Medical Sexism: Facts and Information

Facts and quotes primarily taken from Maya Dusenbery's new book, "*Doing Harm: The Truth About How Bad Medicine and Lazy Science Leave Women Dismissed, Misdiagnosed and Sick"y*

Animal Studies, Sex of Cells and Pharmacology:

Much of our research and our pharmaceuticals come from the United States and so it is important to recognise what is going on in that country when it comes to clinical trials and research parameters. Few people are aware of the fact that until the 90s, women were almost completely excluded from preclinical trials and studies. Male was assumed to be the default. This led to a number of problems, such as a lack of knowledge that there are sex differences in the presentation of various illnesses, including heart attack. It was only through the hard work of feminist activists in the 90s that the National Institute of Health's Revitalisation Act finally mandated the inclusion of women in human studies. However, for the past 25 years most researchers have continued to use largely male animals and cells in their preclinical research. Preclinical trials are critical to our understanding of how drugs act on the physiology, but the common excuse is that female mice and rats' hormonal cycles could skew results (An excuse that does not hold up under scrutiny). "Beyond animal models researchers using human cells and tissues are even less likely to pay attention to whether the cells are chromosomally XY or XX". (Pg 48, chapter1)

Quote/Example: "When it comes to animal studies, researchers can justify their exclusion of females out of concern about fetal harm. But the widespread reliance on male animals seems to stem mostly from the assumption that females hormonal cycle (a four-day cycle in rodents) complicates results. Researchers argue that to account for this variability, they'd need to use a larger sample of female animals and test them at each stage of the cycle, making the work more difficult and expensive. Of course, the same counterargument to the exclusion of women applies here: if the results of the study do vary significantly due to fluctuations in ovarian hormones, that's just all the more reason females need to be studied no matter the cost. Interestingly however, it seems that the long-standing assumption that there are hormonal cycles that make female animals inherently more variable than males is just that: an assumption. The 2014 meta-analysis of the 300 articles found that female mice weren't more variable than their male counterparts on a range of behavioural, morphological, physiological and molecular traits. And for several traits, it was the males that were more variable, perhaps, according to the researchers, largely because when male mice are housed together, they tend to fight among themselves for status, leading to differences in their levels of stress hormones and testosterone. (Page 47, chapter 1)

Fact: In 2014, a review of over 600 studies published in prominent surgery journals recently found that among cell studies, three quarters didn't specify the sex of the cell lines used and of those that did, over 70% used only male cells. This despite the fact that sex differences on the cellular level have been observed; as the 2001 IOM report put it, "every cell has a sex."

Example: In 2011, in a study published in neuroscience and biobehavioral reviews, researchers analysed animal studies from 10 biological disciplines and found a male bias in 8/10 fields. In neuroscience, physiology, and interdisciplinary biology journals, 22 to 42% of the articles didn't even mention the sex of the animals at all; in immunology more than 60% didn't. When both sexes were included, only a third analysed the results by sex. A recent study found that the proportion of male only studies […] have actually increased over the past several decades. (Chapter 1).

Fact: While women are twice as likely to be diagnosed with anxiety and depression as men, fewer than 45% of animal studies on these disorders used females. Women suffer more strokes than men and have worse outcomes when they do, yet 65% of studies based on animal stroke models included only males. Some autoimmune diseases, such as Graves' disease and systemic lupus erythematosus, are 7 to 10 times more prevalent among women (while others are found predominantly men). But three quarters of the immunity studies didn't specify subject sex. Meanwhile, a 2007 study found that roughly 80% of rodent drug studies used only male animals, even though there had been "repeated attempts to draw attention to sex dependent drug effects". […]"While there are certainly limitations to what animal studies can reveal about human health, nonetheless we do often rely on them to give us clues that help us understand disease mechanisms and develop new treatments. As long as that's the case, I'd rather be represented by the female mouse" (Maya Dusenberry, Pg 50, chapter 1).

Worth Knowing: Where Studies HAVE Looked into Gender and Sex-based Differences:

Facts:

- Women are 2 to 10 times more likely to develop autoimmune diseases.
- Women are more likely than men to recover language ability after suffering a left hemisphere stroke.
- Women who have lung cancer are more likely than their male counterparts to have never smoked.
- Women more commonly do not have any chest pain when experiencing a heart attack.

"Differences have been found in the responses to many drugs, both in the pharmacokinetics (which is how the body acts on the drug) and the pharmacodynamics (which is how the drug acts in the body).

