Should Women's Health Be a Medical Specialty ?

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A few months ago, I came across several articles about a new specialty in medicine focusing on women's health. The proponents of this specialty were concerned with women's total health needs much as pediatrics is with children or geriatrics with old people. "Its practitioners would be trained in everything from managing menopause to spotting abuse, with a focus on the growing body of research on how diseases and drugs act differently in women than in men" .(1)

The idea of a new specialty has created singnificant controversy in the west, where it was first suggested. Some physicians say that it is better to 'feminize' the medical curriculum rather than to create a new specialty. Others believe that medicine should give more room to women's health issues and that the solution is not to 'ghettoize' half the human race, but to redefine the notion of a valid study population that includes women. Those who oppose the specialty state that women are already too far out of the medical loop and that placing them even farther out will only marginalize them all the more. On the other hand, Dr. Michelle Harrison, a psychiatrist and expert on premenstrual syndrome, declares that "more than half of the population being female, we should not accept a medical model that is based on anything but a complete female body, cared for by physicians skilled and knowledgeable enough to provide care for women".(2)

"In many ways, the debate over a new specialty reflects the controversy that exists with respect to women's studies departments within universities, with some feminists arguing that having a separate department adds to credibility and others arguing that establishing a separate place for women makes it easier for men to exclude women's concerns from the general curriculum".(3) The answer would be to make medicine more responsive to women, if it is not sufficiently so already, and not to create a new marginal specialty.

Some of the arguments which support the creation of a feminine specialty refer to women's status in medical research as well as ways of treatment.

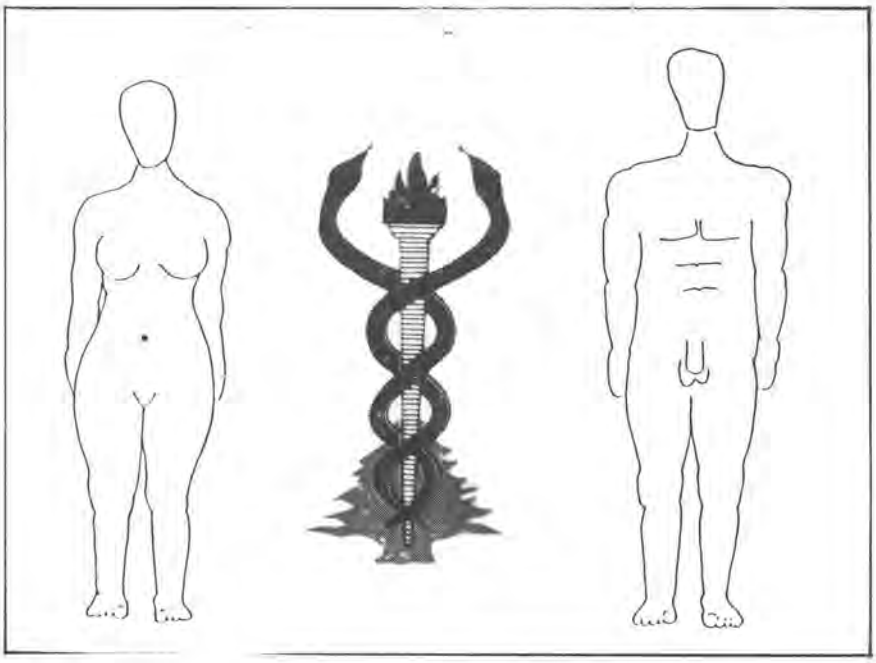
1- Advocates of a new specialty note that women are biochemically and biosocially different from men and therefore studies on men are not necessarily applicable to women. "Traditional studies on diseases that affect both sexes have characteristically used male subjects exclusively, with the results extrapolated or generalized".(4) Thus, women have been excluded from clinical trials of new drugs because of concerns about pregnancy, birth defects or menstrual fluctuations. For example, "it is unclear, whether women should take an aspirin every other day to help prevent myocardial infarction, since the highly publicized study promulgating the salutary effect of aspirin was based on results from 22,000 men ".(5) Furthermore, in cardiology, although "several risk factors for heart disease have been uncovered, it appears that not all of them apply with equal force to men and women. And certain potential risks, such as oral contraceptive use, are unique to women ".(6)

2- The general understanding that when a man goes to a general practitioner, he can receive a thorough check up, including a look at his genitals, whereas a woman cannot get a thourough physical from only one doctor. She must make another trip to a gynecologist in order to be totally checked out.(7)

Medicine treats human beings, not males or females . . . . . must emphasize more women's health issues during residency training

Lebanese Doctors' reaction to "Women's Health" as a new specialty

One interesting and somewhat surprising fact was that none of the seven Lebanese physicians interviewed for this article - three female doctors (a Family Physician, an Endocrinologist and a Dermatologist) and four male doctors (Two Surgeons, a Gynecologist and a Cardiologist) were aware of the issue. It seems like these questions are not relevant to the Lebanese reality and that the creation of such a specialty would be "absurd" as one doctor put it. It would also seem that this irrelevance could possibly be attributed to the absence of a feminist catalyst in Lebanon. Whether these issues will be of relevance to Lebanon or even debatable is not raised nowadays, and it is not known whether it will be one day. The seven physicians, both women and men, believe medicine is providing comprehensive care equally to men and women and disagree with the creation of a new specialty. *We never treat women differently, actually we take care of them more than we do of men because women have a different physiology, psyche, emotional response and behavioral patterns* said the cardiologist. *Medicine treats human beings and not males or females. It is possible to go into specialties but we cannot have subs-specialties adinfinitum* added one of the surgeons. Another male doctor felt that *it is not fair to duplicate the present specialties or to create a new specialty.* Another reason was that a new speciality would cause further division and segregation between the sexes, if it is true that such seggregation already exists. They did, however, suggest that the curiculum should place more emphasis on women's health issues, i.e 'feminization' of medicine.



