Abstract from the article

“A PUSH FOR BETTER CARE” by Zoanne Clack

As an emergency medicine physician since the mid-1990s, she has also observed the companions who arrive with the patients, as they scramble to handle this health crisis amid work, family and other obligations. Often does that burden land chiefly on women.

The Organization for Economic Cooperation and Development (OECD) says the world’s women spend more than 1.1 trillion hours a year on unpaid care of children and the elderly. Men spend about a third as much.

These women are firmly stuck in the “sandwich generation”, taking care of aging parents and children, working full-time and they are frequently QUIETLY overwhelmed.

There’s plenty to fault in the medical care and treatment that are available to the female half of humanity. When the safety net of connected care falls away, the structure and support of professionals around women’s health care start to crumble. And that can send them on the path to emergency care.

Zoanne Clack thinks that the single best thing women can do to promote well-being is to SPEAK UP! About their cancer or heart disease, depression, anxiety or eating disorders. Without loud-and-clear advocacy, the medical research will not get funded and the policies will not get overhauled. It’s only by finding our voices that we can strengthen each other and grow together into a force for healthy change.

The author of this article “A push for better care” adapts real women’s stories to fashion characters’ stories; they are the every-women who appear in the plots of her TV show called *Grey’s Anatomy*. Zoanne believes that good physicians also must be good storytellers, which means essentially this: intently listening to a patient’s story, reading the story the patient’s body tells, and using both to craft a narrative for diagnosis and treatment.

The number one element of improving health care is educating women. Though stereotypes and gender bias are real problems in medicine.

When women raise concerns about their health and demand they be investigated, they are much likelier than men to be brushed aside, not believed, even mocked into silence by health care professionals. Women’s pain often is “perceived and exaggerated”, and symptoms may be ignored or treated less aggressively than male patients’ would be. This dismissive attitude has consequences not only for women’s treatment but also for the medical research that will produce the cures of the future.

In the quest for wellness, women contend with one variable that men do not: a reproductive system designed to bear offspring. Most women are equipped to do so for some portion of their lives. Depending upon circumstances that can become a blessing, a burden, a political football. Ultimately, it’s the most personal health issue of all.

Infertility – not being able to get pregnant or to sustain a pregnancy – affects about 10 percent of U.S. women ages 15 to 44 (some 6.1 million women), according to the Centers for Disease Control and Prevention (CDC). But the majority of cases can be treated by conventional therapies, such as surgery or medication. Then there are the postponers. Women who wait too long have a much harder time getting pregnant (and it gets very expensive – the average cost of a single in vitro fertilization treatment is around $12.000). This is why Zoanne Clack is a strong advocate of fertility preservation via egg or embryo freezing. They are expensive processes, and not a guarantee but they do offer a choice. For those who have the desire and have timed everything right, there’s joy of pregnancy and birth. But even these happy times can be scary.

One vivid example. Karen is a quirky woman married to the love of her life, a paramedic who rushes to her bedside when she is in labor. He gets there in time to witness the birth of their baby girl, and it’s a happy day until Karen starts feeling some pain that doesn’t seem right. She begins bleeding profusely so is taken to the operating room, where doctors perform a hysterectomy. After the operation, she suffers multiple-organ failure (MOF) and has a cardiac arrest from which she does not recover. Karen dies of preeclampsia, a high blood pressure disorder that can be treated if caught soon enough.

Maternal mortality statistics track what fraction of deaths of women ages 15 to 49 are maternity related. From 2000 to 2017, maternal mortality decreased significantly in the world overall – but increased in the United States. Many elements contributed to this; among them are obesity, chronic conditions, socioeconomic factors, access to care, and having children at older ages. Even so, the CDC estimates that about 60 percent of maternal deaths are preventable.

Just as they’re integral when new lives enter the world, women are guardians and anchors when long lives reach the end. Women tend to live longer than men do. Many are doubly exposed to health care problems because they’re caring for the young and the old in addition to themselves.

In 2015, United Nations member states agreed to try to provide basic health care for every child, man, and woman by 2030. Today, when hundreds of millions of people can’t find or afford health care, we’re a long way from that. But it’s a goal worth fighting for.

In a nutshell, women’s health and wellness concerns are dismissed and politicized more and researched and prioritized less than men’s, says the female physician, a writer and a storyteller. Her Rx for changing that: women must speak up! Don’t let fear keep you quiet. You have a voice, so use it. Raise your hands. Shout your answers. Make yourself heard.