

## **“Female Medical Bias”**

By Torie Wiest

Imagine being sick, in pain, and needing to go see a doctor to receive medical attention. Now imagine once getting there and explaining your symptoms, you are ignored, told it is all in your head, or even told that you are lying. This has been happening to women for decades when they try to talk to medical professionals. This is known as medical bias, an act of discrimination against women and people of color in the medical field where their symptoms are downplayed and even ignored by medical professionals due to the idea that they are exaggerating their pain. Women who try to seek medical attention are more likely to have their symptoms downplayed compared to men because there is still a sexist bias against women in the medical field, where women’s pain and symptoms are avoided for extended periods of time due to the bias that women lie or exaggerate their pain.

Stopping this sexism must be addressed by future medical professionals. This bias is commonly known to start in the 1950’s, where even women downplayed their symptoms and didn’t go to the doctors (Bias in Medicine). For example, everyone, including women, would refer to their menstrual cycle as “having the curse” because it was looked down upon (Bias in Medicine). Today, medical bias is still very much relevant in America and will continue to be so unless we put a stop to it. Women are constantly told to wait symptoms out, denied pain medication because it is not necessary, and are not taken seriously by doctors due to the sexist stereotype that women exaggerate or lie about their pain and other symptoms they have.

We tend to think that it is only women getting treated this way, but we are wrong. People of color, especially black people experience just as much medical bias and sometimes even more

medical bias than women do. People once believed that black people had “thicker skin” or “tougher nerve endings” back in the 1950’s, so they would not be treated the same when consulting a doctor (Bias in Medicine). Of course, the previous statement is false, but it still caused a huge bias against them. Given these biases, imagine if a person of color or a woman needed medical treatment and they were denied completely and told they were fine. That is what people have to go through constantly and it needs to stop.

Multiple studies have been done to prove that there is a bias against women in the medical field. It is extremely common for women to be denied pain medication or forced to hold off on pain medication for the simple fact that doctors tell them to wait their symptoms out or that it has to do with hormones. On average, women wait 65 minutes before receiving any sort of pain medication while men wait an average of 49 minutes (Kiesel). A reason for this is that doctors once believed that men suffered through more chronic pain than women so they would give women less pain medication or none at all. This is quite the opposite; in fact, women are known to not only feel chronic pain more often, but it is a much stronger pain compared to men. When studies on pain were taken, it showed that 70% of the time it impacted women over men; however, 80% of pain tests were done on only men and male mice (Kiesel).

Not only are women denied pain medication and are left to suffer with said pain, but they are also often misdiagnosed. Doctors tend to assume that women’s symptoms are from hormones or mental health issues. This is due to the misogynistic stereotype that women are emotional and irrational (“How Sexist Stereotypes Mean Doctors Ignore Women’s Pain”). There have even been doctors that diagnosed their female patients with mental health issues as the cause of their pain even though clinical tests proved that the pain was physical (“How Sexist Stereotypes Mean Doctors Ignore Women’s Pain”). According to Dr. Fiona Gupta, a neurologist and wellness

director, “I can’t tell you how many women I’ve seen who have gone to see numerous doctors, only to be told their issues were stress-related or all in their heads” (Pagán).

And it is not just the misdiagnosis of mental health issues, but women have been misdiagnosed when they have had much more serious issues at hand. “Many of these patients were later diagnosed with serious neurological problems, like multiple sclerosis and Parkinson’s disease. They knew something was wrong but had been discounted and instructed not to trust their own intuition,” stated Dr. Gupta (qtd. in Kiesel). For example, in the past it was very common for women to get their heart attacks misdiagnosed because females’ symptoms for a heart attack are quite different compared to men. One of the reasons this happened was because medical testing was only done on men for a while so medical professionals only understood men’s physiology (Kiesel). Back in 2018, A 22-year-old woman called emergency services in France about how she was having bad abdominal pain that made her feel as if she were “going to die” (Billock). The operator then replied, “You’ll definitely die one day, like everyone else” (Billock). Five hours later, she was finally taken to the hospital; however, because of the late reaction and not taking her pain seriously, she had a stroke and died from organ failure (Billock). These are just a few examples of how sexist bias impacts women’s healthcare.

Not only has this bias caused an abundant number of women to suffer with their health, but it has also caused women to stop consulting health professionals all together. When people are constantly shut down when trying to tell professionals what is wrong with them, others would get tired of trying to ask for help as well. It is not only the average female patient either; female medical professionals have also dealt with the bias and do not want to seek help after that. One medical professional, Dr. Tia Powell, has her own story of bias in medicine:

A while back, I lost 10 pounds over a couple months, so I went to my doctor and told him I thought it was a sign I was having a recurrence of an old illness. He gave me a few reasons he disagreed and added, ‘Plus you’ve been on a diet.’[...] Dr. Powell claims she never told her doctor she was on a diet and immediately knew if she were a male then her doctor would not have made this assumption. (Pagán)

She later got tests done with a new physician that confirmed her previous illness did make a reappearance; however, this was after struggling with wanting to go back and talk to another doctor. “It can be hard to speak up if you feel you’re not being treated fairly,” Dr. Powell said. “I’m a professor at a medical school and I struggled with it” (Pagán).