- Women have a greater risk than men of developing a potentially fatal heart arrhythmia that can be triggered by a variety of drugs, including antibiotics, antidepressants and cholesterol-lowering drugs.
- Beta-blockers tend to have a more pronounced effect in women than men.
- Women with depression generally respond better to selective serotonin reuptake inhibitors than tricyclic antidepressants, while the opposite is true of men.
- Women tend to wake up from general anaesthesia faster than men and suffer more side-effects from it.

The sex/gender differences in drug response, it should be noted, are not all simply due to women's lower average body weight. Although that is one obvious difference, there is a complicated mix of other factors that affect pharmocokinetics, including percentage of body fat, hormonal fluctuations, enzyme levels, and speed of metabolism." (Page 44, Chapter 1: The Knowledge Gap)

Example: In 2013, the FDA announced that it was requiring the recommended dose zolpidem, the active ingredient in the popular insomnia drug Ambien, which is prescribed to about 40 million Americans each year, to be slashed in half for women. Over the years, the FDA had received about 700 reports of patients getting into car accidents the morning after taking the drug. New studies have found that because women take longer to clear the drug from their bodies, about 50% of women have a level of zolpidem in their blood that could impair driving eight hours after taking the pill compared to about 3% of men. The fact that there was a sex/gender difference in how zolpidem was metabolised was not actually news. Back in 1992, when the FDA first approved the drug, there was data showing that women's blood levels of the drug were 45% higher than those of their male counterparts. An FDA reviewer had, in fact, made this note on the drug's application: "The results suggest a gender related difference". Yet back then, it wasn't thought to matter. (Chapter 1: The Knowledge Gap, Pg 45)

Fact: in 2012 IOM report concluded that fully integrating an attention to sex/gender differences into biomedical research would require a "cultural shift within science".

Hysteria:

Fact: the word hysteria derives from the Greek word for uterus, hystera. Early Western medical texts attributed an array of physical and mental symptoms - from menstrual pain to dizziness to paralysis to a sense of suffocation - to the effects of a restless uterus roaming about the body; treatments were aimed at either enticing or driving the organ back into its proper place in the pelvis. Since a womb that "remains barren too long after puberty" was especially prone to wandering, the philosopher Plato explained, prompt marriage was another recommended cure (Page 63, Chapter 2 The Trust Gap).

Quote example: Psychoanalytic explanations have been especially popular when it comes to vulvodynia. Inexplicable pain in a woman's genital area that often interfered with sex? The symbolism proved too tempting to resist, and pseudo-Freudian theories

ran rampant. According to one influential 1978 article, "Psychosomatic vulvovaginitis is a real clinical entity that should be suspected in any patient whose vaginal complaints do not correlate with the physical findings." The patients, the researchers wrote, manifest "signs of neurosis, dependent personality, guilt feelings, emotional lability, while denying psychological difficulties" and "receive secondary gain from their symptom complex, i.e, a reason not to engage in sexual activity." Another article claimed that "**vaginismus is a conversion disorder which is a neurotic symptom symbolically representing a distorted unconscious wish. It is the active, involuntary somatic expression of the wish to prevent intercourse, plus in some cases the additional wish to capture or breakoff the penis**." (Page 233, chapter 6 The Curse of Eve)

Fact: in 2016, Endometriosis receives just $10 million and NIH funding. That means that for each patient with endometriosis, the NIH spends about $1.50. This disease affects at least 6.3 million United States. On average, it takes 6 to 8 years for a woman to receive a diagnosis.

Example: "while primary dysmenorrhoea has been considered "unexplained", over the past few decades, research has suggested that an imbalance in prostaglandins, substances that control the contraction and relaxation of uterine muscles, is likely to blame. Despite identifying it as an imbalance-one that is clearly not inevitable, since not all women do experience menstrual pain-medicine still tends to treat primary dysmenorrhoea as normal. This assumption that periods are meant to be brutally painful, is one of the primary reasons women are suffering a mass under diagnosis of Endometriosis. [Page 224, chapter 6]

QUOTE: As historian of medicine Charles Rosenberg has written, "In our culture, a disease does not exist as a social phenomenon until we agree that it does." And whenever you hear a condition described as a "contested disease", the odds are good that the "contest" is between, on the one hand, mostly women patients who believe their condition to be an organic one and, on the other hand, the medical establishment that assumes their "medically unexplained symptoms" are all in their heads."
"Indeed, all "functional" syndromes could be described as "contested", as patients typically consider their symptoms to be physical, while medicine has largely assumed them to be psychogenic by default. We see how this assumption, when it comes to unexplained chronic pain conditions-from IC to vulvodynia to fibromyalgia - has been a hindrance to furthering our scientific understanding of pain and addressing the enormous suffering it causes..."

