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Gender Inequalities in Medical Care

In recent history, more attention has been given to the trend of misdiagnosis, dismissal, and gaslighting of female patients in the medical setting. Women are repeatedly told and shown that their symptoms are not real or not important. Sebring explains the issue in this way, "Medical gaslighting is not a new issue. It may not have been called by the same name, but the invalidation, dismissal and disregard of women's health have been a long-standing practice"(Sebring 1960). This is a relevant issue to direct attention to because it has a significant impact on at least half of the population.

It not only affects the patient experience but has also been shown to cause misdiagnosis of several disorders. In her peer-reviewed article, Floyd states that women looking for accurate medical diagnoses are often overlooked and misdiagnosed. She even estimates that over fifty percent of females diagnosed with depression are misdiagnosed (403). This is a huge problem because potentially life-threatening diseases or disorders that impact the quality of life could be passed off as depression or a number of other incorrect diagnoses. The existence of mistreatment and misdiagnosis of women patients has been shown in multiple studies, but researchers have not been able to agree on a reason for it.

Based on the evidence, Misdiagnosis, dismissal, and mistreatment of women sprouts from the sexist ideals that are still present in today's medical studies, mistrust of women, and

persisting misogynistic language that impacts the medical opinions of women patients. This is important because living in the twenty-first century, this problem should not exist. These false ideas about women and their implications are all rooted in old-fashioned and untrue ideas about women's minds and bodies. Finding solutions for the problem starts with acknowledging and recognizing the reasons behind it.

Medical studies are impacted by a lack of gender diversity and therefore contribute to the sexist issues persisting in the medical field. Medical studies tend to use a disproportionate amount of men when compared to women subjects. This is ultimately caused by the lasting misogyny in studies that has no apparent or useful reason. This might be caused by the illusion that women do not belong in the medical community. This is grossly untrue and outdated and this idea needs to be overturned.

Decreased representation affects the accuracy of these studies for women. It has long been known that men and women are different and therefore will yield different results in certain studies. Sugimoto explains this in their article, "Clinical and preclinical studies have shown that there are sex-based differences at the genetic, cellular, biochemical, and physiological levels. Despite this, numerous studies have shown poor levels of inclusion of female populations into medical research"(550). It is clear that this contributing factor to bias medical care is purely based on outdated and misogynistic views.

The scary part of this injustice is that these medical studies that are based on men's bodies determine symptoms, diagnosis, and treatment in the medical community. Data geared towards men will not be accurate for women. This can cause extreme disadvantages and leads to symptom dismissal for women presenting with symptoms differing from the studies.

Education on inclusive education has been shown to be effective in producing studies effective for both genders (Dungs). If studies were uninclusive for a good reason, they would not be so simply fixed only by educating the study groups on sexist behaviors. This clearly shows that the disclusion of women in studies is based purely on implicit bias. These biases run all the way back to the patient and affect women's health care.

Some may argue that these studies are still effective for everybody because of the large sample sizes and supposed diversity. However, evidence still shows that diversity in medical studies including gender, ethnicity, and race is still severely lacking. The majority of sample participants in medical studies are white men. This is not only not good for population representation, but it is severely limiting studies by only using one group with supposed diversity.

Different groups and minorities are not all the same and not everyone has the same biology and makeup as the main population. It is important to start including several study groups that study differences instead of pretending everyone is the same. True equality is recognizing everyone is different and accepting, celebrating, and accounting for those differences, especially through medical care. This is how the medical industry can show that they really do care about the misogynistic injustices present in current studies.

Another reason for the dismissal, misdiagnosis, and mistreatment of women is purely the mistrust of women patients by medical professionals. Physicians often do not trust women to accurately convey symptoms, pain levels, and suggestions. This is often not intentional, but a result of implicit bias. Anxiety is a frequent diagnosis to explain numerous symptoms and women are told that it is all in their head. The main problem here is that the doctor believes that

they are more knowledgeable than the patient and that the doctor is affected by stereotypes about women.

Often there is an imbalance of trust between patient and doctor because of educational differences. The physician may believe that the patient does not understand their body as well as they do. This is an extremely harmful idea because the patient is the one living in the body. Doctors do not trust lived experience over their own medical knowledge. “Gaslighting is one symptom of a larger problem in medicine, that is the continued privileging of biomedical expertise over lived experience”(Sebring 1952).

Doctors favoring their own knowledge over the patient’s experience shows that they don’t trust the patient to understand or contribute to the evaluation. This is rooted in another old idea that doctors know more about women’s bodies than they do. This shows mistrust between the physician and women patient is rooted in sexist ideas.

Physicians tend to lose trust in their patients when they present with more difficult disorders. Often the women living with these difficult disorders, diagnosed or not, experience a loss of trust in their physicians too. This is especially prevalent in female-specific disorders such as PCOS. Women with polycystic ovary syndrome have been shown to experience more diagnosis discordance and significantly decreased trust in physicians (Lin 1001). This shows that loss of trust is rooted in sexist ideas that women’s medical issues are different, weird, or all in their heads.

This kind of relationship is harmful to patients everywhere, “Disagreement between patients and their physicians… breeds negative consequences: frustration, suspicion, and

distrust of the medical establishment and practitioners…increased helplessness; and most insidious, reduced confidence and increasing self-doubt as a result of trained experts contradicting patients' wisdom concerning their own bodies" (Reiber 428). A healthy patient-physician relationship should be one of communication and suggestion from both parties.

