



IAS PARLIAMENT

Information is Empowering
A Shankar IAS Academy Initiative

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?](#)



IAS PARLIAMENT
Information is Empowering
A Shankar IAS Academy Initiative