Towards a woman- friendly healthcare system

Egon and Ann Diczfalusy Foundation Meeting
Szeged, Hungary, November 10, 2009

It is a great honour to receive a medal with the name of Diczfalusy, and to join a list of distinguished past and future awardees.

Egon is a man I have always admired and continue to admire for what he is, for what he stands for, and for what he has done, and is still doing.
In the past, Egon and I used to have, on a regular basis, our head to head meetings, in which we address the world problems which needed our attention. More recently, limitations of age have made this important meeting very infrequent, which may partly explain the mess in which the world is today.
It is also a pleasure to receive this award in Hungary and in Szeged. I have always been a great admirer of Hungarian science, and I am proud to have been an honorary fellow of the Hungarian Ob/Gyn Society. I show this photo with my old good friend Lazlo Kovacs to document my credential.

The topic of my speech is:
TOWARDS A WOMAN- FRIENDLY HEALTH CARE SYSTEM
I have been in the profession of women’s health for half a century. I have seen great scientific advances in our field, but I, among others, have been questioning, from time to time, whether we are taking into consideration women’s perspectives and expectations in the services we are offering them.
“Too many women in too many countries speak the same language of SILENCE.”

Poem by Anasuya Sengupta, New Delhi

An Indian poet, Anasuya Sengupta, once wrote: “Too many women in too many countries speak the same language of SILENCE.” This is no longer the case. Women are now speaking up, and not only in the Fathalla household.

Women are speaking up; The health profession should listen.

The Platform for Action of the Beijing International Conference on Women in 1995 devoted a special section (23 paragraphs) to women’s health, and highlighted specific areas of concern, expressed by women themselves.
Women are speaking up and the profession should listen. When women of the world gathered in their International Conference in Beijing in 1995, the platform for action which they adopted, devoted a special section with 23 paragraphs to women’s health, and highlighted specific areas of concern, expressed by women themselves, about the healthcare system.

"The quality of women's health care is often deficient in various ways, depending on local circumstances”

Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995. Paragraph 103

I will quote, just as examples of some of the sentiments expressed, only two brief passages:

"The quality of women's health care is often deficient in various ways, depending on local circumstances”
Women are speaking up; The health profession should listen.

"Women are frequently not treated with respect, nor are they guaranteed privacy and confidentiality, nor do they always receive full information about the options and services available." 

Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995. Paragraph 103

And

“Women are frequently not treated with respect, nor are they guaranteed privacy and confidentiality, nor do they always receive full information about the options and services available.”

Towards a woman-friendly healthcare system

Ten Propositions
In this speech, I plan to submit, for your consideration, ten propositions on how we can make our healthcare system friendly to women. These propositions are partly about what the system has to learn, but also what the system has to unlearn.

Towards a woman-friendly healthcare system

Ten propositions

- Women are ends and not means

The first proposition is that women are ends and not means. Women have often been subordinated to society needs. Women were considered as means in the process of reproduction and as targets in the process of fertility control.
Reproductive subordination of women

Fertility control **of** women
and
Fertility control **by** women

With all their benefits to the quality of life of women, family planning programs have left women with some genuine concerns. Women have more at stake in fertility control than anyone else. Contraceptives are meant to be used by women to empower themselves by maximizing their choices, and controlling their fertility, their sexuality, their health and thus their lives. Family planning, however, can be used and has been used by governments and others to control rather than to empower women. Some governments were short-sighted, not to see that when women are given a real choice, and the information and means to implement their choice, they will make the most rational decisions for themselves, for their communities and ultimately for the world at large.

Few years back, at the time of the Cairo International Conference on Population and Development ICPD, I proposed a poster for a ten-point woman-friendly family planning service.
We are a woman- friendly service

• 1. We uphold the principle that family planning is a dignified behaviour based on voluntary informed choice.

• 2. We need your business. We are open at times of your convenience. Our outreach service is at your doorstep.

• 3. We excel in counseling.

• 4. We offer you a broad choice of contraceptive methods: old goodies and the best in the novelties.

We are a woman- friendly service (cont.)

• 5. We do not promote contraceptive methods for their demographic effectiveness. We do not subscribe to demographic targets or quotas.

