



Status of gender specificity in medical education across Europe



Eva Swahn

No conflicts of interest to declare

Hippocrates



"... In every house where I come I will enter only for the good of my patients, keeping myself far from all intentional ill-doing and all seduction and especially from the pleasures of love with women or with men, be they free or slaves.."

•Source: <http://www.ship.edu/~cgboeree/oath.html>

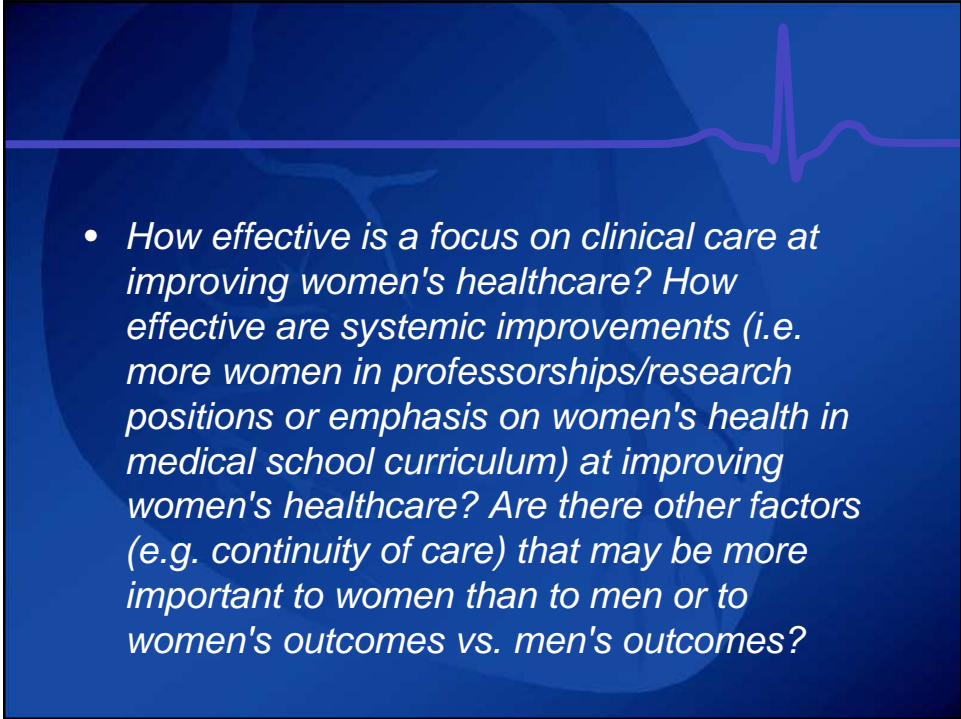


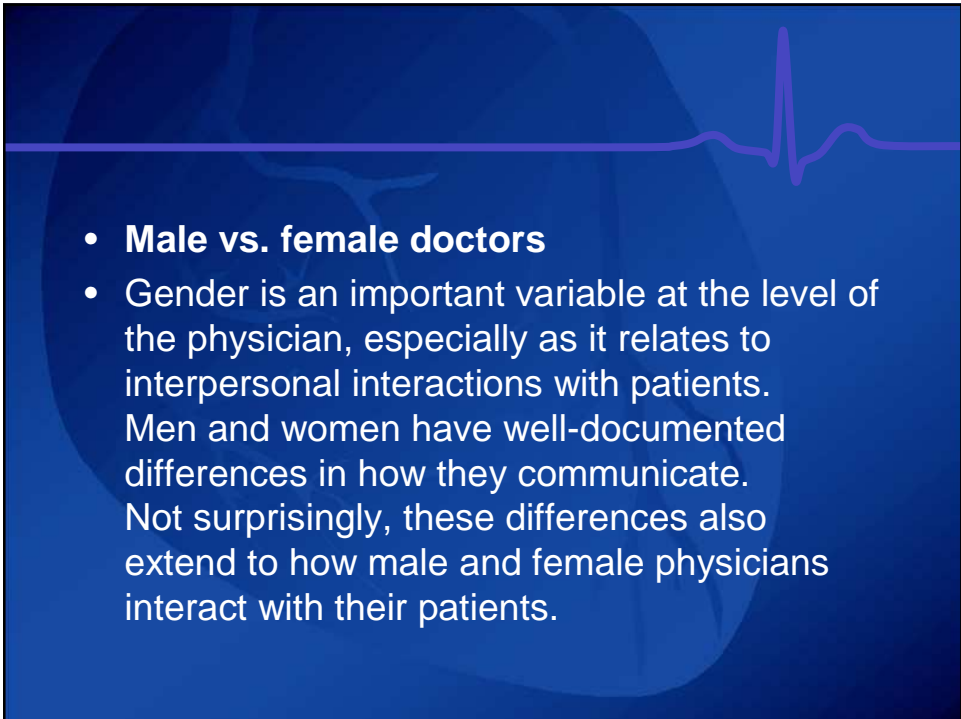
Equity and/or equality?