Stereotypes:

Fact: "Many trans patients face enormous barriers to accessing the unique transitional related medical care they need. Some insurers deny coverage for gender affirming surgeries and hormone therapy. A 2011 study found that, on average, American medical students get just five hours of education on LGBT related topics during medical school. In a 2011 survey, a quarter of trans people in the United States said they delayed seeking medical care because they feared they'd face discrimination, and 19% had been refused medical care altogether. When they do seek care, trans patients often find all the symptoms are based on their trans status - whether blamed on hormone therapy or simply on the fact of being trans. This phenomena is so common that 2015 article on the British LGBT site Pink News coined the term "trans-broken arm syndrome" to describe it.

"Just as the trust gap leaves women with conditions stereotyped as "men's diseases" - from heart disease to cluster headaches - at a particular disadvantage in trying to get doctors to see past the knowledge mediated bias, women may have an especially hard time overcoming this tendency to normalise their symptoms. When you're stereotyped as an overly emotional hypochondriac, it is all the more difficult to convince doctors that something is not right for your body when some aspect of your identity tempts them to view your symptoms as normal."

Fact: 2012 meta-analysis of 20 years of published research found that, across all the studies, black patients were 22% less likely than whites to get any pain medication and 29% less likely to be treated with opioids. Latino patients are also 22% less likely to receive opioids. As is the case of gender disparities, racial/ethnic disparities were most pronounced "when a cause of pain could not be readily verified." But black patients were less likely to get opioids after traumatic injuries or surgery too. A 2015 study found that white children with appendicitis were almost 3 times as likely as black children to receive opioids in the emergency room. A toxic mix of stereotypes, thatpeople of colour are drug seekers, or that they physically don't experience pain at the same rate white people do, informs a lot of this mistreatment. (Page 155, chapter 4)

Fact: women are more likely than men to be discriminated against due to their weight in a variety of realms. According to a 2008 study from the Rudd Centre, men are not at serious risk for discrimination until they reach a BMI of 35-68 pounds "overweight" - while women experience a notable increase in discrimination at a BMI of 27 - an "excess" of just 13 poinds. The disproportionate concern over women's weight is, however, particularly unjustified; if doctors were actually basing their concerns about weight on science, not sexist biases, the opposite would be true. (Pg 243)

Fact: a range of conditions are often dismissed as menopause -and not just diseases, like Hodgkin's lymphoma or hypothyroidism, that also cause hot flushes or those, like uterine or cervical cancer, that can mimic the irregular periods of perimenopause. Women have reported receiving a diagnosis of menopause for everything from brain tumours to hepatitis C.

Me/CFS:

Fact: between 800,002.5 million Americans, over 80% of them women, are estimated to have the disease known as chronic fatigue syndrome, known in much the rest of the world as myalgic encephalomyelitis.

Fact: in 2015 the IOM issued a 300 page report, based on nearly 9000 published articles, on the host of abnormalities that have been documented in CFS/ME. The report concludes with: "ME/CFS is a serious, chronic, complex, multisystem disease that frequently and dramatically limit the activities of affected patients.

Fact: about 50 to 75% of patients are unemployed because of ME/CFS and a quarter have been confined to their homes, or even their beds for some time because of it. Patients with ME/CFS have been found to be equally or more functionally impaired than those with congestive heart failure, type II diabetes, MS, end-stage renal disease, AIDS, breast cancer, and COPD. (Page 254, chapter 7 contested illnesses).

Fact: A 1996 Australian study of 50 patients eventually diagnosed with ME/CFS, for example, *found that 85% of the women, compared to 30% of the men, had received psychiatric diagnoses during the search for an explanation*. "Their expressed emotions or signs of distress appear to have influenced the diagnosis regardless of other symptoms," the authors wrote. "In contrast, men's accounts of their symptoms and their choices about treatment were usually given credence." (Page 257, chapter 7).

