COVERT SEX DISCRIMINATION AGAINST WOMEN AS MEDICAL PATIENTS

by Carol Downer

Good health care and effective delivery of family planning care can only come from a correct understanding of how we women feel about our own bodies, and how we feel about male doctors, and what can be done to help us to learn more about our own bodies.

Presently, most of us receive our obstetrical and gynecological care from male physicians. Also research into birth control and access to birth control information and care is controlled by male-dominated institutions. Our question is, "Is the quality of women's health care lowered by the fact that the male half of the human race legislates, dictates, administrates and implements health care for the female half of the human race?" The answer is an emphatic, "Yes." Not only do we, as individuals, suffer from inferior care, but the very existence of the human race on this planet is threatened by the fact that male institutions are forcing us to have more babies than we want. Don't misunderstand me - an institution has as yet to make a woman pregnant. But, putting aside for the moment the overall picture of our oppression by institutions that perpetuate male supremacy, let's consider how women are discriminated against as medical patients. A doctor's professional behavior and all information directed at us assumes that (1) we don't know anything about our bodies, and (2) we are embarrassed by examination of frank discussion of our genitals.

It is true that we have very little direct knowledge of our own bodies. We do not touch ourselves; we do not look at ourselves. Even those of us who search out the information in books of anatomy have a very unrealistic and unuseful knowledge of ourselves. And there is evidence to support the doctor's statements that we do experience embarrassment during our pelvic examinations, and we do exhibit behavior labelled "modesty." Joan Emerson, in "Behavior in Private Places, Sustaining Definitions of Reality in the Gynecological Examination" observed 75 gynecological exams and carefully recorded the behavior necessary for the male physician to examine our genitals in a medical setting so that we will not interpret his behavior as a sexual advance or as an assault. She also notes that we are expected to maintain certain behavior to sustain the proper definitions. For example, she notes that when an occasional patient would become nonchalant enough to allow herself to remain uncovered for much longer than is technically necessary she became a threat. The investigator goes on to say how the doctor and the nurse cope with this threat. Rituals of draping, attendance of a female nurse at the exam, carefully modulated voice and stylized conversation with props of medical uniforms, gloves, instruments -- all help to define the situation as a medical one. In fact, anyone reading this article will be impressed with the extreme delicacy demanded of both doctor and patient. Emerson seems to feel that most doctors carry off a poised performance. We feminists ask, "Why must this outrageous nonsense be countenanced just to maintain male supremacy in medicine?"

In evaluating Emerson's article, we note that, like nearly all the past and current literature in behavioral science, it is riddled with sexist bias. First of all, doctors are referred to as "he" and nurses are referred to as "she" without any serious taking into account the significance of these sex-determined roles, other than the implicit acknowledgment that male-female relationships are so shaky that special steps must be taken to neutralize the usual hostilities. No attempt was made to observe female gynecologists to discover how much of the elaborate rigamarole is

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necessary for them to maintain the proper relationship. But most importantly, this article never questioned the appropriateness of the present way of examining our genitals, or tried to explain why all parties are willing to go through the charade, or what accounted for the embarrassment and uneasiness that she observed. This is yet another instance of how social myopia prevents rigorous scientific effort.

Emerson's article proves what we Feminists have been saying, and that is that a male doctor cannot, by donning a white coat and a nonchalant air, rid himself of his socialization or change his social status, and we fail to see why we should be asked to participate in maintianing the polite fiction that he can.

As Feminists and as citizens who are concerned with the world's population problems we must ask these more penetrating and significant questions, (1) "Why must we be examined by male physicians at all, (2) Why must all parties be subjected to the elaborate hypocrisy necessary to perpetuate the status quo, and (3) Why do we exhibit behavior which betrays extreme embarrassment and upset?" The answer to all three questions is that in the last 100 years males have taken over the field of obstetrics and gynecology and that we are forced to endure this absurd situation with as much dignity as we can summon up. Male physicians have notions in their heads about us; they expect us to behave in a certain way; their behavior in the exam setting accordingly reflects their expectations; and lo and behold! We blush, we stammer, we lower our heads and we get the hell out as quickly as we can!

This situation cannot help but have deleterious results. For one thing, doctors spend much of their time and energy "relating" to us, helping us to unburden ourselves, giving diagnoses in a sure, confident manner, and winding up each visit with a cheerful prognosis. This emphasis on the non-medical skills of counselling and "psychology" is based on the recognition that many of the physical symptoms do result from emotional problems. Male physicians, being unable to see their complicity in maintaining the sexist society that is putting literally unbearable strains upon us, cannot admit that oftentimes we do not need, as one man said, "simple kindness," but rather simple justice. Postpartum blues are cured more by help with the housework than our husband complimenting our hairdo; menopausal depression could be cured by allowing us to lead meaningful, full lives at this time instead of our having nothing to look forward to for the remaining part of our lives except ridicule, neglect and inevitable poverty. A male physician giving a tranquilizer to help a woman adjust to a domineering husband is equivalent to distributing opium to the enemy.

Our symptoms are dismissed as emotional in origin even when they are not. Endometriosis is often accompanied by pain in heterosexual intercourse. We are told that we must learn to enjoy sex - by the time we find out that our pain is not psychological in origin, the condition has progressed where even surgery will not totally correct it.

