

The healthcare gender bias: do men get better medical treatment?

Fay Schopen

Mon 20 Nov 2017

A study this month found that women are less likely than men to be given CPR – but it is not the only way in which they are given short shrift in an industry where female pain is serially misdiagnosed.

You are walking down the street, minding your own business, when suddenly you see someone collapse to the ground. They are unresponsive, not breathing. Do you perform CPR? No doubt you like to think that you would. But what if the unlucky person was a woman? The question may seem redundant, but unfortunately it is not: a study this month found that **women are less likely than men to get CPR** from a bystander, and are more likely to die.

The research, funded by the American Heart Association and the National Institutes of **Health**, found that only 39% of women who have a cardiac arrest in a public place were given CPR, versus 45% of men. Men were 23% more likely to survive and one of the study leaders, Benjamin Abella, speculated that rescuers may worry about moving a woman's clothing, or touching her breasts. One idea mooted was more realistic-looking practice mannequins to account for the female torso.

It is hard to know what to make of the research, or where to place it in the panoply of ways in which women get short shrift. Medical care – which, at its essence, is about keeping people alive – should, of course, be free of gender bias. Naturally, however, it is not.

This is not to discount the ways in which men fare badly within the system, **particularly when it comes to mental health**. **Race** and **poverty** also feed into bias in healthcare – both huge topics in their own rights. But there is no shortage of ways in which women are discriminated against in medicine. This is evident throughout history, from **Aristotle's distinction between the superior male "form" and inferior female "matter"**, to the medieval idea that women

("leaky vessels") were unbalanced due to their wombs. In antiquity, doctors recommended marriage as a cure for female psychological disorders, and the Victorians had an unfortunate habit of committing women to asylums, regardless of evidence of mental illness. Today, while female GPs outnumber male ones (52% to 48%), 55% of registered medical practitioners are male. And the majority of specialists – 66% – are men.

For patients, the stereotype runs thus: men are less aware of health problems than women, less attuned to symptoms and they don't visit the doctor as often as women. In other words, men are silent stoics; women hysterical hypochondriacs. There is evidence for this, to an extent – government statistics published in 2010 showed that women were more likely than men to say they were in poor health, but less likely to die over the following five years.

But this does not explain what happens to women when they genuinely need treatment. In 2001, University of Maryland academics Diane Hoffman and Anita Tarzian published *The Girl Who Cried Pain*, an analysis of the ways gender bias plays out in clinical pain management. They examined several previous studies, including one that indicated women are more likely to be given sedatives for their pain and men given pain medication, and concluded that women were more likely to be inadequately treated by healthcare providers. Several authors attribute this to "a long history within our culture of regarding women's reasoning capacity as limited", the paper noted.

In the 16 years since the paper was published, has anything changed? Probably not, says Tarzian, a programme coordinator at the University of Maryland's school of law. "Every time you think things have changed, you look at the news and you think, 'Hmm, maybe they haven't.' It still happens because that attitude people have towards gender is so inherent it's hard to even be aware of – it's subconscious." Julia Buckley, a freelance journalist, can attest to this. Having had chronic pain since her teens, she was dismissed by doctors, told by a dentist she was "making it up" and, when she asked for physiotherapy on her arm so she could return to work, she was told to wait for a year, because she had already had physio on her leg. "I was gaslighted," she says. "I don't think I would have been treated that way if I were a man, and the psychological turmoil I was put through made everything worse." She was finally diagnosed with Ehlers-Danlos

syndrome, an inherited condition that affects connective tissue, five years ago, aged 31, and has written a book about her experiences, **Heal Me: In Search of a Cure**, which is out in January. “Women need to be pushier, and not revere doctors so much,” she says. “I respect doctors, but they’re not infallible.” Tarzian agrees. The traditional medical system disadvantages women, who, unlike men, are socialised to question themselves, she says: “There’s an extra value for women to trust their instincts.”

Nowhere is this more evident than when it comes to gynaecological conditions, such as **endometriosis**. **One in 10 women suffer from the disease**, but it takes, on average, **seven to eight years to be diagnosed**. Emma Cox, the chief executive of the charity Endometriosis UK, says that unless women with the disease are trying to conceive, they are often overlooked by doctors. “The attitude is that women are there to have babies,” she says.

It took Kaye Sedgwick Jones, a freelance illustrator and designer from Kent, more than 12 years to be diagnosed. In pain and seeking help, she was told by one doctor: “It’ll be better when you’ve had a baby’ ... which, when you’re 13, is a weird thing to be told,” she says. When she was finally diagnosed, at age 25, her first reaction was “sheer anger. I was livid. For so many years I was told the pain was in my head.”

In September, new guidelines were published by the National Institute for Health and Care Excellence (Nice), in a bid to speed up diagnosis of endometriosis. Nice added that the NHS must “**listen to women**”.

Sedgwick Jones, now 36, has decided not to have children, although she once wanted them. An earlier diagnosis, she says, could have made a difference. “I wasn’t taken seriously because I was a young woman,” she says. “I can’t imagine why it is still so difficult for a woman to walk into a GP’s office and say: ‘Help me, I’m in pain.’”

Dementia care is another area where women draw the short straw. In 2016, researchers at University College London **found that women with dementia receive worse medical treatment than men with the condition**. Namely, they make fewer visits to the GP, receive less health monitoring and take more potentially harmful medication than men. “We know very clearly what’s

happening, but we can't clearly explain why from that data," said Dr Claudia Cooper, who led the study. One factor, she says, could be that women, who live longer than men, are more likely to be alone and thus less likely to have a primary carer to help them. "Two-thirds of people over 80 are women," she says. "But they are the marginalised majority."

This is a big, unwieldy issue is a discussion that is perhaps too amorphous for some. Health charities the King's Fund, the Nuffield Trust and the Health Foundation, along with the Royal College of Obstetricians and Gynaecologists, were all approached for comment for this article but failed to provide anyone to talk to.

For Buckley, gender bias in healthcare is an epidemic that needs to be addressed: "People are dying because they are female and doctors are blinded by their gender," she says. "Don't assume that women are hysterical. That's quite basic. Treat everyone as a person."