



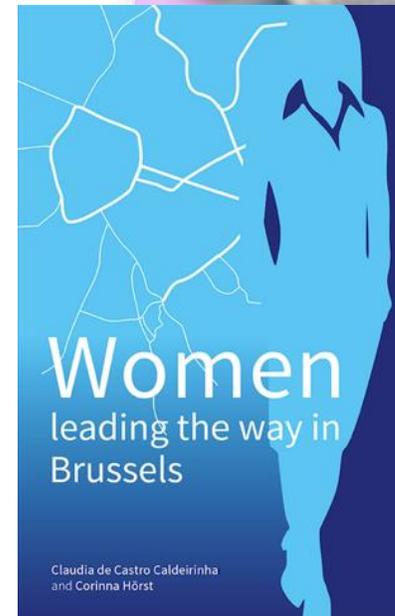
REDScope
CONSULTING

Health, Women & Bias

The Importance of Diversity in Clinical Trials

Leadership Professor

- 20 years of global experience
- Expertise in Leadership Development, Gender Equality, Diversity & Inclusion
- Author, Speaker, Executive Trainer & Coach
- CEO of REDSCOPE Consulting



The (horrifying) facts and figures of a Canadian study

When women are **operated by a man** instead of a woman...

32%

More likely to **die**

15%

More likely to suffer
serious complications



Analysis of the **correlation** between the **gender of the patient**, the **gender of their surgeon** and the **outcome** of surgery

1,3M Patients
10 Years

- 1. Men had the same results** whether their surgeon was a man or a woman.
- 2. Women had worse results** (more complications, hospital readmissions and deaths) when operated on by a man.

"Implicit gender bias" might lead surgeons to discriminate against women

90%

the world's population has some form of **gender bias** against women (United Nations).

- **Gender bias in healthcare is a critical**, well-documented problem.
- **It affects diagnosis, treatment, and health outcomes**, reducing the quality and effectiveness of healthcare.
- It is a **component of sexism** which is a major cause of inequity worldwide, including health inequity.

Women's symptoms not always fit the male-standard "medical norm":

Example: an outright refusal of an apparently wrong diagnosis may be seen perceived as hysteria in women.

Too many doctors think that a woman's symptoms are "mostly in her head" (psychosomatic illnesses).



WOMEN'S CARE is often based on what is considered the "**standard person**": a young white man?

MEDICAL STUDIES, throughout history, have excluded women participants.

SYSTEMIC BIAS in the design of tests and clinical trials, regulatory approval and clinical use of drugs, therapies, implants and prostheses.

QUESTIONING OF SYMPTOMS may then lead the patient to doubt her perception and "learn to live with it".

DELAY in making a correct diagnosis, in some cases, can mean the difference between life and death for women and this discriminatory medical attitude is a form of **GASLIGHTING**.

MARGINALISATION of women's symptoms puts them at **enormous risk**.

Women remain invisible in medical research

MEDICAL DIAGNOSIS & WOMEN

Women are diagnosed later than men in more than **700 diseases** such as



Cancer: 2,5 years later than a man

Diabetes: 4,5 years later

According to the Canadian study, "**women with heart attacks are more likely to die when treated by a man compared to woman.**"

Women also receive **fewer** and less effective **painkillers** **more** prescriptions for **antidepressants** and **more referrals** to **mental health services**.



70%

of the world's **health professionals are women** (World Health Organization)

However, nowadays, **women are under-represented in medical journals and leadership positions**, which limits the influence women can have on medical research

Many **academic institutions are working to improve representation of women and other genders** and have adopted anti-discrimination policies

SURGERY

is the field where the disparities are greatest, and it remains a male-dominated field.

WOMEN SURGEONS

In the EU, we have an average of 30-40% of women surgeons, while in some countries it is as low as 20%.

GENDER BALANCE

The UK does **NOT** have gender balance – 86% of their consultant surgeons are men.



DATA The EU does not have enough reliable data based on these gender variables.

RESEARCH More large-scale research to understand the reality the different health areas in different Member States is needed.

POLICIES Our equality policies are similar to Canada's, hence we could expect to reveal similar or even worse findings.

REPRESENTATION The under-representation of women in surgery is detrimental to women's health.

The EU is still only seeing the tip of a huge "iceberg" of discrimination that occurs in health-care.

We need to **step up our efforts to eliminate gender bias** in medical diagnosis, research, practice and treatment protocols.



And now... how do we tackle this situation?

1. **The EU needs more research** with facts and figures from each EU country and within the EU, correlating health data with sex and gender, social behaviour, processes, environmental and economic conditions, etc.
2. **More political determination** and commitment in this matter is a must.
3. Undoubtedly, we need **more women in surgery**.
4. We need to create an inclusive academic/institutional/professional culture where **women surgeons can have equal opportunities**.
5. We need more training, mentoring and **empowerment to combat gender bias** and discrimination in all our health systems.
6. **Doctors need to listen to women** because “the first step is awareness” and “biases are not moral failings; they are habits of mind. With effort, bad habits can be changed.”

**To all WOMEN:
do not be afraid to ask for a second or third opinion if you
think you are not receiving quality healthcare!**



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