dame Sally Davies), as is the president of the Royal College of Surgeons, Clare Marx. So if medicine isn't short of female influencers, why aren't issues that impact us being championed? In a 2014 report in the *Journal Of The Royal Society Of Medicine*, Professor Davies pointed the finger at the dismal gender ratios in the upper echelons of academic medicine, where women make up 15 per cent of professors in medical schools. The Medical Research Council is making unconscious-bias training mandatory, to help medicine shake off its 'white man in a lab coat'

stereotype. But the biggest boost is Professor Davies' Athena SWAN (Scientific Women's Academic Network) programme. After she deemed responses to her 2011 enquiry into medical school's efforts to advance women 'appalling', Professor Davies took action. She legislated institutions seeking National Institute of Health Research funding must reverse the idea the lab is 'no place for a woman'. So has it worked? 'We haven't reaped the benefits yet, as these women haven't become senior,' says Dr Jayasena. 'But more women means you open up the pool to more insight, questions and research.' Here's hoping.

WHERE DO WE GO FROM HERE?

STOP WITH THE EUPHEMISMS

'We speak to lots of women who say they have to take days off sick each month because their periods are crippling, but instead they'll blame a migraine. But we have a collective responsibility to break the silence and the taboo around women's menstrual health,' says Hudson Jones.

TAKE CHARGE OF MEDICAL APPOINTMENTS

Do your research, write things down, and bring a friend if you're not confident. Sometimes we all need back-up.

HIT UP CHANGE.ORG

'Often areas of research come from the bottom up rather than top down,' says deputy CEO of the Medical Research Council, Professor Jim Smith. **1**

'Sorry for saying women scientists cause trouble'

Cultural change needed, says female surgeon