


PART 4

# A PUSH FOR BETTER CARE

A photograph of a wooden floor with a yellow highlight bar above the text.

The pandemic highlighted cracks in women's health.  
It's time for a new prescription.

# HOW WOMEN'S HEALTH GETS SHORTCHANGED

*Women's health and wellness concerns are dismissed and politicized more and researched and prioritized less than men's, says this female physician. Her Rx for changing that: Women must speak up.*

BY ZOANNE CLACK

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As an emergency medicine physician since the mid-1990s, I've cared for all sorts of patients: old and young, rich and poor, male and female. I've also observed the companions who arrive with the patients, as they scramble to handle this health crisis amid work,

family, and financial obligations. Often that burden lands chiefly on women, doing double, triple, quadruple duty to care for children, partners, parents, and other loved ones. It's a global phenomenon: The Organization for Economic Cooperation and Development 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.

They are mothers, partners, wives, sisters, daughters, CEOs, and secretaries. The woman who just had a baby who thinks

she has a blocked milk duct and finds out too late that it's breast cancer. The woman who doesn't want to admit to being raped because she thinks she'll be blamed for being where she was or wearing what she wore. They're women who have a terminal illness or need an organ transplant—and have to break it to their daughters. Women confronting their sexuality head-on, getting pregnant at older ages, and choosing alternate paths to motherhood, or being childless by choice. Women with brain tumors, mental illness, and depression.

■ Although medical care, treatment, and research in women's health have been lacking for many years, new discoveries and promising medical advances are encouraging.

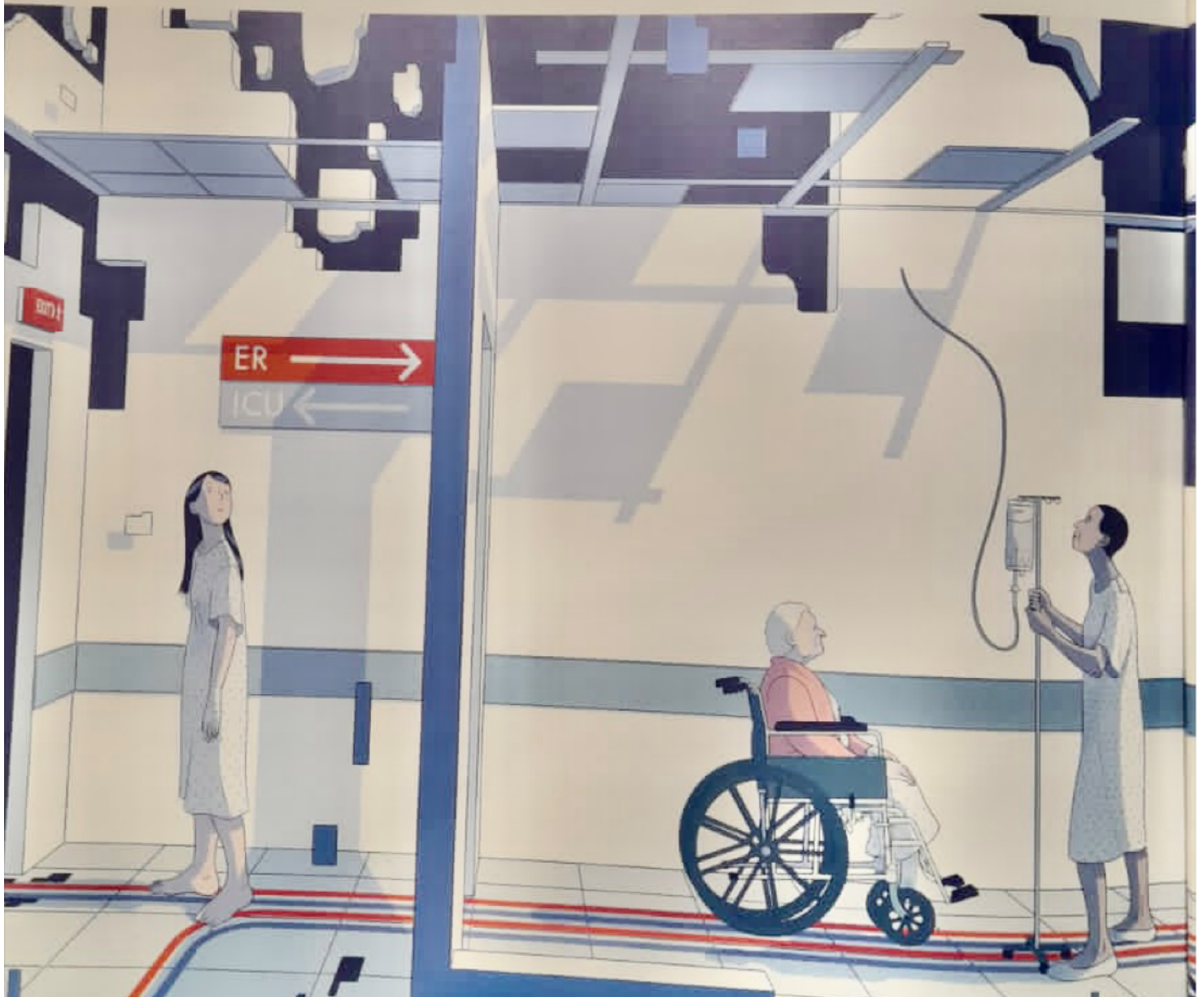
Women with no insurance, and women who could buy the world.