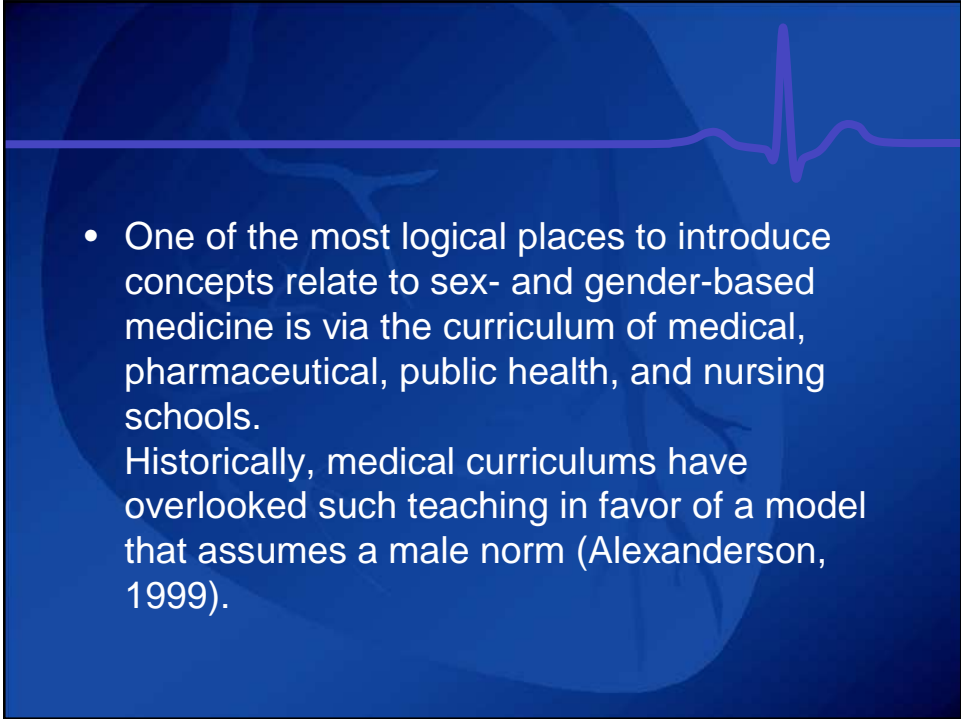


Search

- While such **education** does not have to be a **gender-specific** issue, **across Europe** no such teaching model exists, within the scope of **medical education**. ...

- 
- *How effective is a focus on clinical care at improving women's healthcare? How effective are systemic improvements (i.e. more women in professorships/research positions or emphasis on women's health in medical school curriculum) at improving women's healthcare? Are there other factors (e.g. continuity of care) that may be more important to women than to men or to women's outcomes vs. men's outcomes?*

- 
- **Male vs. female doctors**
 - Gender is an important variable at the level of the physician, especially as it relates to interpersonal interactions with patients. Men and women have well-documented differences in how they communicate. Not surprisingly, these differences also extend to how male and female physicians interact with their patients.

- 
- One of the most logical places to introduce concepts relate to sex- and gender-based medicine is via the curriculum of medical, pharmaceutical, public health, and nursing schools.

Historically, medical curriculums have overlooked such teaching in favor of a model that assumes a male norm (Alexanderson, 1999).



Status in Europe today?

Gender mainstreaming in the Netherlands

Gender can be successfully implemented when for instance:

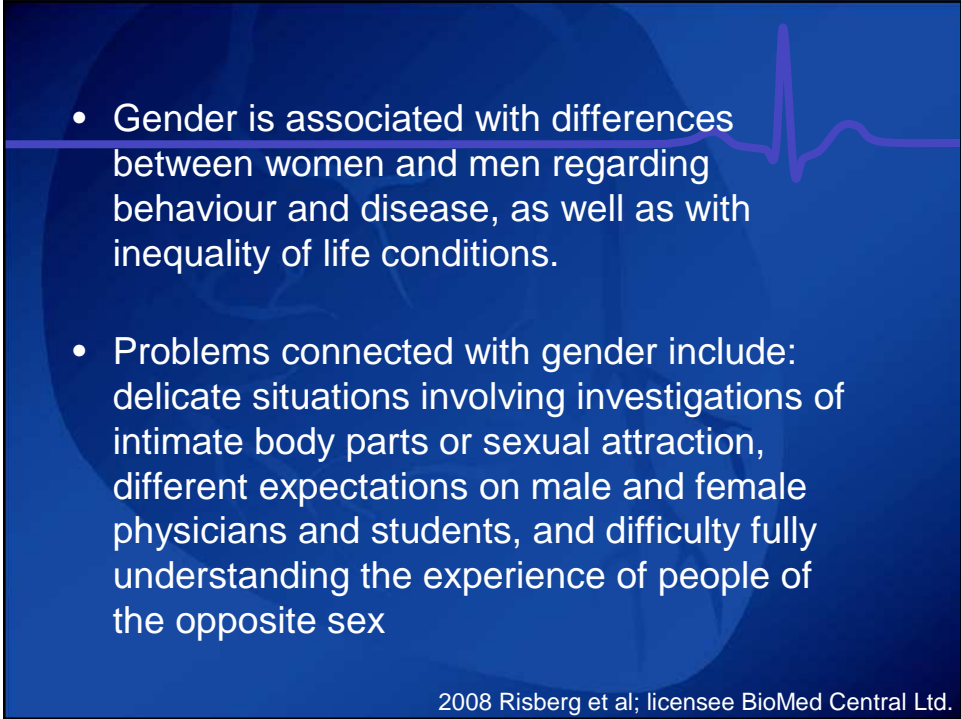
1. Concrete and directly executable recommendations are offered
2. An enthusiastic trigger person within the faculty keeps gender issues on the agenda
3. Recommendations are firmly embedded within the existing programme
4. Course organizers are involved in decision-making
5. Practical support is offered

