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Listen to Women: Gender Bias in Clinical Pain Management

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Abstract

Research demonstrates that cultural barriers obstruct fair pain management between men and women. The nature of the healthcare gender bias has deleterious effects on women's overall wellbeing. Erroneous perceptions of women as being "histrionic" or having "temper tantrums" have a long history in the medical field. Consequently, physical pain in women has been often mismanaged, with most of it being attributed to women being "overly emotional." Women pay the price: When their pain is constructed as theatrical, they risk being misdiagnosed which results in inadequate healthcare treatment. The aim of this paper is to explore gender bias in pain management, and to track the different cultural hubs out of which such misconceptions emanate.

Key terms: healthcare, gender bias, norms, culture, pain management

Introduction

The Problem

Medicine is said to be a talent: the talent of resolving the complexities of the human body. Therefore, patients expect their providers to be interested in their concerns and to take care of their pain as it is supposedly a physician's lifelong mission. Similarly, patients expect their providers' evaluation of the pain they are experiencing to be unbiased. Chronic pain is a

symptom that can affect anyone: It is not restricted to certain races, religious communities, or certain genders (Samulowitz et al., 2018). Unfortunately, despite their similar experiences of chronic pain, men and women do not receive similar medical care and attention. However, women are entitled to adequate healthcare treatment free from gender bias: As Article 25 of the Universal Declaration of Human Rights (UDHR) outlines, "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care." This paper analyzes the discrepancy between pain management strategies of male and female patients and argues that women's pain is being overlooked in clinical settings. This issue will be theorized using an intersectional analysis that approaches the topic through the lenses of history, current events, and other key perspectives, such as psychology.

What is Healthcare Bias?

Healthcare bias refers to the ways that sociocultural norms and expectations, including those surrounding gender, are embedded within the healthcare sector. These biases affect societal approaches to medical care. Healthcare gender bias is implicit, which means that it stems from external pressures that people unknowingly acquire during and assimilate into their own lives. In other words, healthcare bias is the byproduct of the cumulative effects of traditional norms and cultural practices surrounding gender. Unfortunately, this societal "training" that physicians receive throughout their lives negates efforts in their formal educational training that attempt to teach them to approach their work through an objective lens. In other words, while physicians are trained to be objective in their work, they will always

project their subjective biases. Many of these biases revolve around normative and stereotypical understandings of how men and women should behave and the ways that they deal with pain.

Briefly put, gender bias in healthcare reinforces the idea that women's reasoning capacities are limited and therefore, their pain perception is exaggerated and hysterical. This stereotypical mindset prevents many women from securing the medical services they need and deserve, including an accurate and timely diagnosis, as well as receiving effective treatment. Gender bias also endangers men's health. In most cultures, the emphasis on masculinity and "strong" men has led to a resistance on the part of some men to seek medical help, as this is sometimes seen as a sign of weakness. The problem of gender bias in healthcare has additional consequences. For example, this bias promotes a lack of interest in researching the female body and the various symptoms and disorders that women may experience. This lack of knowledge can lead to distorted perceptions, which can result in inaccurate diagnoses and treatment recommendations. It is clear that the consequences of gender healthcare bias can be much more severe than people might think.

Historical Background

Gender bias in healthcare has a long history. Widespread social stereotypes about how women perceive, express, and tolerate pain are not recent. These stereotypes about gender roles date back as far as ancient Greece, as Cleghorn (2021) points out, and women are still paying the price today. Women's pain was and still is frequently linked to emotional or psychological issues rather than physical ones. In fact, hysteria, which has its roots in ancient Egyptian and Greek medicine, became popular in the 18th and 19th centuries as a way to describe any female sexual or emotional conduct that males regarded as dramatic, insane, or

unfeminine (Raypole, 2022). Hysterical complaints were a prominent reason for women's forced hospitalization long into the 20th century. It was not until 1980 that the diagnosis of "hysteria" was removed from the Diagnostic and Statistical Manual of Mental Disorders (DSM) (Tasca et al., 2012). The historical duration of this example of gender bias points to the overall seriousness of bias in healthcare. The longer such practices continue, the more rigid and impactful they become, further distorting women's diagnosis and treatment.

Cultural Discourse and Illness Narratives

Women have been wearisomely accused of being too "hormonal," too sensitive, and too dramatic. Khakpour (2018) explains her journey with Lyme disease in her book Sick: A Memoir. She discusses how her symptoms were dismissed by her doctors as a psychiatric issue, which delayed her diagnosis and her access to treatment. Khakpour writes that, "in the end, every Lyme patient has some psychiatric diagnosis, too, if anything because of the hell it takes getting to a diagnosis" (p. 130). While some cultures portray women as dramatic patients who exaggerate their medical pain, others envision women as having a "high tolerance" to pain. An important example of this type of normative cultural discourse that contributes to gender healthcare bias among physicians is related to childbirth. Many people believe that since women are able to give birth, a process that can be exceptionally painful, other types of pain that they might experience are somehow minor and incomparable. Not only is this a dangerous bias, but it defines all women according to their ability to reproduce, which is something that not all women choose to do during their lifetime.