Fact: in the 1980s Time Magazine published an article which belittled ME/CFS as "the yuppy flu". They caricatured middle-aged women with sex difficulties and marital problems as the typical candidate. Scholars blamed feminism for giving women too many choices and too many jobs to do, therefore exhausting them to the point that they had to make up a disease to get out of their predicament. (Page 260, chapter 7)

Fact: Postural orthostatic tachycardia syndrome, POTS, is a common form of dysautonomia, a dysfunction of the autonomic nervous system. About 80% of POTS patients are young or middle-aged women. Despite being a very clearly proven illness with highly specific, objective criteria for diagnosis, little research or funding has gone into the understanding of pots. The condition often accompanies ME/CFS.

Fact: Roughly 240,000 people in Australia suffer from ME/CFS and they're often given medical advice to engage in exercise or undertake cognitive behavioural therapy - the therapy that counsellors often use when you see them for mental health concerns. Such treatments have been discredited in the treatment of the disease, and supporters and sufferers hope the latest research goes a long way to lower the stigma of "just being lazy". [Source: http://www.abc.net.au/triplej/programs/hack/breakthrough-in-diagnosis-of-chronic-fatigue-syndrome/10188210]

Ovarian Cancer and Cardiovascular Disease – A Fundamental Misunderstanding of Symptoms

Fact: For years Ovarian cancer was known as the silent killer because it was symptomless until it was too late. However, surveys found that the vast majority of women did experience many symptoms prior to diagnosis; the only thing was, the symptoms were dismissed by the doctors. In 1988, in the US, there was a conference for survivors of the cancer during which time a Harvard physician, a speaker at the event, declared ovarian cancer symptomless. Dr Barbara Goff, a young gynaecologist oncologist, was in the audience when this was said and watched as the crowds became furious: “They decided they were mad as hell and weren’t going to take it anymore, Beth says. They stood up and started shouting, approaching the stage in "an almost theatrical embodiment of an outraged mob.”

Fact: Cardiovascular disease, which along with coronary artery disease-the cause of most heart attacks-includes conditions like stroke, heart failure, arrhythmias, and other heart problems, has been the leading cause of death for women in the United States for over a century. About one in three deaths among women each year is from heart - related causes, significantly more than from all kinds of cancer combined.

Since 1984, more women than men have been dying of cardiovascular causes each year. And while women are at relatively low risk for developing coronary artery disease than their male counterparts for most of their lives, they tend to have worse outcomes when they do get it: 26% of women versus 19% of men die within the first year of after a heart attack-a myocardial infarction, in the medical lingo. Within five years, nearly half of all women, compared to just a third of men, have heart failure, suffer a stroke or die. (Page 111, chapter 3 Heart Disease)

Fact: According to a 2017 survey, only 22% of primary care physicians and 42% of cardiologists said that they felt well prepared to assess women's cardiovascular risk. Meanwhile, a 2015 meta-analysis of 43 studies since the early 90s on women's experiences of heart disease concluded that the myth that heart disease is a "man's disease" remains pervasive.

Fact: Heart attack can present differently in women as opposed to men. Many women do not experience chest pain doing a heart attack, but do experience nausea and dizziness and shortness of breath. As many physicians are unaware of the sex/gender differences in heart attack, many women, especially those under 50, are sent home. In the US, "the rate of misdiagnosis translated into at least 11,000 missed heart attacks per year. (Page 114, chapter 3 heart disease)

Fact: "While high total cholesterol is a key predictor of future heart disease in men, low levels of HDL cholesterol-the "good" cholesterol-and high triglyceride levels are far more important in women. Having type II diabetes increases the risk of heart disease in women more than it does in men, as do stress and a history of depression. In 2011, the EHA declared for the first time that pregnancy cmplications, such as pre-eclampsia,

gestational diabetes mellitus, and pregnancy induced hypertension can serve as warning signs that a woman is more likely to develop heart disease, a link that many physicians still aren't aware of. (Page 119, chapter 3)

Fact: women, premenopausal women especially, are more likely to have other "atypical" symptoms during a heart attack often in the days or even weeks leading up to it: pain in the neck, throat, shoulder, or upper back; abdominal discomfort; shortness of breath; nausea or vomiting; sweating, anxiety, or a sense of impending doom; lightheadedness or dizziness; and unusual fatigue or insomnia. In 1996, a national survey revealed that two thirds of doctors were completely unaware of any sex/gender variations in symptoms. And a 2012 survey of American women found that less than a fifth knew the atypical symptoms like nausea and fatigue. A 2012 study that tracked more than 1.1 million heart attack patients from 1994 to 2006 concluded that a lack of chest pain helped explain why 15% of the women died in the hospital, compared to 10% of the men. Patients who never experienced chest pain were nearly twice as likely to die, due in part to delays in getting life-saving interventions. And women, in particular younger women, were overrepresented in this group: 42% of the women didn't have chest pain compared to only 31% of the men.

