

## Issues with male centric medicine

### Why in news?

It is time for policy intervention in the space of gender-specific research in medicine, with India's G-20 presidency an ideal time to highlight this issue.

### What is the background of the issue?

- 3 decades ago, the U.S. National Institutes of Health (NIH) Revitalization Act of 1993 mandated the inclusion of women and minorities in clinical trials in a bid to reduce health disparities.
- Yet, to date, the male model of medicine is thriving, and so is the tendency of treating women as smaller men despite a growing body of research insisting on physiological differences between the sexes.

### What is the status of Generic drugs and trials across the globe?

- **India** - In India, the gender disparity in clinical trials has even bigger implications because of generic drug production and consumption.
- It has been demonstrated in various studies that women's bodies respond differently to the components of generic drugs.
- **Australia** - The country recently included women in clinical trials for generic medicine.
- It was observed that one-fifth of medications showed a difference in the active dose between men and women.
- Women have been either overdosing, as in the case of Zolpidem, a common sleep medicine, or not getting enough, as in the case of several pain medicines.
- This is because of the under-representation of women in clinical trials.

### What is the status of mental health?

- It is not just about treatment but also testing and diagnosis where women have been getting a rough deal.
- For instance, in Tamil Nadu, 26% of men and 31% of women aged 61-70 have symptoms indicating a high likelihood of depression.
- The depression rates and the prevalence of anxiety are higher for women than for men worldwide in general.
- Women with an early onset of depression are less likely to obtain college degrees and less likely to pursue postgraduate degrees.
- This leads to the vicious cycle of women's under-representation in various fields.

*Pregnant women are further down the ladder of representation in clinical trials and research.*

### **How cardiac issues affect women differently than men?**

- Like depression, cardiac issues are now acknowledged as having a slightly more prevalence in women.
- Yet, they continue to be diagnosed and treated like lesser men.
- Various studies demonstrate that women are less likely to receive appropriate medications, diagnostic tests and clinical procedures even in developed countries such as Canada and Sweden.
- The stereotype of the hysterical woman continues to haunt women even when they need urgent clinical interventions.

*Female Hysteria was focused on the belief that the very presence of a uterus must cause these symptoms.*

### **What are the gaps that can be linked to lack of female centric medical research?**

- The exclusion of women from clinical trials for critical illnesses such as cancer and heart disease has resulted in a limited understanding of sex-specific symptoms and responses to treatment.
- For sex-specific illnesses such as breast cancers, polycystic ovarian syndrome, and pregnancy-related issues, there are serious gaps in research.
- Recent studies show that the funding received for research in migraine, endometriosis and anxiety disorders is much lower in proportion to the burden of these illnesses.

*World Health Organization data from 2017 show that every day about 808 women die due to complications of pregnancy and childbirth.*

### **What can India do?**

- India has several progressive policies with respect to women's health including the right to abortion.
- It is time for policy intervention in the space of sex-specific research in medicine and the implementation of outcomes.
- India's G-20 presidency may be an opportune time to highlight this issue in alignment with Sustainable Development Goals on women's health.

### **What is the way forward?**

- All these issues can only be explained by an apathy towards women's only issues.
- In an equitable world, women would be accepted as an individual category, with race, age and class as subcategories.
- And an equal amount of time and resources would be spent in finding and providing

treatment and health care.

- How can women even aspire to have access to equal health care when their ailments are not even understood?

## References

1. [The Hindu | Male-centric medicine is affecting women's health](#)
2. [The Washington Post | How doctors dismiss women's pain?](#)