• 6. We include in our inventory only methods that our service can deliver, ensuring your safety and your free informed choice.

• 7. We promote men’s participation and responsibility in family planning.
We are a woman-friendly service (cont.)

- 8. We offer sympathetic care and help if you are exposed to or get an unwanted pregnancy.

- 9. We care as much about protecting you from reproductive tract infections, as we care about protecting you from unwanted pregnancy.

- 10. Our service will not miss an opportunity to help you with other reproductive health needs or problems.

Towards a woman-friendly healthcare system

Ten propositions

- Women are ends and not means
  - A woman is not a womb; a woman has a womb

The second proposition is: “A woman is not a womb. A woman has a womb”. One attitude to dismantle in the profession of women’s health is to see the health of women only or mainly through their reproductive function and reproductive system.
"But first we must ask: what is a woman?. "Tota mulier in utero", says one, *woman is a womb*.

Simone de Beauvoir, The Second Sex, 1949

As Simone de Beauvoir, 1949 put it in her book “The second sex”: 
*But first we must ask: what is a woman? "Tota mulier in utero", says one, "woman is a womb".*
I use this slide in my first lecture to students in the Ob/Gyn course, to show how wrong it is to think of the woman as a mobile baby factory, or as a bag of potentially diseased pelvic organs always in need of medical attention to fix them. Health of women is more than the health of mothers and more than the absence of gynaecological disease.

"Each physician treateth one part and not more. And everywhere is full of physicians, for some profess themselves physicians of the eyes and others of the head, others of the teeth, and others of the parts about the belly, and others of obscure illness."

Herodotus (describing Egypt 2400 years ago)

As good as specialization and sub-specialization for the progress of medicine, they created a problem in our healthcare. We tend to see the part and forget about the whole. It has startled Herodotus in his description of Egypt 2400 years ago.

"Each physician treats one part and not more. And everywhere is full of physicians, for some profess themselves physicians of the eyes and others of the head, others of the teeth, and others of the parts about the belly, and others of obscure illness."

I wonder what Herodotus would have said today.
Towards a woman-friendly healthcare system  

**Ten propositions**

- Women are ends and not means
- A woman is not a womb; a woman has a womb
  - **Maternity is not a disease**

The next proposition is: “Maternity is not a disease”. Maternity is a privileged function of women, essential for the survival of our species. If women go on strike, and withdraw their “labour”, our human species will become extinct. Women risk their life to give us life.
The year 1998 was designated by the World Health Assembly to be a year for Safe Motherhood, under the slogan “Pregnancy is Special; let us make it safe”. Pregnancy is special in the sense that it should not be lumped with other causes of the burden of disease in the competition for allocation of resources.

Towards a woman-friendly healthcare system

**Ten propositions**

- Women are ends and not means
- A woman is not a womb; a woman has a womb
- Maternity is not a disease
- **Do not over-medicalize**

The next proposition is “Don’t over-medicalize”.

"In some countries, over-medicating of women's life events is common, leading to unnecessary surgical interventions and inappropriate medication."

Paragraph 103.

This is what women said in the Beijing conference:

“In some countries, over-medicating of women’s life events is common, leading to unnecessary surgical interventions and inappropriate medication.”

(Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995. Paragraph 103)
The rise of caesarean deliveries

In some countries the number of women delivering by caesarean section is increasing beyond all reason. In the early 1990’s, very high caesarean section rates were essentially a Latin American phenomenon. It appears that the “epidemic” is now expanding throughout the world, with the exception only of the African Region.

(World Health Report 2005)

One example of this over-medicalization is the rise of Caesarean section. As expressed in one of the World Health Reports, “Caesarean section rates are increasing throughout the world. In some countries the number of women delivering by caesarean section is increasing beyond all reason. In the early 1990’s, very high caesarean section rates were essentially a Latin American phenomenon. It appears that the “epidemic” is now expanding throughout the world, with the exception only of the African Region.”
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**Ten propositions**

- Women are ends and not means
- A woman is not a womb; a woman has a womb
- Maternity is not a disease
- Do not over-medicalize
- **Medicine should re-discover its social roots**

The next proposition is that “Medicine should rediscover its social roots”.