Example: "Perhaps the most glaring example of how a lack of attention to sex/gender differences contributes to women's under treatment is the fact that the standard test currently used to diagnose a heart attack - which measures the level of troponin, a protein released from the heart into the blood when it's damaged - is less sensitive in women. In recent years, newer "high-sensitivity" troponin tests have been developed to be able to detect the protein at much lower levels and have suggested there should be different cut offs for men and women. (Page 119, chapter 3 heart disease)

Quote: “New research has come out showing that women are more likely to survive a heart attack if they are treated by a female physician. This comes from a study looking at over half 1 million heart attack cases over the course of 20 years in Florida. It turns out that if you're a woman and you think you're having a heart attack you can improve your chances of survival by 5.4% by seeing a female physician instead of a male [...] the study showed that men also have a better chance of surviving a heart attack if they're seen by a female physician, just not as drastic an improvement as what the female patients saw. The study also showed that male doctors were much more competent if they had increased exposure to both female patients and other female physicians. Another recent study showed that male doctors make $100,000 more every year than female doctors. Men make twice as much money, but kill more patients.” **-Rebecca Watson, Aug 15 2018**, https://www.youtube.com/watch?v=UFk6MirHlJ8

Autoimmune Diseases:

Fact: according to the NIH, up to 23.5 million Americans have autoimmune diseases. But experts advocacy groups put the figure at more than twice that-50 million-since the NIH's estimates is based on only a couple dozen of the diseases for which solid epidemiology studies have been done. By comparison, 28 million Americans have heart disease, and 21 million have been diagnosed with cancer. At this point, researchers have identified between 80 and 100 different autoimmune diseases, and another 40 that are suspected of having and autoimmune bases and may eventually be added to the growing list. Overall, about three quarters of people with autoimmune diseases are women.

Rheumatoid arthritis and Multiple Sclerosis affect about twice as many women as men, while women make up 90% or more of those with Lucpus and Hashimoto's thyroiditis. In the United States, autoimmune disease makes the top 10 list of causes of death in women and girls under 65. It is the fourth leading cause of disability in women in general, and is likely the number one cause among young and middle-aged women.

Fact: for the first half of the 20th century, the possibility that the immune system could attack the body’s unhealthy tissue and cells was explicitly discounted. That theory held sway until 1956, when Dr Noel Rose, considered the father of autoimmunity, published results of a study that suggested Hashimoto's thyroiditis was driven by an autoimmune attack against the thyroid.

Fact: Studies from around the world have found that men tend to be diagnosed faster with autoimmune diseases than their female counterparts. A 2010 Chinese study found a longer diagnostic delay in female lupus patients. A 2014 Finnish study found that over a third of women, versus less than a quarter of men, experienced symptoms for more than 10 years before being diagnosed with coeliac disease. The 2013 study of myasthenia gravis patients in Australia found that the average delay in diagnosis was 3.7 years for women and 1.9 years for men. According to a 2010 German study, less than 30% of women, compared to half of men, are diagnosed with adrenal insufficiency (most commonly caused by the autoimmune condit)ion Addison's disease) within six months. (Page 148, chapter 4 autoimmune disease

Fact: in 2016, the brain tumour charity released a report on the treatment of brain tumour patients in the United Kingdom. It found that almost one in three of them had visited a doctor more than five times before receiving their diagnosis, and nearly a quarter weren't diagnosed for more than a year. Women, as well as low income patients, experience longer delays. (Page 151, chapter 4)

Fact: autoimmune diseases typically affect young women-often before they turn 30 and affect of the rest of their lives. Many become chronically disabled.