There is only one way to solve this bias against women in the medical field. If the medical field wants this to stop then we need to start educating people about it. When people are ignorant on the subject of bias then it will only continue to be an issue. For starters, colleges should bring this to the future medical professionals’ attention. If they are taught from the beginning that women are being discriminated against then they can begin to make changes when they enter the work force. It also should be enforced in all medical professions that they cannot treat patients differently based on their gender or the color of their skin. Medical professionals now are the ones who need to realize that this is still a huge issue and incorporate these issues into their training and credentialing process.

There are also steps patients can take when they are the ones being discriminated against. For starters, if a patient told their doctor their worries about their health and they (the doctors) give them a questionable diagnosis or suggest to “wait and see,” simply ask them why they decided this. This could potentially call them out on their bias or clear up any other issues. Remember to be direct as well—show that there is a unmet concern, that the doctor is potentially

downplaying the issue, and that they are not listening to the patient enough. Then there is also the option to check oneself on their own bias. This might seem obvious, but a lot of people do not realize when they are being biased. As a patient, do not be afraid to speak up about any issue that is concerning. As a medical professional (male or female) then question “am I truly listening to my patient” or “did I decided this because of a bias or because I genuinely believe it to be true” (Pagán).

Some people may not think this is enough to stop the issue. Some people may think that the only way to fix this is to have people represent those being discriminated against. If there were more females or people of color in the medical field, then the bias would stop because they could request one of those professionals since it is commonly men (specifically white men) that are known to use this bias against women and people of color. This is a great option to help with the bias in medicine; however, there are plenty of cases where female doctors have also been known to be biased against other women, especially their own patients. So yes, more representation would be extremely helpful, but if there is not training given to future medical professionals and it is not brought to the attention of already working medical professionals, then the issue will only continue to be a problem.

Women tend to have the biggest issues with medical professionals during and right after labor. It is especially bad for black women. Black women are 3-5x more likely to die after childbirth because they are less likely to be believed by doctors when talking about their pain and issues after labor (Bias in Medicine). One story that proves this is about a black woman named Kyra Johnson. A few years ago, Kyra was lucky enough to give birth to her son; however, after labor she started to get concerned about her pain. She tried talking to her doctor and nurses, but they did not think her pain was that bad and they waited hours to finally gave her a CT scan.

Unfortunately, however, because the CT scan was done too late, she ended up dying during surgery (Bias in Medicine). This happens way too often to women for this issue to not be concerning. Women are treated with this medical biased because they are believed to be too emotional or like to exaggerate their pain and this needs to come to a stop. In order to stop the bias against women, we need to start educating our medical professionals and calling out the people continuing to practice with this bias in mind.

## Works Cited

- “Bias in Medicine.” Last Week Tonight with John Oliver. Youtube, uploaded by LastWeekTonight, 19 Aug. 2019, [www.youtube.com/watch?v=TATSAHJKRd8](https://www.youtube.com/watch?v=TATSAHJKRd8).
- Billock, Jennifer. “Pain Bias: The Health Inequality Rarely Discussed.” *British Broadcasting Corporation*, 22 May 2018, [www.bbc.com/future/article/20180518-the-inequality-in-how-women-are-treated-for-pain](https://www.bbc.com/future/article/20180518-the-inequality-in-how-women-are-treated-for-pain)
- Fenton, Siobhan. “How Sexist Stereotypes Mean Doctors Ignore Women’s Pain.” *The Independent*, 27 July 2016, [www.independent.co.uk/life-style/health-and-families/health-news/how-sexist-stereotypes-mean-doctors-ignore-women-s-pain-a7157931.html?amp](https://www.independent.co.uk/life-style/health-and-families/health-news/how-sexist-stereotypes-mean-doctors-ignore-women-s-pain-a7157931.html?amp)
- Kiesel, Laura. “Women and Pain: Disparities in Experience and Treatment.” *Harvard Health Blog*, 9 Oct. 2017, [www.health.harvard.edu/blog/women-and-pain-disparities-in-experience-and-treatment-2017100912562](https://www.health.harvard.edu/blog/women-and-pain-disparities-in-experience-and-treatment-2017100912562)
- Pagán, Camille Noe. “When Doctors Downplay Women’s Health Concerns.” *The New York Times*, 3 May 2018, [www.nytimes.com/2018/05/03/well/live/when-doctors-downplay-womens-health-concerns.html](https://www.nytimes.com/2018/05/03/well/live/when-doctors-downplay-womens-health-concerns.html)