

Sex and gender of the medical staff/Expert

Medical care is not sex or gender neutral. It is not only the sex of the person to be treated that influences the care process. Another decisive factor can be whether the respective medical staff is female or male. Studies recognize and confirm an often unconscious **sex bias**: For example, compared to female patients with type 2 diabetes, male patients seem to receive significantly less optimal treatment for avoiding potential subsequent complications. In addition, female physicians provide better care for patients with type 2 diabetes and are more intensively involved in prognostically important prevention management than male physicians. Female physicians are more successful than their male colleagues in reducing blood glucose and lipid levels. ^[1] Furthermore, men report lower pain levels in the presence of female healthcare professionals than in the presence of male caregivers. Socially embedded gender roles ("the strong man") seem to play a role here. Women seem to be not influenced by the sex of the medical staff when expressing pain and generally rate their pain higher than men. ^[2] It is legitimate to ask the question to what extent pain is actually typically "female" and how strongly sex and gender influences the evaluation processes. ^[3]

Sex and gender aspect in communication

Family physicians in particular usually support their patients for many years and they are the first point of contact and coordination for further medical care. The freedom to choose the family physician personally (including the choice of sex) seems to be particularly crucial for women. One in four women prefer to choose the sex of the physician herself, with the majority preferring a female physician. This preference is clearer the younger the patient. Especially in the case of sexual problems, women almost always prefer treatment by female specialists. This sex-specific preference is explained, among other things, by a patient-oriented communication style, which is practiced primarily by female doctors. ^[4] The sex of the physician therefore plays an important role not only in the decisions to be made, but also in the communication with the patients. During the consultation, female physicians explore the patient's psychosocial circumstances more closely, pay more attention to the emotional state, adopt a more positive tone, enable patients to work as equals and encourage greater participation in medical decisions. Male physicians, on the other hand, are often said to have a more task-oriented communication style, which includes taking a medical history, explaining diagnoses, and developing precise treatment strategies. However, a sex difference in the physician/doctor-patient relationship cannot be established in this respect.

Sex and gender aspects in treatment

Men and women sometimes make different decisions regarding diagnosis and treatment. For example, male physicians are more likely than their female colleagues to perform a rectal examination on male patients with the same symptoms. In contrast, female physicians in primary care are more likely than their male counterparts to perform a vaginal exam on women. ^[5] ^[6] There

seem to be psychological barriers to asking patients of the opposite sex very personal questions or performing intimate examinations. This sometimes means that necessary treatments do not take place, physicians are less experienced in these examinations and relevant findings are less likely to be made.

Male physicians in primary care and male internists prescribe psychotropic drugs, sedatives and analgesics more often and in higher doses than their female colleagues (and female patients are prescribed these more often than male patients).^{[7] [8]} Male physicians more often interpret female health complaints as psychosomatic than male complaints. They also prescribe hormonal replacement therapies more often for menopausal women, and HIV-positive patients are more likely to be prescribed protease inhibitors than female physicians. Medical decisions can be influenced not only by the sex of the physicians itself, but also by the current reproductive phase in their life. For example, female general practitioners with menopausal symptoms prescribe hormonal replacement therapies to patients in the menopause significantly more often than their male colleagues or younger female colleagues.^[9]

You can find more on this topic in Module 1: Sex and Gender and medicine.

Literature

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