“**Whoever wishes to investigate medicine properly should proceed thus:**
in the first place to consider the seasons of the year...Then the winds...
In the same manner, when one comes into a city in which he is a stranger, he should consider its situation, the water which the inhabitants use... and the mode in which the inhabitants live, and what are their pursuits.”

Hippocrates, 400 BC

Hippocrates, 400 BC, wrote: “**Whoever wishes to investigate medicine properly should proceed thus:** in the first place to consider the seasons of the year...Then the winds... In the same manner, when one comes into a city in which he is a stranger, he should...
consider its situation, the water which the inhabitants use.. and the mode in which the inhabitants live, and what are their pursuits.”

From the time of Hippocrates, medicine has been practiced in a social context. The conditions in which people live and the ways in which they behave were of great significance to the practice of medicine. Spectacular scientific advances had, however, a tremendous impact on the practice of medicine. As we, physicians became more technically oriented, we became less socially conscious. As we learned more about cell and molecular biology, we tended to forget that these molecules and cells constitute human beings with a social life of their own. While social consciousness is important in all the practice of medicine, it is highly important in the field of women’s health.

“Women’s health involves their emotional, social and physical well-being and is determined by the social, political and economic context of their lives, as well as by biology.”

Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995. Paragraph 89

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- Medicine should re-discover its social roots

➢ The profession should be gender conscious

The next proposition is that the profession should be gender conscious. Research data and service statistics should be disaggregated not only by age, but also by sex, and appropriate conclusions are to be drawn for improvement of gender-sensitive health services.

“Lack of awareness, or "gender blindness", on the part of policy makers and managers frequently leads to gender bias and to the prioritization of male interests in decision-making.”

United Nations Expert Group Meeting, Tunis 1998, on “Women and Health- Mainstreaming the Gender Perspective into the Health Sector”.

A United Nations Expert Group Meeting, on “Women and Health- Mainstreaming the Gender Perspective into the Health Sector”, concluded that “lack of awareness, or “gender blindness”, on the part of policy makers and managers frequently leads to gender bias and to the prioritization of male interests in decision-making.”

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- The profession should be gender conscious

➢ **Women are an integral part of the healthcare system**

The next proposition is to give due recognition to “Women as an integral part of the health system”. Women are not only beneficiaries of the health system. They are part of it.
Women are an integral part of the health system

- Women as caregivers
- The nursing profession
- Women as doctors

**Women as caregivers**
Health care at home is largely in the domain of women. Home care of the sick is where somewhere between 70 percent and 90 percent of all sickness is managed. This particularly applies to the health care of children and the elderly. Women even tend to put a higher priority on their health care function than on their own health care needs. Cost-cutting efforts in health care reform often involve early release from hospital without adequate medical, nursing and home support services in the community. This penalizes middle-aged and older women who are left to care for people who are acutely or chronically ill, with little or no professional support.

**The nursing profession**
In many countries, the knowledge and skills of nurses and midwives are still not acknowledged, and often under-utilized. The general public in many countries still largely perceives of nurses as handmaidens of doctors. To a large degree, nursing and midwifery reflect the status of women in society.

**Women as doctors**
In modern times, the entry of women in the medical profession was an uphill struggle.
A woman who dared

Elizabeth Blackwell was rejected by all the leading schools to which she applied, and almost all the other schools as well. When her application arrived at Geneva Medical College in New York (now Hobart and William Smith College), the administration asked the students to decide whether to admit her or not. The issue was put to a campus vote. The students, reportedly believing it to be only a practical joke, endorsed her admission.

This is the story of one woman who dared. Elizabeth Blackwell was rejected by all the leading medical schools to which she applied, and almost all the other schools as well. When her application arrived at Geneva Medical College in New York (now Hobart and William Smith College), the administration asked the students to decide whether to admit her or not. The issue was put to a campus vote. The students, reportedly believing it to be only a practical joke, endorsed her admission.
A woman who dared (cont)

When they discovered that she was serious, both students and the people in the town were horrified. She had few allies and was an outcast. At first, she was even kept from classroom medical demonstrations, as inappropriate for a woman. Most students, however, later became friendly, impressed by her ability and persistence. Elizabeth Blackwell graduated first in her class in January 1849, becoming thereby the first woman to graduate from medical school, and the first woman medical doctor in the modern era.

