

Forum: UN Women

Issue #UW-01: Misdiagnosis of women due to gender inequality

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Introduction

Gender Bias in healthcare has been a recurrent issue for years and is still not properly acknowledged by the healthcare system.

There have been such a vast amount of surveys in relation to this issue and all these surveys have proved that gender inequality in healthcare is indeed real. Over half of the women who participated in these surveys stated that they believe that gender bias in healthcare is a real issue. In addition, almost a fifth of the women who answered these surveys report having been treated differently because of their gender. This amount does not even include women part of the LGBTQ+ society, such as transgender and cisgender patients.

It is a very real issue that is a recurring matter in many places and is also a very dangerous thing. Due to different ideals engraved into our present society, the healthcare system may cost a woman her health or worse her life, something that should never happen due to gender inequality.

Definition of Key Terms

Bias

Preferring or disliking someone or something over someone or something else, in a way that causes them to be treated unfairly.

Diagnosis

Recognition of an illness or other health related issue by the analysis of presented symptoms.

DSM

The Diagnostic and Statistical Manual of Mental Disorders; the reference book used by healthcare professionals in the United States and much of the world as the authoritative guide to the diagnosis of mental disorders.

Autoimmune disease

A disease that causes the body's natural defense system to not be able to tell the difference between your own cells and foreign cells, causing the body to mistakenly attack normal cells.

Hypochondriac

Someone who is unnaturally anxious/obsessed about their health.

NIH

The National Institutes of Health is the primary organization of the United States government responsible for biomedical and public health research.

Issue Overview

Gender bias in the healthcare system, regardless if it is implicit or not, is an issue that has not been properly dealt with up to this point and should be taken more seriously. Although it is true that gender bias affects both men and women, it is a given fact that women are harmed more because of it. Be it a delayed diagnosis, a misdiagnosis, over- or under-diagnosis or even just being disregarded and not taken seriously, women have been treated unfairly in the healthcare system.

The reasons for this unfair treatment are many, though none are valid reasons. They range from implanted ideas that society has had on women for decades to people thinking women are not as capable as men. To commence is the issue of a term that was used to diagnose women; “Hysteria”. The etymology of the word “hysteria” comes from the Greek word for “uterus” and has since taken its toll on the medical field. It dates back to ancient Greece where it was believed that having a uterus led to a variety of physical and mental illnesses. Hysteria was popularized during the 18th and 19th centuries and used as a term for diagnosis, at first for men and women, but of course later for only women. Any woman who presented disagreeable and unacceptable behaviors was diagnosed with hysteria. This term was so frequently used and acquired by medical staff that it even appeared in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, a reference book on mental health conditions, in 1968. Although this term was later removed from the DSM, the legacy of the term hysteria remains. Though it's very improbable that a medical professional would diagnose someone with hysteria, the concept left behind is that women exaggerate their pain or symptoms, leading to the recurrent gender bias. A study made in the United States of America (U.S.A) on autoimmune or related diseases claims that out of the 50 million Americans who have an autoimmune disease, 75 percent are women. More than 50 percent of those women reported being told that they were either: complaining, hypochondriacs, or too obsessed with their health. Basically, they were being told to stop being “hysterical”, hence the grip the term hysteria still has in the healthcare system.

Another extremely influential cause of misdiagnosis of women is the fact that Medical Research is not, and has not been done, properly or with proper care and inclusion of women. What this means simply is that, hysterically, the study of health conditions, illnesses, etc, has not included women. In other words, female subjects were not taken into account to sufficiently be able to create treatments that will not harm them. What occurs in these situations is that the general female public is, in many cases, actively being test subjects for treatments involuntarily. Women are not properly represented in clinical trials and therefore tend to suffer more side effects than men. It is also true that most drugs are prescribed in the same dosage to women and men which has caused dangerous side effects for women, blatantly pointing out why it is important

for women to be properly represented in clinical trials and research. Although any clinical trials sponsored by the National Institutes of Health (NIH) are now required to include female subjects, privately-funded trials do not have those requirements. Women and men are not the same and metabolize the drugs they ingest differently, due to differences between them such as sex hormones which may fluctuate due to menstruation, menopause, pregnancy and oral contraceptives. If it is assumed that the research made on men and how their bodies react to a certain medication will be the exact same for women, it is obvious that the issue of gender inequality and disregard for women's safety is still present. The problem is that it takes years for new found data to be implemented in common medical practice and education, therefore new healthcare providers presently practicing don't have adequate training or information to treat and provide proper healthcare to women as they can with men.

Misconceptions and sexism in healthcare is, of course, a big issue. By misconceptions we may interpret just simple misdiagnoses, but in reality they are much bigger than that. For example, heart disease is popularly referred to as a “man's disease” or the “main killer of men”, when in reality, heart disease kills 1 of every 3 women, making it women's “number one killer”. But, even if the studies say that within a period of a year a woman is most likely to die of heart disease over a man, they are less likely to receive preventative treatments. Instead, women are, in many cases, told things like: they should lose more weight, this statement intertwining with the obesity stigma. Ironically enough, losing weight doesn't actually reduce cardiovascular disease, and a man, who could easily be heavier than a woman with the same illness, would be prescribed with preventative medications.

The common belittling of pain is present in all women's healthcare. Women are less likely to be provided with any sort of pain killer than men. Waiting longer to receive pain management medication in emergency rooms is also a recurrent scenario. Women are more so than not going to be told their pain is “psychosomatic”. And all this still occurs despite the given fact that women have higher chances of suffering from chronic pain than men.