Verdonk et al 2005

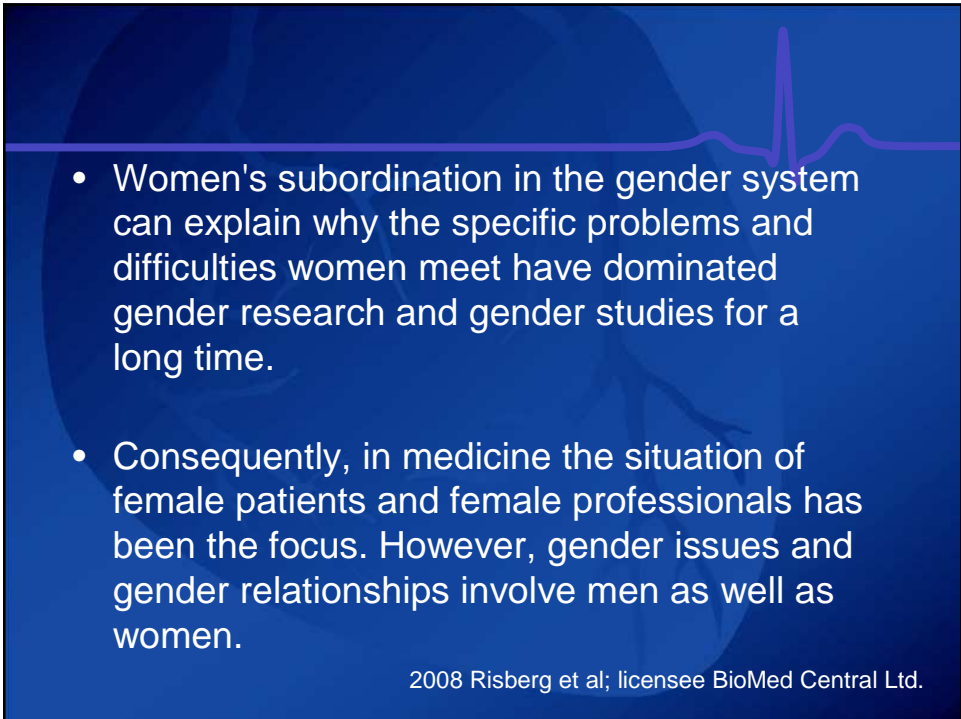
Attitudes toward and experiences of gender issues among physician teachers: A survey study conducted at a university teaching hospital in Sweden

- Gender issues are important to address during medical education, however research about the implementation of gender in medical curricula reports that there are obstacles.

2008 Risberg et al; licensee BioMed Central Ltd.

- 
- Gender is associated with differences between women and men regarding behaviour and disease, as well as with inequality of life conditions.
 - Problems connected with gender include: delicate situations involving investigations of intimate body parts or sexual attraction, different expectations on male and female physicians and students, and difficulty fully understanding the experience of people of the opposite sex

2008 Risberg et al; licensee BioMed Central Ltd.

- 
- Women's subordination in the gender system can explain why the specific problems and difficulties women meet have dominated gender research and gender studies for a long time.
 - Consequently, in medicine the situation of female patients and female professionals has been the focus. However, gender issues and gender relationships involve men as well as women.

2008 Risberg et al; licensee BioMed Central Ltd.

Statements on the importance of gender

- 1. The patient's gender is of importance in consultation.
- 2. My own gender is of importance in consultation.
- 3. The gender of the medical student is of importance in clinical tutoring.
- 4. My own gender is of importance in clinical tutoring.
- 5. My own gender is of importance in my professional relationships, for example with colleagues, medical staff or in research.

2008 Risberg et al; licensee BioMed Central Ltd.

Training GPs

- Teaching and learning gender-specific medicine is feasible in GP training.
- GP registrars found gender-specific medicine important and interested to learn.
- We recommend and encourage stakeholders of medical schools to provide learning opportunities in GM to GP registrars.

Dielissen et al. *BMC Medical Education* 2009, **9**:58 doi:10.1186/1472-6920-9-58

Conclusion

- So far, medical curricula have not been transformed neither by the growing research on women's health issues nor by the growing numbers of female students in medical school.
- Disregard for gender in the curriculum affects not only health care provision towards patients, but it effects men and women in the workforce as well



Reflections?



Thank you for your attention!