

## Depreciating assets:

the female experience of health in the UK

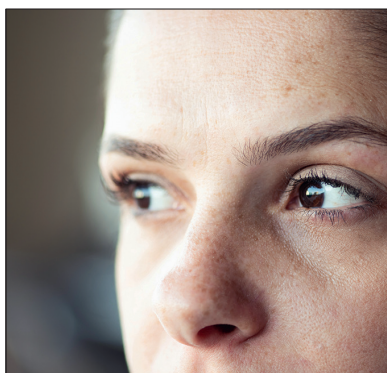
Fiona Shackleton, a divorce lawyer, was recently quoted as stating *‘Women are like leaseholds, we’re depreciating assets, and men are like freeholds and appreciate.’*<sup>1</sup>

In a similar way to divorce lawyers, GPs see their fair share of mid-life crises and relationship breakdowns. This statement may be a comment on modern marital relationships but is it true in health terms?

### STATISTICAL EVIDENCE

Looking at the statistical evidence is interesting. Cancer Research UK publish a graph of the incidence of cancer by age and gender.<sup>2</sup> This shows that in a large part of the reproductively and economically active group (age 25–59 years), cancers are almost twice as common in women as in men. Diagnostic delay has been found to be longer for women in six of the non-gender specific cancers: bladder, colorectal, gastric, head and neck, lung, and lymphoma.<sup>3</sup> Those women who are treated at a younger age will bear the physical and psychological side effects of that treatment for longer, often affecting their fertility. Looking at multiple sclerosis as another example, in the 50–59 years age group, the rate for women is in excess of 3 times the rate for men (578 and 184 per 100 000, respectively).<sup>4</sup> Overall, for any condition, women are treated in hospital more than men, with 54.6% of finished consultant episodes being for women.<sup>5</sup>

What implications does this have for the way that women experience health care and the times in their lives when they interact with health systems? How is that adjusted to deal with issues of survivorship or quality of healthcare experience in those who are striving to maintain employment, caring responsibilities, and relationships, and how is that reflected through the design of hospitals and health facilities? Unlike men, women live with a constantly changing physiological and physical self during most of their reproductive and economically



active life due to menstruation, miscarriage, pregnancy, and the menopause. Not only do they have a higher incidence of some of the more significant illnesses, but they also have the challenges of contraceptive and reproductive health. Simultaneously they carry a higher burden of domestic work and caring responsibility.<sup>6</sup>

The NHS workforce is 77% female<sup>7</sup> and so there are strong economic drivers for ensuring that the service is responsive to the needs of its staff, providing adequate occupational health resources to support this client group, and maximising their productivity.

### IS THIS ADVOCACY?

The All-Party Parliamentary Group (APPG) on Women’s Health was set up in 2016 as a forum to discuss women’s health in Westminster, hosting health conferences and looking at issues such as rationing of women’s health care and treatment of women in the NHS. Such advocacy and exploration is essential, but unfortunately undermined by the APPG website citing the *Daily Mail Online* as an example of good media coverage for the following comment: *‘Smiling Katie Piper shows off her svelte frame as she arrives at Westminster for the Women’s Health Conference.’*<sup>8</sup> This is not only disappointingly

sexist but also highly inappropriate in reference to someone of great personal resilience who has endured partial loss of sight and multiple facial operations following a deliberate acid attack. Further examples of ‘good coverage in the media’ relate to reporting of tampon packaging carrying information about checking for breast cancer. It would be of greater value to arrange specific warnings on alcohol packaging like those on tobacco for lung cancer. These examples do not promote confidence in the outcomes of this forum. Women now hold 46% of very senior manager roles in the NHS.<sup>7</sup> We should be aiming as clinicians and managers for a service that understands the female health burden and attempts to alleviate it.

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*“Not only do they [women] have a higher incidence of some of the more significant illnesses, but they also have the challenges of contraceptive and reproductive health ... they carry a higher burden of domestic work and caring responsibility.”*