Historical Background

Since the philosopher Aristotle described the female body as, in short, inferior to the body of a man, women have been seen as such. The only thing women were considered biologically and socially valuable for was their uterus, that ended up defining what their purpose was: to have children and raise them. Because of this, the only medical information considered important to learn about was that of the area of women's reproduction. Formerly, any other illnesses were constantly linked back to the “secrets” of a woman's reproductive organ.

Also, the combination by part of the medical industry of sex and gender identity has been a recurring historical characteristic of medicine. As medicine's understanding of the female body has grown to be more evolved, it has constantly imposed dominant social and cultural expectations about who women are; what they should think, feel and yearn; and overall —what they can do with their own bodies. Medical myths about gender roles and behaviors have resonated perniciously, these very myths having an enormous cultural sticking power. Currently, gender myths are entrenched as biases that negatively impact the care, treatment and diagnosis of all people who identify as women.

These factors are reason for which women suffer injustice in many medical issues, and in many cases are not even believed by medical professionals in regards to whatever is disturbing them, because the the historical -and hysterical- idea that women's emotions have an extreme influence on their bodies, and vice versa, is ingrained in the image that the medical industry has of women.

Major Parties Involved

NIH

The National Institutes of Health has become more involved in women's misdiagnosis in the past three decades. The first act the NIH did was in response to a statement the Public Service Task Force on Women's Health Issues made in 1985, that said “the historical lack of research focus on women's health concerns has compromised the quality of health information available to women as well as the health care they receive.”. The NIH then made a new policy that encouraged researchers to include women in clinical studies. But, in 1990, a Government Accountability Office report discovered that the policy was not properly communicated and the NIH was still telling reviewers not to consider women as a factor during the investigation of their scientific merit. The very same year, the Office of Research on Women's Health was formed by the NIH, and one of its primary goals has been to ensure that research funded by the NIH accounts for sex as a biological variable.

The NIH runs various investigations and analyzes women's health in regards to other variables and later utilizes that data to try and better the healthcare system to transform it from a biased system towards an equal one.

Though the NIH has been making efforts to better the healthcare system for women, there are still biases and ideologies engraved in medical history and education that must be updated and changed in order to benefit women and their health and to reach equality in a vital aspect of life. This takes not one organization, but many, and many countries, and people, to spread this objective and not belittle it.

Timeline of Events

Date	Description of Event
Month Day, Year	Brief Description of event
Second millennium BC	'Hysteria' was first considered a mental disorder attributed to women.
Between 384 - 322 B.C.E	Aristotle described women as mutilated versions of men, painting them as inferior.
1800s	Group of female scientists in the US created what is now known as the Society for Women's Health Research.
June 26, 1946	Commission of the Status of Women (CSW) established by resolution of ECOSOC.
June 19 - July 2, 1975	First World Conference on Women in Mexico City.
1993	NIH implemented a policy establishing standards for the inclusion of women in clinical trials.
September 4 - 19, 1995	Fourth World Conference on Women in Beijing.
2014	NIH began to recognize male bias in preclinical trials.
2016	NIH mandates that any research money granted must include female animals.
March 6 - 17, 2023	Annual Commission on the Status of Women, with the theme "Innovation and technological change, and education in the digital age for achieving gender equality and the empowerment of all women and girls".

Relevant UN Treaties and Events

The sixty-seventh session of the annual Commission on the Status of Women took place from the 6 to 17 of March this year. Its prime theme was “Innovation and technological change, and education in the digital age for achieving gender equality and the empowerment of all women and girls”. The United Nations (UN) Secretary-General António Guterres remarked on various issues, the one most in relation to women's misdiagnosis was the fact that in the science and technology industry, men outnumber women. There is no parity between men and women in these industries, showing again how women's health remains almost fully in the hands of men. Guterres emphasized the goals of the UN and made it clear that they will fight back against misogyny and fight for women's rights all over the world.

Past Action

A significant step towards women being properly represented in the healthcare system occurred in 1993, when a law was passed that required women to be better represented in clinical trials. From 1989 to 1993, the inclusion of women in clinical research was NIH policy, but it was not a law. But, in 1993, Congress wrote the NIH inclusion policy into Federal law, and titled it: Women and Minorities as Subjects in Clinical research.

The law has various requirements for NIH-funded research, a few being that the NIH must ensure that women and minorities are included in all clinical research, trials including women and minorities should be designed and carried out so that it is possible to analyze whether the variables being studied affect women and minorities differently than other participants and that monetary excuses are not valid to exclude women and minorities from studies.

Possible Solutions

The complexity of female misdiagnosis is shown not only in the causes but also the suggested solutions. The most significant solutions would likely call for a complete restructuring of healthcare systems and medical institutions, but these are drastic goals that the medical industry has not yet reached.

A good place to begin though, would be to teach doctors to put aside their personal biases and to listen to women's experiences as objectively and attentively as possible, without belittling details they consider irrelevant.

A significant thing to encourage is the empowerment of female patients so they can become more confident in themselves and when expressing their experiences. Women, though the goal is to obtain a non-biased healthcare system, should prepare for the opposite to be provided. By knowing their family history and health issues, asking questions without being afraid, planning their appointment, seeking second opinions and, if necessary, changing doctors, can all help women to avoid an unfortunate misdiagnosis.

Most importantly, the effort to increase the quantity and quality of research on the female body and the different ways illnesses manifest in women must continue and advance unconditionally to societal beliefs and stigmas. This should be enforced in all aspects of the medical industry, the education of future doctors and for companies wanting to run clinical trials who, as it is known, do not properly include women in said trials.

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