

Gender Bias in Medicine:

Literature Review

Mary Liesveld

Lakeview College of Nursing

GENDER BIAS AND DISPARITY IN HEALTHCARE TREATMENT

Gender Bias in Medicine

Many women have a complicated relationship with the healthcare system. Distrust of the healthcare system is an issue that stems from previous medical interactions and physicians reluctance to believe reports of pain (Samulowitz, Gremyr, Eriksson, and Hensing, 2018). Physicians often attribute female discomfort that is not measurable to being a psychosocial issue, or they are merely exaggerating (Samulowitz et al., 2018). The systemic problem of misdiagnosing and under-assessing women may be due to a lack of knowledge regarding female signs and symptoms or implicit physician bias (Kentner and Grace, 2017). Physician bias, whether implicit or not, can have disastrous consequences for their female patients. This review will explore the topic of gender bias in medicine.

Between Mind and Heart: Sex-Based Cognitive Bias in Cardiovascular Disease Treatment

Men and women exhibit different clinical and physiologic symptoms in the events leading up to and during a cardiovascular event. Women often show subtle signs that appear to be non-cardiac related (Ketner and Grace, 2017). Clinical presentations of a cardiovascular event in women include jaw pain, back pain, generalized anxiety, shortness of breath without chest pain, and flu-like symptoms (American Heart Association, 2015). The overwhelming lack of awareness regarding different clinical manifestations between the sexes can have detrimental consequences. Women are less likely to receive treatment upon arrival at the emergency department. Healthcare providers are not as quick to initiate interventions and diagnostic tests for women as they do for male cardiac events. Their reluctance is likely due to the subtlety of female symptoms and lack of knowledge of the healthcare professionals taking care of them (Ketner and Grace, 2017).

GENDER BIAS AND DISPARITY IN HEALTHCARE TREATMENT

Key Points (note that the key points is flush to the far left)

Men and women have different physical manifestations of cardiovascular disease and while experiencing a cardiovascular event. The signs and symptoms women experience are far more subtle and appear non-cardiac related in comparison to men. Men exhibit physical and measurable symptoms that are commonly associated with cardiac events. Men are treated quickly and efficiently upon arrival to emergency departments, while women endure longer wait times or discharged.

Assumptions

Upon arrival to the emergency department during a cardiac event, women are often not treated in a timely fashion, not taken seriously, or discharged. This is likely due to the lack of knowledge regarding female manifestations during a heart attack. Female pain is often attributed to psychosocial issues or physicians assume they are merely exaggerating their pain level, and symptoms are not taken seriously. The lack of knowledge of the healthcare professionals caring for women during cardiac events can have serious and often deadly consequences.

Deficit/Conclusion

Many of the sex differences and clinical manifestations regarding cardiac events and cardiovascular disease have been well known for over 20 years. Historically, men have been a proxy for women in medical and clinical trials. The lack of involvement of women in clinical trials is evidenced by the lack of awareness of both symptoms and interventions for CVD and

GENDER BIAS AND DISPARITY IN HEALTHCARE TREATMENT

cardiovascular events. Involving females in clinical trials can help lead to a better understanding of their specific manifestations of CVD and cardiac events.

Second article starts here. (note that the article name is on centered)

Here add in a summary of the article. Follow the MEAL paragraph formatting and use Grammarly.com.

Key Points

Paragraph goes here discussing the key points of the article. Follow the MEAL paragraph formatting and use Grammarly.com.

Assumptions

Paragraph goes here discussing the assumptions of the article. Follow the MEAL paragraph formatting and use Grammarly.com.

Deficit/Conclusion

Paragraph goes here discussing the conclusion of the article. Follow the MEAL paragraph formatting and use Grammarly.com.

Third article starts here. (note that the article name is centered)

Here add in a summary of the article. Follow the MEAL paragraph formatting and use Grammarly.com.

Key Points

GENDER BIAS AND DISPARITY IN HEALTHCARE TREATMENT

Paragraph goes here discussing the key points of the article. Follow the MEAL paragraph formatting and use Grammarly.com.

Assumptions

Paragraph goes here discussing the assumptions of the article. Follow the MEAL paragraph formatting and use Grammarly.com.

Deficit/Conclusion

Paragraph goes here discussing the conclusion of the article. Follow the MEAL paragraph formatting and use Grammarly.com.

Conclusion

Write a conclusion here in your overall paper. Follow the MEAL paragraph formatting and use Grammarly.com.

References

American Heart Association. (2015, July 31). Heart Attack Symptoms in Women. Retrieved

From <https://www.heart.org/en/health-topics/heart-attack/warning-signs-of-a-heart-attack/heart-attack-symptoms-in-women>

Kentner, A. C., & Grace, S. L. (2017). Between mind and heart: Sex-based cognitive bias in cardiovascular disease treatment. *Frontiers in Neuroendocrinology*, *45*, 18–24. doi: 10.1016/j.yfrne.2017.02.002

Samulowitz, A., Gremyr, I., Eriksson, E., & Hensing, G. (2018). “Brave Men” and “Emotional Women”: A Theory-Guided Literature Review on Gender Bias in Health Care and Gendered Norms towards Patients with Chronic Pain. *Pain Research and Management*, *2018*, 1–14. doi: 10.1155/2018/6358624

As you can see the reference is centered and is not bolded.

Review this citation of the source. The first line is NOT tabbed over, all other lines are.

A great hint is the click the “cite” paper within your searches.