Times have changed since Elizabeth Blackwell. The medical workforce in many countries is being increasingly feminized. But are medical doctors getting the recognition they deserve? Not yet.
Enabling women in medicine to reach the top

Practical proposals to aid women to reach the most senior appointments in clinical and academic medicine were announced in the UK last week. Commissioned by the Chief Medical Officer, “Women doctors: making a difference”, outlines clear recommendations for the Department of Health, which, if implemented, will go far to remove current obstacles to career progression to the very top for women in medicine.

Editorial:
The Lancet 24 October 2009

A Lancet editorial only two weeks ago runs the title “Enabling women in medicine to reach the top”. The editorial comments on a report just released by a special commission in the UK on “Women doctors: making a difference”. The report outlines recommendations to the Department of Health, which, if implemented, will go far to remove current obstacles to career progression to the very top for women in medicine.

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- Women are an integral part of the healthcare system

> Care versus cure
The next proposition is about “Care versus Cure”. In the field of women’s health, different from other medical disciplines, most clients are often healthy people, which imply a difference in the patient-doctor relationship. Women are increasingly resenting being objectified in their fundamental physiological roles. When they feel that what they need is tender loving care, they sometimes get instead what they perceive as a depersonalized, mechanized, mystery-clouded medical service.

The pride in the application of scientific knowledge and Biomedical technology is creating an “emotional gap” in the care of patients. The humane physician is becoming an endangered species.

Throughout human history, medicine has been recognized as a profession for both care and cure. Unfortunately, the pride in the application of scientific knowledge and biomedical technology is now creating an “emotional” gap in the care of patients. Machines now stand between physicians and their patients. The humane physician is becoming an endangered species. In the field of health care, nowhere is this combination of "care" and "cure" needed as in the noble profession of women's health.
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- Care versus cure

➤ **Equity please !**

The next proposition is about “Equity”.
A major barrier for women to the achievement of the highest attainable standard of health is inequality, both between men and women and among women in different geographic regions, social classes and indigenous and ethnic groups. Inequalities in health are a fact of life. Inequalities in health become inequitable when they are unfair. They are unfair when they stem from factors that society can do something about, such as differential availability and access to health care services and differential exposure to risk factors. Health equity means the provision of equal health services for all those with equivalent needs, and the provision of more or enhanced services to those with greater needs.

However, there is “An inverse care law”, described by Hart (1971), which indicates that the availability of good medical care tends to vary inversely with the need for it in the population served. As new public health interventions and programs initially reach those of higher socio-economic status, and only later affect the poor, there are early increases in inequity ratios for coverage, morbidity and mortality indicators. Inequities only improve later when the rich have reached new achievable levels of improvements and the poor gain greater access to the intervention. And where people are poor, women are the poorest of the poor.

The inverse care law

The availability of good medical care tends to vary inversely with the need for it in the population served.

Hart JT.1971. The Lancet 297:405-12
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- Care versus cure
- Equity please!

➢ **Beware! The Homo dogmaticus**

My last proposition is “Beware- The Homo dogmaticus”. The Homo dogmaticus is a minority but vocal sub-species of the Homo sapiens.

The Homo dogmaticus
And
The Homo scientificus

Egon Diczfalusy

It was also described by the ever young scientist from Ronninge, Sweden, as a contrast to the “Homo scientificus”..
Unfortunately, women and women’s health are often targeted by the Homo dogmaticus. Let me just share with you one story as example.

When the Scottish obstetrician James Young Simpson introduced obstetric analgesia (pain relief during labor) in the nineteenth century, there was uproar from the clergy, all of whom are men. Misinterpretation of the biblical scripture “in sorrow thou shalt bring forth children” resulted in denial of pain relief to women, as suffering in labour was believed to be consistent with the divine intent. It was only after Queen Victoria needed and used the analgesia in the birth of her eighth child that the resistance was dropped.
I finally share with you this slide, which is close to me heart. It was Egon’s 75th birthday and it was here in Hungary. I hereby solemnly pledge that on Egon’s one hundred birthday, if I am still around and mobile, I will be here to celebrate. In the unlikely event that I will be in a life hereafter, I will make sure to send my sincere blessings from there.
Thank you
KOSZONOM