I write these women because I see these women. Because I am these women. I am firmly stuck in the "sandwich generation," taking care of an aging mother and three young children. Working full-time. Juggling schools, schedules, extracurricular activities, babysitters, deadlines, caregivers, and professional goals, all while trying to have a semblance of a social life. I am a physician, I am a writer, I am a mother, I am a single woman. I am everywoman. We are multitudes—and we are frequently, quietly, overwhelmed.

If this is the script of so many women's lives, how do we find the means to nurture health and wellness?

There's plenty to fault in the medical care, treatment, research, and support that are available to the female half of humanity. But there are also reasons for optimism: a growing number of advances that show real promise for girls and women. And especially hopeful when it comes to do the right thing is the potential to promote well-being: Speak up, and help others to open their mouths and talk. About their miscarriages or their infertility or their contraception scares. About their cancer or their

■ 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.



professionals. According to author Leslie Jamison, women's pain often is "perceived as constructed or exaggerated," and women's symptoms may be ignored or treated less aggressively than male patients' would be.

This dismissive attitude has consequences not only for women's treatment now but also for the medical research that will produce the cures of the future. Historically in the (male-dominated) medical profession, clinical trials were conducted with male subjects; they were considered the "norm," and their reactions to a new drug were assumed to be representative of how both sexes would react. Women of reproductive age were excluded "for safety reasons"; so were women in general, to eliminate hormonal differences as a factor in the research. In 1993, the U.S. National Institutes of Health called for women to be included in more trials. In 2016, a medical journal analysis found that clinical trials were including more women, but not always in numbers representative of the female population.

**I**N THE QUEST for wellness, women contend with one variable that men do not: a reproductive system designed to bear offspring. Whether or not they ever give birth, most women are equipped to do so for some portion of their lives. Depending upon circumstances, that

## Women are much likelier to be brushed aside, not believed, even mocked into silence by health care professionals.

blessing, a burden, a political football, a societal issue. 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. But the majority of cases can be treated by conventional therapies such as surgery or medication. Compared with decades ago, there's more hope.

What of the women who don't want children yet—or yet? Roughly 60 percent of U.S. women ages 15 to 44 years use a contraceptive method, the Guttmacher Institute reports. And of women in that age range, the abortion rate in 2017 was 13.5 abortions per thousand—

the country's lowest rate ever. Then there are the postponers, those who want to wait to bear children after a career or for other reasons. My advice to them: Look at what the current generation of older, professional women has gone through. 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 I'm a strong advocate of fertility preservation via egg or embryo freezing, to avoid "panic parenting" moves, such as entering into unwise relationships just to have a child. I'm

...circumstances, that can become a

...child. IZZIE, a surgical resi-  
dent struggling to beat stage 4 melanoma,

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heart disease. About depression. Anxiety. Weight. Eating disorders. Alcohol abuse. Prescription drug abuse. Domestic violence. The stigma attached to such conditions keeps many of us silent. But without loud-and-clear advocacy, the 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.

**I**N MY ROLE AS A WRITER, obviously I'm a storyteller. I adapt real women's stories to fashion characters' stories; they're the every-women who appear in the plots of my TV show *Grey's Anatomy* and in this essay. It's my belief that good physicians also must be good storytellers.

I practice what's known as narrative medicine, 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.

Take the story of Meredith, for example. She's a surgeon, a widow with three young children, and manages to not only win accolades professionally but also spend time with her children and have a social life. She went to medical school in the early 2000s, when not even half the entering students were women. By 2018, 52 percent of those enrolling were women—progress!

In the United States, the National Center for Education Statistics reports. That's truly progress, because the number one element of improving health care is educating women.

Even with Meredith's advanced degree—and though she introduces herself with the title doctor, wears the white coat, and sports a visible stethoscope—she's regularly referred to as nurse while going about her hospital business. And if there's a male medical student in the room when she makes rounds, patients will often tell their

story to him instead of her. Stereotypes and gender bias are real problems in medicine.