In what has been described as "rape of the pelvis," our uteri, and ovaries are removed often needlessly. Our breasts and all supporting muscular tissue are carved out brutally in radical mastectomy. Abortion and preventive birth control methods are denied us unless we are a certain age, or married or perhaps they are denied us completely. Hospital committees decide whether or not we can have our tubes tied. Unless our uterus has "done its duty," we're often denied. We give birth in hospitals run for the convenience of the staff. We're drugged, strapped, cut, ignored, enemaed, probed, shaved - all in the name of "superior care." How can we rescue ourselves from this dilemma that male supremacy has landed us in? The solution is simple. We women must take women's medicine back into our own capable hands. It has been proven that female paramedics can take over routine gynecologic procedures. We can do things ourselves,

for ourselves and for other women. The profession of midwifery must be renewed. The profession of nursing must be restored to its former place. I'd like to mention in passing that all of us have been losers in the power play that subordinated nurses to doctors in hospitals. Nurses, most of whom happen to be women, are an important part of the medical team. Their ability to carry out their role in preventive medicine has been seriously harmed by the unwarranted promotion of the M. D. to the head of the medical team. A nurse who has been trained as an independent professional is forced into antiquated rituals of submission - such as always allowing doctors to precede her and is rarely given the same respect and pay accorded to the M. D.

The pelvic examination is not inherently painful and embarrassing. In programs involving female paramedics and in our experiences in the Self-Help Clinic, we have found that women want to know more about their bodies; and that they prefer women to take care of them.

The Self-Help Clinic is not a clinic at all, but rather a kind of meeting where we learn to examine ourselves with the plastic vaginal speculum and share our experiences and feelings. We started the Self-Help Clinic a year and a half ago because we were determined to overcome inhibitions and get back into touch with our own bodies. We were disgusted with the shoddiness and expensiveness of the medical care we were getting; we were unwilling to accept passively the laws against abortion. The self-Help Clinic is one part of a giant upsurge of interest in women's health care. The day of the all-wise male gynecologist is over. We want abortion on demand, home birth, female midwives, safer and more readily available contraceptives, increased opportunity to become doctors and more active participation of the women's community in the delivery of health care.

As is presently being implemented in the Self-Help Clinic program in Los Angeles and throughout the United States, women meet in small groups for six weekly sessions. There, we who have some experience, show how to insert the plastic vaginal speculum for cervical examination and how to give bimanual pelvic examinations. Basic information of birth control, venereal disease and cancer is shared, and in the informal atmosphere, we relate this information to our personal situations. Any initial reticence is soon overcome and before the end of the six week period, nearly all have used the speculum in a group situation. All of us have our own speculum that we now include in our personal health care equipment. No advice or treatment is given in the class. We go to the doctor for further answers when necessary. Our program has met with outstanding success. We are enthusiastic about how much we have learned, and about how much more comfortable we feel about our own bodies, how we can take better care of ourselves for we have greater self-knowledge and can be better medical consumers. We aren't panicked into a hysterectomy simply because we got a suspicious Pap smear reading; we question the doctor carefully about the risks involved in using various types of contraceptives - when he says the risk is acceptable, we ask, "acceptable to whom;" we shop for the best abortion as we have discovered that the most expensive abortions are generally the worst; we don't feel guilty for taking the doctor's time when we have a question we feel is important; and we refuse to accept any explanation of our ills that would imply that we are dumb, or foolish or hypersensitive, etc. Also, now that we have found out for ourselves how really simple most of the things than an obstetrician or a gynecologist does - after all - a pregnant woman or a woman needing an abortion is not ill - we're exploring ways to learn to do these things ourselves. Abortions are so simple, they are downright dull; vaginal infections are diagnosed with a microscope; pap smears are easier to do than setting our hair; fitting a diaphragm is less complicated than stuffing a turkey. We can do these things. And time is short as the males who control our bodies, collectively and individually, are forcing us to overpopulate this planet. We must regain control of our reproduction by

knocking down all barriers such as laws relating to abortion, homosexuality, birth control, venereal disease, prostitution. Research into birth control must be controlled by women. Billions of dollars have been expended to develop noxious substances to shove down our throats and irritating devices to shove up our uteri. Yet, it took a group of non-professional women to develop the concept of menstrual extraction.

Now let me get into this discussion of who developed menstrual extraction and I think you'll see the different way that the male mind works from the female mind. Quite a few doctors and inventors have been exploring the possibilities of doing early abortions using the small diameter plastic cannula with vacuum aspiration to remove the contents of the uterus. Inevitably, the trend of performing the procedure earlier and earlier reached ground-zero, that is, the moment the menstrual period was late. Procedures done in this "gray area" - after pregnancy was suspected and before it was confirmed - were labelled "menstrual extraction." Meanwhile, in the women's movement we adapted the same technology so that we could extract our menstrual periods, on time or a bit late. This we did in groups using a specially designed device after training in an improved technique ourselves. We are totally unconcerned with the question of whether or not a certain menstrual extraction would be classified as an abortion. We simply want to control our bodies, to regulate our reproduction at whatever point we are in our reproductive cycle, or to relieve menstrual cramps, or to insure that a menstrual period will not spoil a vacation or a venture. It is the male mind that is fascinated with the question of whether or not a given menstrual extraction is an abortion and whether or not his precious sperm will be interrupted in its journey to manhood.

Dr. Elizabeth Easley implored her colleagues to consider the gynecologic repercussions of the dilemma of women in our culture. She prefaced her remarks which went ignored, by the way, with "Let me make it clear that I am no wild-eyed radical crusading for Women's Liberation." Let me make it clear that I <u>am</u> a wild-eyed radical crusading for women's liberation from the complete ownership of our bodies by males.

It so happens, however, that the issues I have brought up today go far beyond the issue of better medical care - even further than the issues of women's rights - what we are talking about is the future of the human race. Women can and do exercise reproductive responsibility when allowed - the question is - will we be allowed to?

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