Literature Review

In general, the literature shows that there is a discernible existence of gender healthcare bias against women in particular. Much of the literature on gender healthcare bias underscores the extent that implicit gender bias prevents women from receiving adequate medical support and treatment. Most studies emphasize the idea that women are not receiving the attention, credit, and respect they deserve from their doctors, while others point to the fact that most clinicians unconsciously regard their female patients as unduly emotional or as exaggerating their discomfort. The following literature review presents a brief overview of some of the most important research findings about gender healthcare bias.

His Diagnosis Drives Her Insane, Literally

Previous work highlights that women with chronic pain are frequently mistrusted and psychologized by their healthcare providers. In their study, Samulowitz et al. (2018) found that a medical provider's prescribed treatment was influenced by the similarity or difference between their own sex and that of their patient. They go on to suggest that women received less effective pain relief, as well as more antidepressant and mental health referrals, than men. Alspach (2012) suggests that prejudice related to a patient's gender does exist in healthcare, especially among older male physicians, which explains some of the disparities in patient management. These disparities include taking women's symptoms less seriously and attributing them to emotional rather than physical causes and referring women less often than men for specialty care, even women with higher risk factors. This is in line with a recent study by Greenwood et al. (2018) on women's mortality rates, which argues that "most physicians are male, and male physicians appear to have trouble treating female patients" (p. 5).

Only Gender?

Raine (2000), on the other hand, argues that disparities in healthcare outcomes are not always attributable to gender healthcare bias. Raine notes that such disparities are also related to important variables such as differences in disease prevalence and severity, as well as patient preferences. While this may be true, Samulowitz et al. (2018) affirm that disparities in men's and women's care cannot be attributed to distinct medical needs. In their systematic review, FitzGerald and Hurst (2017) found that implicit bias based on patient characteristics does affect healthcare professionals. The review, however, makes no mention of any specific bias or patient characteristics, which might include race, gender, socioeconomic status, or something else. More studies are needed to accurately determine the types of bias that influence healthcare professionals.

Fortunately, however, some of the literature on gender bias in healthcare does point to potential solutions. Raypole (2022), for example, argues that it will take a large-scale shift in medical research methods as well as the systems that reinforce prejudice to affect such a change. This will be a difficult task. Relatedly, virtue epistemology—an approach to medicine wherein the medical doctor is just concerned with finding the truth, and only the truth, without having to consider other variables or be driven by their emotions and prejudices—could be used to combat healthcare gender bias in clinical decision-making (Marcum, 2017).

Analysis

Manifestations of the Problem

Is it possible that some women are exaggerating their pain, forcing medical professionals to downplay their symptoms? Maybe. However, this cannot be generalized, especially because

of engrained gender norms and stereotypes as discussed earlier. Therefore, it is important to explore the problem from the perspective of the clinician and to analyze how the physician's own gender identity influences their appraisal of female pain. For example, a female physician may be more understanding, as well as experienced with and receptive to women's pain, particularly menstrual pain. This is not to say that compassionate male doctors are not available. Nonetheless, one can never completely understand what another person is going through unless they put themselves in their shoes. It is worth noting, however, that despite being female, doctors may still retain prejudices towards other women. The findings from this literature review reveal that there is no individual standpoint from which the problem can be addressed, assessed, and eliminated. Rather, the problem of gender bias must be acknowledged at the structural or macro level.

On a psychological scale, when a doctor minimizes women's worries or pain, they unconsciously infantilize them, insisting that they know more about their bodies than they do themselves. This is often very frustrating for patients. Patients who are regularly exposed to this type of treatment and dismissal may lose trust in healthcare professionals and forego regular health screenings. This can result in late diagnosis, which can be fatal in some cases. According to a shocking new survey, a third of Australian women may have postponed getting medical care because they are afraid of appearing melodramatic or tiresome. Rapana (2018) observed that about 40% of women fear being labeled "drama queens" or hypochondriacs if they speak up when something does not seem right. Additionally, a poll conducted by Pink Hope, a preventative health resource for breast and ovarian cancers, indicates that one in three women really shunned medical guidance for this reason (Rapana, 2018).

Proposed Policies and Solutions

One might assume that there are almost no viable solutions for an issue arising from culturally entrenched gender biases, or that the solutions will take too long to implement or that they will be ineffective in the short-term. These beliefs must not prevent policymakers and other stakeholders from working to limit the manifestations of gender bias in healthcare by raising awareness about the issue among clinicians and other healthcare providers. Medical training should confront the reality of gender bias and provide professionals with the needed skills to avoid making healthcare decisions based on stereotypes and gender-biased beliefs. If they are sensitized to gender bias, clinicians can learn to listen to women's symptoms and reconsider any diagnosis or therapy that is not working for them. Incorporating university courses or seminars on the psychology of women's pain and on gender more broadly into the medical school curricula, for example, is an important starting point for addressing gender bias in healthcare.

