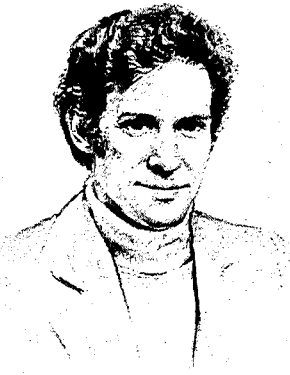


# JOURNEY TO HEALTH



Mark Bricklin

## Male Doctors, Female Patients: Can This Marriage Be Saved?

There's a lot of hidden sexual action that takes place in the typical medical encounter. Now, before you think you've accidentally tuned in to a soap opera, let me assure you that the sexual activity I'm talking about has nothing to do with love, lust or even flirtation. But it has a lot to do with the way certain patients are treated in medical encounters and how their lives may be changed for better or for worse as a result.

Those "certain" people I'm talking about are women.

First, consider that although the population of our country is just about 50-50 so far as men and women are concerned, 90 percent of doctors are *men*. At the same time, women average about 25 percent more visits to doctors than men. Therefore, the overwhelming number of doctor-patient interchanges which take place consist of a male doctor and a female patient.

That may not sound very sexy, but if you happen to be a woman, it may mean that the information, advice, prescriptions and state-of-mind that you leave a doctor's office with may be influenced to a very high degree by the mere fact that you *are* a woman.

Have you, for instance, ever had an exchange with a physician that went something like this:

**Doctor:** Hello, Mrs. Reilly. What seems to be the matter?

**You:** Well, I've been suffering from headaches and backaches for several months now and I'd like to find out what's causing them.

**Doctor** (after a brief examination): You seem to be in good health to me, Mrs. Reilly. I can't find anything wrong.

**You:** I thought you'd give me more of an examination. And ask me more questions.

**Doctor:** Well, Jane, I really don't think they're necessary in your case. These problems are really very common among women.

**You:** When Harry, my husband, had back trouble, the doctor gave him a lot more tests and asked him a lot of . . .

**Doctor:** Have you tried taking aspirin?

**You:** Yes, but it didn't help much. What I want to know is, what *causes* backaches?

**Doctor:** Many things. Stress, tension, overexertion . . . you haven't been laying bricks lately, have you (heh-heh)?

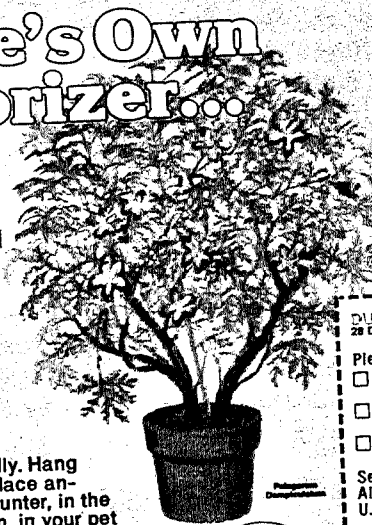
**You:** No, I'm just trying to get to the root . . .

**Doctor:** Age is also a factor, Jane. Backaches are very common among older women. It's usually nothing serious, nothing to worry about.

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You: Well, I *am* worried! Why should I have to . . .

Doctor: I'm just going to write you this prescription here which will probably do the trick.

You: What is it?

Doctor: It's just something for the pain.

You: No, I mean what *is* it? What drug?

Doctor: It's a muscle relaxant, very safe, just a small dose.

You: What's the *name* of it?

Doctor: Valium, just a small dose.

You: Are there any side effects?

Doctor: Jane, I wouldn't give you anything that could harm you. I think this could be just what you need.

You: Why?

Doctor: Because I've been practicing medicine for 12 years, that's why.

You (after an awkward pause): Well, what about food and vitamins? Do you think I could be drinking too much coffee? Or not getting enough calcium? What about calcium supplements?

Doctor: Mrs. Reilly, I really don't have time to get into food fad-dism. If you eat a normal diet, you definitely don't need supplements.

You: But I *do* need Valium?

Doctor: Mrs. Reilly, are you very upset right now?

You: Yes, I think I am.

Doctor: Give me back the prescription for a minute; I think I'll just up the dose to 10 milligrams.

While this little bit of dialog is fictitious, it's also factual, because it's based on serious, scientific studies of the interplay between male doctors and female patients, and how women are treated differently than men.

### Men's Problems Taken More Seriously

One recent study that investigated the possibility of sexual bias in medical treatment focused on the manner in which nine doctors, all men, examined 52 married couples. Selecting a number of complaints that are not related to a person's sex, the researchers—one woman and two men—concluded that the doctors paid a lot more attention to problems troubling men than when the very same problems were bothering women.

Whether the problem was fatigue, dizziness, headache, chest pain or low back pain, it was the same story—the men were given a much more thorough "workup"—including history taking, physical examination and laboratory procedures.

It's possible, say Karen J. Armitage, M.D., and colleagues, that

again, they admit, "The data may bear out what many critics already claim: namely, that the physicians—who in this study were all male tend to take illness more seriously in men than in women. In doing they might be responding to current stereotypes that regard the male as typically stoic and the female as typically hypochondriacal" (*Journal of the American Medical Association*, May 18, 1979).

There's that word—*hypochondriac*. Someone who is always complaining of ill health, most or all of which is imaginary. A touchy subject, but one recent study shed some light on this murky, emotional area by using a coldly scientific approach. It was so cold, in fact, that the patients didn't even exist. What the researchers did was to create eight "simulated" cases, or people who existed only on paper, and submit them for comment to a large group of doctors. In each case, the sex of the patient was noted, but the information was balanced so that there was no logical basis whatsoever for believing that the women were any more likely than the men to be suffering from emotional rather than physical problems.