Some may argue that women are not medically inclined and their increased rates of anxiety impact their ability to reason about their health. It is true that women experience higher rates of general anxiety (Liu) and this is known to cloud judgment. Patients may feel like they have been dismissed when the physician does not find anything wrong. This can mean that the patient is experiencing symptoms that do not have a direct cause or are mentally induced. Therefore, it would be beneficial for the patient to receive professional mental health care to receive reassurance and possibly get relief from their anxiety-induced symptoms.

However, this should not be an automatic assumption and the patient deserves to be trusted enough to know when there is something wrong with their own body. This idea of hypochondria in women is sexist and detrimental to patient care. Even when patients present with high levels of anxiety, it is the physician's job to reassure and help, not excuse symptoms and question their personal reality. These habits are not based on logic but on harmful ideologies about women that persist in the medical community.

The third point that shows misogyny as a main driver of sexism in health care is the language and ideas associated with women that are still prevalent in medicine today. Women have gathered a lot of stereotypes over the years and the language that follows them around can even impact highly educated medical professionals. These strong words and ideas are incorporated into articles and books and they even show up in modern medical education.

Growing up around and normalizing these ideas about women can change the physician's perspective of a female patient.

Most of these ideas can be summed up with one sexist word. Koerber's study examines the rhetoric behind words persisting in the medical industry today that create harmful stereotypes, " [In] the early twentieth century the term "hormone" started gradually to replace the concept of hysteria—which had been used to explain female problems since the beginning of recorded history— [and still allows] ideas about female biology to persist in modern scientific texts" (Koeber 180). These ideas that women are hormonal or hysterical are detrimental to the proper diagnosis and care for female patients.

Many will say that some women are impacted by hormones and health anxiety and this impairs their ability to reason about their symptoms and condition. Anxiety is shown to cause physical symptoms such as heart palpitations, trouble breathing, nausea, and many more symptoms. It has been proven that women experience more health anxiety and require more reassurance about their health when compared to men (Macswain). This can be mistaken as a sign of hormonal or hysterical women, but this is an unfair judgment on anyone whether or not they exhibit signs of medical anxiety.

Everyone deserves equal and helpful care regardless of their mental or emotional state. The study shows that women require more reassurance, not dismissal and judgment. So why are women being dismissed instead of receiving help? The answer is misogyny. These harmful stereotypes have been attached to women for years especially surrounding the medical industry.

Some may argue that women showing signs of hypochondria and mental health symptoms should be referred to a mental health professional for help with their symptoms. It may be beneficial for doctors to separate women that present to the hospital with typical anxiety symptoms and signs of hypochondria and those that show signs of real illness. This will keep medical care available to those who really need it and allow irrational patients to receive the help and reassurance that they need.

This may be true, however, a very real problem appears when the doctor purely relies on sexist ideas, whether they realize it or not, and does not listen to the patient when they say there is something wrong. This also leads the patient to not trust their doctor to be well-educated and care about their health. This comes from a very old idea that women are not knowledgeable about their own bodies and are medically incompetent.

This doesn't just top at patient treatment either, this idea also expands to women as medical professionals. It has been shown that women physicians receive continual questioning of their decisions by patients and coworkers and it is often assumed they are not the doctor based on their gender alone (Stavely). This shows the implicit bias present in the medical community for women doctors as well as patients. This points to a larger problem which is the cultural view of women.

Despite this stereotype about women, ideas that women are worse doctors and are incompetent in the field of medicine have been completely disproven through multiple studies. Both McDonough and Komasawa prove through two separate studies that women medical students tend to score higher on medical exams than men do. It does not matter so much

whether or not stereotypes about women are true or not, but it is important they are not relied on as fact in the medical community.

In conclusion, women are being gaslit, misdiagnosed, and dismissed in the medical community because of biases against females that persist in this area. These are evident in the improper studies and education used for treatment and diagnoses, the general mistrust of women as medically competent beings, and the sexist language with attached ideologies that are still used in medicine today. These issues are caused by persisting sexist ideals, opinions, and powerful words that are rooted in outdated beliefs.

Furthermore, this issue is not unsolvable nor is it difficult to drastically improve. Education provided in medical school on diversity, gender inclusion, stereotypes, and ideologies could create major changes in the way physicians view female patients and other diverse groups that are regularly dismissed. There is much discussion that could be had about the inclusion and education of other diverse and minority groups but can be solved through the same kind of precautions and education.

Education is a viable option because most physicians are not attempting to make biased decisions and they are trying to do the right thing. Understanding microaggressions and harmful ideas present in medical interactions could significantly improve the rates of misdiagnosis, dismissal, mistreatment, and gaslighting incidents.

On top of inclusive education, and along the same lines is the purposeful creation of fair studies for all. Studies that set out to discover and include rather than get past the basic

requirements could show a drastic increase in medical success for all people. Everyone deserves medical care that they can trust is made for them.

Most importantly physicians need to put aside biased views and power struggles with patients and act out of a willingness to help and listen. Medical care, treatment, and discovery have infinite potential to be explored, but limitations created by our own stubborn biases weigh this potential down. Putting aside biases and working towards a better and more equal tomorrow will result in what medical care should have been focused on all along, which is healing, helping, and listening.

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