Chronic Pain

Fact: The Institute of Medicine estimates that chronic pain costs the United States $560 billion-$635 billion in healthcare costs and lost productivity each year. It is estimated roughly 40% of the population live in chronic pain. Yet in recent years, the NIH has devoted a minuscule $400 million year-about 1% of its annual budget-to studying chronic pain. That's a mere 5% of what goes to studying diabetes, heart disease, and cancer combined. *The majority of the 100 million Americans who live in chronic pain are women.*

Fact: Women are up to 4 times more likely to experience the bladder pain of interstitial cystitis, the jaw pain of temporomandibular disorders, and the widespread, full body pain of fibromyalgia. (Page 176, chapter 5 chronic pain)

Fact: According to a 1993 study, 43% of IC patients have been told they had an emotional disorder before being properly diagnosed an average of four years later. They reported being informed that their symptoms were "just nervous" and that they should "find a lover", "get married", "have a baby," or "get a life." (Page 184, chapter 5 chronic pain)

Fact: 2014, online news site N*ational Pain Report* conducted a survey of 2400 women with a range of chronic pain conditions. Over 90% of them felt the healthcare system discriminates against female patients. Over 80% felt they had been treated differently by doctors than a man would have been, and two thirds thought their doctors took their pain less seriously because they were women. 45% said a doctor had told them their pain was "all in their heads." 60% had a doctor who had admitted to not knowing what was wrong with them, and three quarters have been told they just have to “learn to live" with their pain. Almost a fifth had been told that there are pain was a result of childhood trauma. Over half had been told, “you look good, so you must be feeling better." (Page 190, chronic pain chapter 5)

Quote from page 194, chapter 5: chronic pain: "the most frustrating thing is that, until recently, women’s efforts at being the perfect female pain patients - not too hysterical, but not too stoic; not to put together, but not to disarranged - are pretty much destined to fail for those with functional pain conditions. At best, they may have found a doctor who believed the pain was real but had no explanation for understanding how to treat it. At worst, the pain would be deemed psychogenic or fabricated by default. What chronic pain patients needed was not advice on how to better communicate the symptoms, nor even individual doctors more willing to trust their accounts. Ultimately, they needed scientific research to explain the inexplicable. Instead, the most notable thing about research in chronic pain disorders, especially functional and fully understood pain disorders that largely affect women, is how little of it there's been. Even today, chronic pain conditions are grossly underfunded, relative to how many people are affected by them, how disabling they can be, and how much knowledge we lack about how to treat them. According to an estimate by the Chronic Pain Research Alliance, Vulvodynia

TMDs, interstitial cystitis, fibromyalgia, endometriosis, irritable bowel syndrome, chronic tension type headache, chronic migraine, chronic low back pain, chronic fatigue syndrome received 110 million total from the National Institutes of Health in 2014, an average investment of just $1.06 per affected patient. By comparison it spends about $35 on each person with diabetes". [Page 193, chronic pain].

Quote: “the long shadow of hysteria has also hindered scientific progress in understanding why many people develop multiple pain conditions. As far back as the 80s and 90s, all studies were showing a large degree of overlap between functional pain disorders; patients with one were more likely than the rest of the population to go on to develop another or several others. But at that time, each individual disorder was suspected of being psychogenic, so these comorbidities were just further cause for dismissal. After all, the more "medically unexplained symptoms" someone had, the more likely she would be seen as having somatisation disorder-or Briquet's syndrome or hysteria in earlier generations. According to the DSM-IV criteria for somatisation disorder, pain in four areas of the body, +2 gastrointestinal complaints, one sexual reproductive symptom, and one pseudo-neurological one could get you the diagnosis.

"It is difficult to imagine how the medical system could possibly "underplay" Fibromyalgia any more than it already has and does. Three quarters of doctors say they don't feel comfortable diagnosing the condition at all; some outright refuse to see fibromyalgia patients. Unsurprisingly, then, a 2012 population-based study that estimated that about 4 million American adults have symptoms consistent with fibromyalgia found that three quarters of them have not been officially diagnosed with the condition. And yet, despite not being "card-carrying members of the fibromyalgia club," half of them are so disabled that they are unable to work. 90% of Fibromyalgia patients are women. (Page 202 of chapter 5)

Quote: "Fibromyalgia expert Dr David Edelberg has suggested that the medical community's response to the condition displays "a medical sexism that is hard to miss even if you're not looking closely.". [Pg 203, Chapter 5]

Fact: 38 million Americans suffer from migraine, three quarters of them are women.

A Man for Credibility:

Fact: During her research, Maya Dusenberry noted that many women who found that they weren't being taken seriously by doctors and specialists, started bringing in a man with them and found that they were listened to after that. (Page 294, chapter 7)

Additional Sources:

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