Another example of that is Miranda—a successful surgeon, having made it through the glass

ceiling to become chief of surgery at her hospital. She's on her second marriage because her first husband couldn't understand the demands of her job (a common refrain for professional women). She goes into a hospital complaining of the non-specific symptoms that often signal a heart attack in women—more subtle symptoms than men's, such as upper abdominal pain, light-headedness, or unusual fatigue. Miranda is sure she is having a heart attack. (Spoiler alert: She is.)

But when women—and especially women of color—raise concerns about their health and demand they be inves-

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More broadly, by 2017, women earned 57 percent of bachelor's degrees, 59 percent of master's degrees, and 53 percent of doc-

tigated, they are much likelier than men to be brushed aside, not believed, even mocked into silence by health care



### CANCER CELL CONVERSION

Sometimes breast cancer cells avoid medical treatments by drifting away from tightly packed tumors and changing their internal machinery. They then resemble adult stem cells and can travel in the body and start new tumors elsewhere. By using existing drugs that target these tumors turned stem cells in mice, a team of biomedical researchers redirected their development so they became harmless fat cells. The treatment has shown the potential "to repress tumor invasion and malignant progression," as scientists from the University of Basel, Switzerland, reported in the journal *Cancer Cell*. —THERESA MACHEMER

### BIRTH CONTROL DEVICE BANNED

Nearly 47 million U.S. women ages 15 to 49 use contraception, but not every method available to them has been reliable or safe. In 2002, the FDA approved a permanent birth control product called Essure, a metal device inserted into the fallopian tubes, where the body covers it with scar tissue. After about three months, this creates a permanent blockage so an egg cannot pass from the ovary to the uterus. The FDA has received more than 26,000 reports of side effects attributed to Essure, including pelvic pain, allergic reactions to nickel, device breakage, and pregnancy. By the end of 2018, Essure was considered a possible factor in 15 women's deaths, and sales of the product ended. A study of its long-term effects is ongoing. —TM

### WOMEN'S PAIN UNDERTREATED

• **1989:** Research on a group divided evenly between men and women found that in the three days after they had coronary bypass surgery, the men were twice as likely as the women to be given narcotics for pain.

• **1996:** A 20-month study at a hospital emergency department found that among people who reported acute chest pain, women were less likely than men to be admitted and also less likely to be given an exercise stress test at a follow-up visit.

• **2008:** Research by a female emergency room doctor found that when patients came to the ER complaining of acute abdominal pain, men waited an average of 49 minutes before being given a painkiller, while women waited an average of 65 minutes. —PE

### GENDER AND RESUSCITATION

When women suffer cardiac arrest in public, they're less likely than men to have bystanders attempt resuscitation—and more likely to die, according to a study conducted in the Netherlands and published in the *European Heart Journal*. One probable reason: Bystanders who see a woman collapse don't realize she's having a cardiac arrest (heartbeat that gets fast and irregular, then stops) and so don't call for help or try a defibrillator to restore normal rhythm. As a result,



men have about twice the chance that women have of living long enough to get out of the hospital.

—PATRICIA EDMONDS

### DRUG EFFECTS DIFFER

Some of today's most commonly used drugs produce different side effects in women than in men—a variability prescribers do not always consider or communicate to patients. For example, America had been using the popular prescription sleep drug zolpidem (sold under various names, including Ambien) for more than 20 years when the FDA announced in 2013 that what had been the recommended dose for both sexes was actually twice as much as women should take. Similarly, research has shown that women have a 1.5 to 1.7 times greater risk of adverse drug reactions than men do. For instance, women experience liver failure from acetaminophen (the active ingredient in the over-the-counter analgesic Tylenol) more often and more severely than men, because men's livers have a greater capacity to metabolize acetaminophen safely. —PE, TM



has her eggs removed to preserve future fertility if she survives her treatments. Others use the technology in less dire circumstances. Yes, egg and embryo freezing 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 the joy of pregnancy and birth. But even these happy times can be scary. 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 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

and women of color, the discrepancy is staggering, with Black women three to four times as likely to die from pregnancy or childbirth complications.

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 (those 85 and older outnumber their male counterparts two to one). Many are doubly exposed to health care problems because they're caring for the young and the old in addition to themselves.

Alzheimer's disease disproportionately affects women, on two levels. Almost two-thirds of adults 65 or older with the disease are women. And of the more than 16 million Americans who provide unpaid care to a person with Alzheimer's or other dementias, 66 percent are women.

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.

On *Grey's Anatomy* a few seasons ago, Meredith Grey—the Meredith I mentioned earlier—barely survives a brutal assault. When she recovers, she offers some powerful advice about the importance of speaking up. I'll give her the last word here: "Don't let

## Women are guardians and anchors when long lives reach the end.

ctors, access to care, and the...  
older ages. Even so, the CDC estimates that  
about 60 percent of maternal deaths are  
preventable. And between white women

fear keep you quiet. You have a voice, so use  
it. Speak up. Raise your hands. Shout your  
answers. Make yourself heard."