Hence, with respect to the trial testing of new drugs, all the doctors said that the main reason for not including women is that medicine is afraid of interfering with their reproductive or genital system. Drugs may affect the menstrual cycle, the fetus, the hormonal system and thus cause permanent damage. *I do not believe that there is discrimination against women in trial testing of new drugs. The genital system of women can be harmed more easily due to its sensitivity which is not the case in men. The outside manifestations are also different and more frequent. In men these are not easily recognized* said one of the surgeons who described the advocacy to create such a specialty as "hallucination", "delirium".

History records that experimentation started with men, said a surgeon referring to the studies on diseases that affect both sexes where males are used as the study population. *The first operations were performed on male cadavers and then on females. Where is the problem?* he added. When asked why the experiments were done primarily on men, the surgeon replied that *because men were more available, since some were immigrants without families, and some were poor and living alone, no one was there to claim their bodies, whereas women had and still have more stability, and a sense of family belonging.* The cardiologist supported this claim by saying: *It is easier to find male bodies. At one time they used the bodies of soldiers for anatomy .* He added that *women should feel happy that men and dogs are being used as guinea pigs.*

Should they feel so, I ask myself? I wondered how we will come to know the effect of drugs on pregnant or menstruating women or on women who have reached the menopausal stage if we do not try them? I am not a physician and I am not familiar with medical laws and procedures but I believe in women's rights and support the feminist movements striving for the restoration of those rights. Still ethical questions, as to whether medicine has the right to sacrifice

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lives (fetus), or the genital system of women for the sake of science, must be resolved. A plausible answer to my questions came from a woman doctor, the family physician who acknowledged the fact that, *usually study populations are constituted of men, but medicine should be more selective; women who cannot have children or who do not want to may be considered as a study population. Today there is an awakening, they are trying to include more women in research populations thanks to female doctors who are increasing in number* .

The doctors attributed some of the practices which differentiate between the sexes - such as getting thourough physicals from one doctor or two in the case of women - to cultural and traditional value systems. It seems that doctors encounter these values during their formative years in medical school. *During my training*, said the dermatologist, *although we examined patients from head to toe it was still not easy examining women as closely as men because of the dominantly conservative mentality in the country. Hence, it is easier to check the genital organs of men due to their physiology (external, apparent). Therefore, the general practitioner does not examine a woman's genital system, not out of indifference or neglect, but because of practicalities and the prevailing mentality.* The endocrinologist, argued that, in Lebanon, men do not get a genital examination as part of the check-up by their general practioner, and in the same manner women are not examined if they do not request it themselves: *You cannot tell a woman that you want to examine her genital organs if she does not ask you first! This does not happen here, perhaps because of cultural variations.* Yet another doctor noticed that women would not have to go to a gynecologist if general practitioners are trained to perform tests like "pap smear " or breast exams. The best solution, according to the majority, is to emphasize more women's health issues during residency training. All agreed that the family physician is the best person to provide comprehensive care, and in case of complications he/she will be the one to refer the patient to a specialist.

All the physicians, male and female, with different specialties and backgrounds are in accord with each other. They believe that the creation of a new specialty is "illogical", "bizarre". Some used terms like "nonsense" and "impossible" to answer my question on whether it is a necessity nowadays.

The fact that women doctors share the opinion of male doctors is interesting and intriguing. It raises questions as to whether they have the same opinion or react the same way because they belong to the same culture or community, or because of the absence in Lebanon, of aggressive women's liberation movements which elsewhere try to affirm the rights of women, sometimes however, by exaggerating or reaching extremes resulting in negative countereffect. Even then , who can define the word 'extremist' in feminism, and whose definition would be the best? Or maybe this issue is simply not relevant to us and there really is no segregation in medicine. If this is so, why then is this perceived as a problem?

The controversy that exists between the 'urgency' in creating such a specialty in a given country and the 'absurdity' of creating it in another country is intriguing. An interview with American male doctors would have enriched this research and analysis in terms of whether the differences in opinion are due to cultural determinants alone or to gender differences as well. Perhaps it is only a natural consequence of the integration, in medicine, of cultural values, norms and unwritten laws!

Footnotes and References:

(1) Tamar Lewin. " Doctors Consider A Specialty Focusing On Women's Health ". **The New York Times**. No. 49,143. November 7, 1992.

(2) Michelle Harrison, M.D. " Woman As other: The Premise Of Medicine". **Journal of the American Medical Women Association**. Vol.45. No.6. Nov./Dec. 1990.

(3) Tamar Lewin. " Doctors Consider A Specialty Focusing On Women's Health ". **The New York Times**. No.49,143. November 7, 1992.

(4) Kathryn E.McGoldrick, M.D. " Women's Health: Is Anatomy Still Destiny?". **Journal of the American Medical Women Association**. Vol.45. No.6. Nov./Dec. 1990.

(5) Ibid.

(6) Ibid.

(7)Gwenda Blair. " Women Won't Get Decent Medical Care Until There Are Doctors Who Specialize In Women's Health. Wrong!", **SELF**. February 1993.

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