Moreover, increasing the number of female healthcare practitioners should be a component of any strategy hoping to challenge healthcare gender bias. This is because, as described in earlier sections of this paper, female medical professionals can have additional insights into the symptoms of their female patients based on their own personal experiences. If more female students are empowered to join the healthcare industry, they may become part of the solution.

There are numerous other policies that could help combat healthcare gender bias. For example, it is vital to create healthcare facilities and centers that are entirely female-focused, with only females having access to them. These centers would not only focus on treating

women, but they would also focus on collecting data about female health issues. Such research is important for addressing the lack of knowledge about women's various health problems and the overall lack of interest in female health issues. Various stakeholders should be involved in creating and financially supporting these research and clinical centers including governments and international donors.

The effort to improve healthcare treatment relies not only on the efforts of providers and others, but also on the attempts of women themselves and healthcare advocates to reshape public attitudes towards bout women's bodies and healthcare. This is particularly important concerning the ways that mental health impacts the body, given that mental healthcare is stigmatized and, worse, is often treated separately from physical health and wellbeing. Chronic stress, for example, can cause stomach cramps and painful headaches, and vice versa. As a result, knowing how to approach these issues as interrelated is key. In other words, advocacy efforts must be accompanied by awareness-raising campaigns so that women are aware of gender bias, how to challenge it, and what to do when they need medical care. Women must be masters of their own bodies.

Conclusion

Gender healthcare bias against women exists, particularly in cultures where women are viewed as second-class citizens, weak, overly sensitive, and histrionic. Although the solutions are long-term and difficult, this does not invalidate their usefulness; they are meant to raise awareness about the problem and inform people that it happens. Gender bias in healthcare actively harms millions of women who put their faith in their healthcare professionals to help them. A woman must always remember that she is the expert of her own body. Some doctors

may dismiss her symptoms, but it does not rule out the possibility that they are real. When it comes to their health, women should be persistent and forthright until their doctors are willing to listen. While there are many healthcare professionals struggling to correct gender bias in the field every day, it is important to continue raising awareness about the issue so that women can have access to substantive and equitable health care.

References

Alspach, J. G. (2012). Is there gender bias in critical care? *Critical Care Nurse, 32*(6), 8–14. https://doi.org/10.4037/ccn2012727

Cleghorn, E. (2021). Medical myths about gender roles go back to ancient Greece. Women are still paying the price today. *Time*. https://time.com/6074224/gender-medicine-history/

FitzGerald, C., & Hurst, S. (2017). Implicit bias in healthcare professionals: A systematic review. *BMC Medical Ethics, 18,* 1–18. https://bmcmedethics.biomedcentral.com/articles/10.1186/s12910-017-0179-8

Greenwood, B. N., Carnahan, S., & Huang, L. (2018). Patient–physician gender concordance and increased mortality among female heart attack patients. *Proceedings of the National Academy of Sciences, 115*(34), 8569–8574. https://doi.org/10.1073/pnas.1800097115

Khakpour, P. (2018). *Sick: A memoir*. Harper Perennial.

Marcum, J.A. (2017). Clinical decision-making, gender bias, virtue epistemology, and quality healthcare. *Topoi, 36*, 501–508. https://doi.org/10.1007/s11245-015-9343-2

Raine, R. (2000). Does gender bias exist in the use of specialist health care? *Journal of Health Services Research & Policy, 5*(4), 237–249. https://doi.org/10.1177/135581960000500409

Rapana, J. (2018). *1 in 3 Aussie women suffer from "drama queen syndrome."* Body and Soul. https://www.bodyandsoul.com.au/health/womens-health/1-in-3-aussie-women-suffer-from-drama-queen-syndrome/news-story/5d670e883465b521376d60ca69fb9803

Raypole, C. (2022, January 19). *Gender bias in healthcare is very real—and sometimes fatal*. Healthline. https://www.healthline.com/health/gender-bias-healthcare

Samulowitz, A., Gremyr, I., Eriksson, E., & Hensing, G. (2018). "Brave men" and "emotional women": A theory-guided literature review on gender bias in health care and gendered norms towards patients with chronic pain. *Pain Research & Management, 2018*, 1–14. https://doi.org/10.1155/2018/6358624

Tasca, C., Rapetti, M., Carta, M.G., & Fadda, B. (2012). Women and hysteria in the history of mental health. *Clinical Practice and Epidemiology in Mental Health, 8*, 110–119. https://doi.org/10.2174/1745017901208010110