Yet, when the interpretations of the doctors were analyzed, it was discovered that the simulated women's complaints were 30 percent more likely to be judged as influenced by emotional factors than men's complaints. What's more, their complaints were twice as likely to be identified as psychosomatic—or entirely emotional in origin.

Here's another fascinating little tidbit of information revealed in this study conducted at the department of medicine, University of California at Los Angeles. In simulated cases where it was noted that both male and female patients had mentioned personal problems, doctors handed out "psychosomatic" labels with equal frequency to each sex. But listen to this: In cases where neither the man nor the woman mentioned anything about a personal problem, only two percent of the men received a psychosomatic diagnosis, but 14 percent of the women did—seven times as many (*Clinical Research*, April, 1980).

Could these interesting findings have anything to do with the fact that two out of every three prescriptions for tranquilizers and mind-altering drugs are handed out to women? That remains an unresolved question, but it certainly makes you think.

The above study isn't the only one suggesting that doctors (male doctors, anyway) have a possible tendency to view women's health problems as psychosomatic for no other reason than sex. Jacquelin Wallen, Ph.D., in association with two physicians, actually taped and recorded over 300 patient-doctor encounters and then analyzed them. They discovered that, indeed, doctors are "more likely to consider the psychological component of the patient's illness important when the patient was a woman." Not only that, but the doctors (all of who

were male) were also "more pessimistic about the health of their female patients than about the health of their male patients." Curiously, this pessimism had little if any basis in rational fact, because when all the cases were reviewed, "women were somewhat more apt to be diagnosed as physically well" (*Women & Health*, Summer, 1979).

### Women May Be 'Talked Down To'

In the fictitious dialog with which we began this article, the woman patient asked the doctor many questions. Dr. Wallen found that, indeed, women patients do ask more questions than men. What's more, at least in her study, they also got more answers from their doctors. But there is a big difference between the *kind* of answers women got and what the men got. In a nutshell, the women were "talked down to" by the doctors. When dealing with male patients, the doctors tended to answer questions with about the same level of technicality with which the questions were asked. But when women asked a question, doctors tended to answer it in *less* technical terms than those the question had been asked in.

In the words of the authors, "Women appeared to experience considerable frustration in their encounters with the physician . . . in fact, since women received significantly more explanations than men, but not significantly more explaining time, it is possible that many of the explanations they received were brief and perfunctory. Or, put differently, the men may have received fewer but fuller explanations."

One possible explanation, of course, is that male doctors tend to think that their women patients aren't very bright or educated. But there is another, perhaps more likely explanation, which the authors suggest as a possibility. To the extent a doctor believes that a patient's underlying problem is emotional, he will tend to see her questions "as reflections of psychological needs or emotional dependency rather than as a direct approach to the problem of getting well."

But there's another source of trouble. If a doctor does not interpret a woman's question as basically an expression of emotional dependency, he may take it as a personal challenge to his authority. We heard some of that in our dialog with Mrs. Reilly. Alexandra Symonds, M.D., a New York psychiatrist, has written that women today are becoming more informed about their bodies and health, and are often less passive in accepting the authoritarian advice of others. Unfortunately, she says, doctors may "see any questioning by a patient as defiance and challenging to their authority rather than as an attempt to gain more knowledge" (*New York State Journal of Medicine*, February, 1980).

Why do male doctors have such an attitude? The simplest explanation, perhaps, is that the study of medicine is so intensively content-

oriented that there's very little time—let alone desire—to teach you doctors much about relating on a personal level to a patient. A patient is simply the person whose chest is at the other end of the stethoscope.

Medical textbooks don't help matters any. According to Dr. Symonds, a study of 25 medical textbooks showed that they perpetuate the image of women as passive and submissive. Menstrual problems and even nausea of pregnancy are passed off as usually the result of personality problems. One book, on obstetrics and gynecology, states among other gems, that "The traits that compose the core of female personality are feminine narcissism, masochism and passivity."

Reinforcing these same stereotypes are many advertisements in medical journals. Such advertising, says Dr. Symonds, "Regularly portrays women as sick, helpless or troublesome as patients, often making derogatory and patronizing comments. . . . When male patients are portrayed in advertisements with the same illness, such as hypertension or diabetes, they are seen as healthy and actively involved in sports or at work."

### Things Are Changing for the Better Now

Perhaps what's most important about all this is that it's changing. The very fact that articles exposing sexual bias are being published in medical journals is a sign that such behavior is no longer acceptable. Helping speed things along are many women's self-help groups, and books written to help women better understand their own bodies and health needs.

Another sign of major change is seen in the fact that fully 25 percent of medical students today are women. When these women doctors begin working their way into practice, and perhaps begin luring female patients away from male doctors, the men may get the idea that it's time to make a change. According to projections, we may soon have such a superabundance of doctors in the United States that this kind of change may become necessary for many to hold on to their patients.

Meanwhile, it seems to me, women should be aware that there is a *possibility* that their physicians may be reacting to them in somewhat irrational ways. Be aware that you *may* be getting shortchanged in terms of a medical workup, that your problem *may* be too quickly diagnosed as psychosomatic, and—here is the hard part—that your physician *may* get very "uptight" if you accuse him of doing any of these things! So be firm, but gentle. If you let him understand that you're only trying to avail yourself of all his knowledge and experience, he should have no reason not to cooperate.

In truth, anyone who can get a doctor into the habit of being more honest and objective with his patients is doing him one of the most valuable favors he could ever receive.