

Module 1: Sex and Gender in medicine

Subjects	<p>The consensus for many years in biomedical research and clinical medicine was that disease processes do not require sex and gender-sensitive consideration and studies with only male participants allowed for generalization across both sexes. The first field to investigate sex and gender differences was cardiology in 1991 with discussion of the Yentl syndrome. This provided insight and emphasized the less adequate care received by women in comparison to men due to different presenting cardiovascular symptoms. Scientists now agree the incidence, symptoms and course of many diseases are indeed sex and gender dependent. There is an increasing interest in medicine to take biological and socio-cultural factors into consideration thus forging the crucial first steps towards individualized medicine. Through individualized treatment, patients are no longer viewed as a homogeneous population. Genetic and social individualities must be considered to provide "tailor-made" diagnostics and intervention. The consensus is the following: diseases are as different as the people who suffer from them.</p> <h2>Similiar articles</h2> <ul style="list-style-type: none">• Sex and gender sensitive medicine - political and scientific discourse• Sex and gender-sensitive communication in palliative care
Summary	
Conflict	

[Introduction article](#)

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