

10/27/91

Shutting Women out

Misinformation is harming their medical care

By CHRIS SMITH
SPECIAL TO THE PRESS
578

Women — especially older women — are in need of better and more comprehensive medical information in order to make informed decisions about their health care.

As the ranking Republican of the Aging Subcommittee on housing and consumer interests, I recently co-sponsored a hearing on women as medical consumers. It was disturbing to review testimony in which witnesses stated that women and their illnesses are overlooked by health-care professionals. Experts explained that women are grossly under-represented in health research and the critical information women need is often unavailable or misleading.

The unique physiological changes of menopause make women at mid-life more susceptible to the development of certain diseases, and put them at higher risk of life-threatening illness. Still, when it comes to medical data and research, women are relegated to a second class position. Testimony from health researchers, health-care providers, and female patients revealed that women have not been sufficiently included in the data collection activities used to guide health experts in establishing standards for the treatment and prevention of disease.

Cardiovascular disease, for example, is the number-one killer of women, yet it is still studied as a man's illness. Many studies on cardiovascular disease rarely even include women. A 1989 Harvard Medical School study,

for instance, looked at the effects of low-dose aspirin intake on the prevention of cardiovascular-related deaths. The study, which was widely distributed and often cited, included 22,000 subjects — 22,000 men and no women. Unfortunately, a subsequent study on just women and aspirin was overshadowed by the first publication and was hardly noticed.

According to Dr. Nancy Dickey, of the American Medical Association, "studies demonstrate that women have less access to major diagnostic and therapeutic interventions . . . such as kidney dialysis and transplantation, diagnosis of lung cancer, and catheterization for possible coronary bypass surgery."

She further stated that women's complaints are more likely to be attributed to emotional rather than physical origins . . .

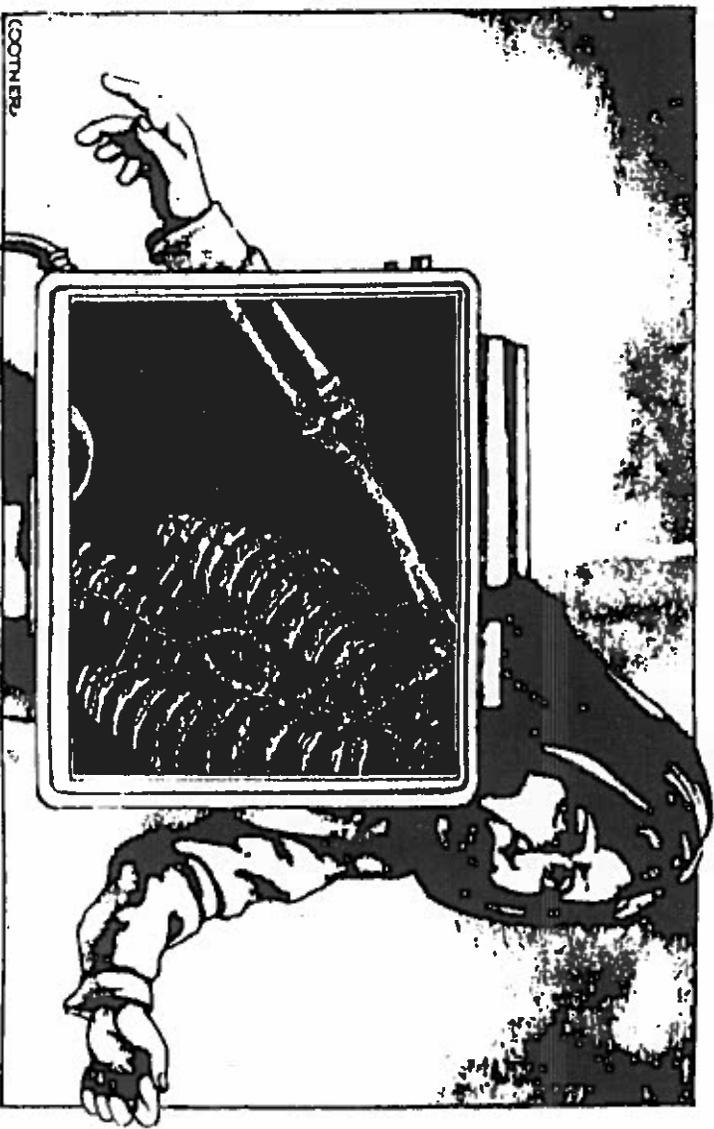
Equally disturbing are studies showing that gender bias affects the health care women receive. A man and a woman with similar complaints are often prescribed very different treatment regimens.

According to Dr. Nancy Dickey, of the American Medical Association, "studies demonstrate that women have less access to major diagnostic and therapeutic interventions . . . such as kidney dialysis and transplantation, diagnosis of lung cancer, and catheterization for possible coronary bypass surgery." She further stated that women's complaints are more likely to be attributed to emotional rather than physical origins — a gross misreading that again leads to a lack of research and information on health problems unique to women.

Dr. Bernadine Healy, director of the National Institutes of Health, stated quite clearly that societal attitudes regarding menopause and the aging process have intensified the difficulties women have in getting accurate information concerning their overall health. Accordingly, Dr. Healy has initiated the first definitive study on women's health to date. "The Women's Health Initiative" will study women over a 10-year period and examine the occurrence of heart disease, stroke, and cancer (which affects one in three women). The effects of menopause on the development of these and other conditions will be carefully reviewed.

One of the widespread diseases that effect mid-life women and demands more medical research and data is osteoporosis — a condition characterized by decreased bone mass and susceptibility to fractures. Osteoporosis occurs in one of three post-menopausal women in the United States and causes more than 1.3 million bone fractures annually.

The Food and Drug Administration



BERNIE COON/INFORMATION

has approved the use of estrogen-replacement therapy (ERT) in treating osteoporosis in post-menopausal women. While studies show ERT to decrease the postmenopausal occurrence of osteoporosis by 50-60 percent, other data has suggested a possible link between ERT and an increased incidence of breast cancer.

Dr. Maurice Butler of the Columbia Hospital for Women is a proponent of ERT who testified that the unclear status of ERT use underscores the great need for research on women and health care. Butler stressed that physicians would be more confident in prescribing ERT, and women would be more confident taking it, if definitive data were available to accurately compare ERT's effects on reducing

osteoporosis and its possible side effects. The inadequate data collection regarding women's health has left many women and their doctors confused regarding the pros and cons of ERT and unable to make critical medical decisions.

The lack of user data and the comparative disregard for women in health care is indefensible and must be rectified. Recommendations put forth at the hearing included specialized studies on women; programs to educate physicians on attitudinal biases regarding women; programs designed to increase the number of female physicians in leadership roles; and the establishment of menopause clinics that could bridge the gap and focus on health care problems and remedies unique to women.

All the recommendations have merit and the medical community seems prepared to do its part in these challenges. I believe, however, that government too has a responsibility and must take a more aggressive leadership role through programs already in place. Medicare, Medicaid, the National Institutes of Health, and Veterans Administration health care programs provide ready-made avenues for us to better address the ways disease-effect women. Throughout the next few months, our committee will be exploring legislative options that will help enhance the status of women in health care research and health care policies offered under these programs.

— Chris Smith, R-N.J., represents the 4th Congressional District.