FITNESS / HEALTH

Negative Medical Language Is Having a Direct Impact on Women's Health Services

By Tara Cropper
Updated on 13 Aug 2022 at 20:23

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Hands up how many women have heard the terms: "Failing to conceive", "Inhospitable world", "poor maternal effort"? I'm guessing quite a few. It took 27 years for a medical professional to conclude that, as a woman, I was simply "designed badly". A phrase delivered as thought it also concluded my debilitating endometriosis and painful Bladder syndrome symptoms. (Dear reader: it did not).

> "Time and again we see women's health consistently deprioritised and overlooked."

Throughout a woman's life — whether they're going through puberty, birth, infertility, or menopause — a woman has been "medically defined as faulty, defective, and deficient," says Dr Oliver Creighton in her powerful book "Unwell Women."

Of course, women are not "designed badly", but rather a victim of systemic medical misogyny and a shocking lack of funding and research into improving our lives. And the negative and incorrect language used when it comes to women's health and their conditions is a larger part of that puzzle that you might not have ever considered. The truth is, this outdated language is having a direct impact on the care (or lack of) that women are receiving, thus contributing to the ever-increasing NHS waiting lists for gynaecological services.

The Number of women waiting over a year for gynaecology treatment in England has risen from 86 people to a staggering 26,000 since the pandemic. "The reason gynaecology waiting lists have seen the biggest growth is because time and again we see women's health consistently deprioritised and overlooked," Edward Morris, president of Royal College of Obstetricians and Gynaecologists sums up — and negative language is undoubtedly a contributing factor.

What is the Gender Health Gap?

To start, let's talk about the gender health gap, which recognises that women receive poorer medical care than men. Writer Caroline Criado-Perez shines in her book, "Invisible Women: Exposing Data Bias in a World Designed for Men", that healthcare has been "systematically discriminating against women, leaving them chronically misunderstood, mistreated and misdiagnosed".

And it goes way back — we're talking back to Ancient Greece. Over the years, women have been accused of hysteria, punished for medical conditions beyond their control, women who were endowed have been terrifyingly operated on against their will, and women have long been banned from studying medicine.

Given the horrific history, it seems somewhat superfluous to focus solely on what may appear as a few "silly comments". But when the quality of women's lives are at stake, misuse of words develops into a lack of action, adequate care, and a widening of this health gap.

The Influence of Negative Language on Health Conditions

In her work, Dr Creighton states: "Before our pain is taken seriously as a symptom of a possible disease, it has to first be validated — and believed — by a medical professional." It's a statement so simple in its premise but so powerful in what it represents for a huge number of women.

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I spoke to various women diagnosed with health conditions like endometriosis, PCOS, adenomyosis, chronic UTIs (which is another left out of research), and fibroids, about their experiences with medical professionals, which were eye-opening but unsurprising.

> "I had experience seeing a gynaecologist who deliberately skimmed over using words such as vagina and vulva."

Peri Mari has PCOS and was on the pill when she visited her GP with concerns. She explained that the pill was severely impacting her mental health but was told "It's very rare for the pill to affect one's mental health", and no further help was given. Mari was luckily seeking help from a therapist at the time who was able to give her the necessary support she deserved.

Misusing "rare" is a common way to dismiss women's concerns. I was personally interrupted about my endometriosis diagnosis (which had been confirmed via surgery for over six years) by a consultant who especially told me "It's just very rare for a woman of your age [28] to have endometriosis", as a way of trying to disprove the very real, (and very much diagnosed) symptoms I was experiencing.

Endometriosis is anything but rare, as are mental health concerns raised due to hormonal contraceptive.

The irony is, a lot of chronically unwell women are told they aren't doing enough for themselves, despite raising concerns as Mari did. Gabi Pearson, cofounder of Menstrual Health Project, has repeatedly been told that she "wouldn't be in this situation" (severe endometriosis) if she looked after herself better and that it was "due to her weight". Not only can these comments have a devastating impact on someone's sense of self, they're factually incorrect.

What was surprising to me during my research was the number of messages I received about how many GPs were unwilling to use medical terminology. "I had experienced seeing a gynaecologist who deliberately skimmed over using words such as 'vagina' and 'vulva'," Simran Magar explained. Magar said that whilst this "isn't overly negative, it does have an effect on how you feel about your treatment, levels of embarrassment, and confidence in their assessment."

Dismissive Language Surrounding Fertility

Fertility and infertility is another area where negative and dismissive language is rife, and it can have devastating impacts on a situation that is already incredibly distressing. This is something that Dr Hiral Patel, a private GP and mental health coach has experienced. Dr Patel had woken up from the anaesthetic following her egg retrieval surgery of her second IVF treatment, and "the first thing the gynaecologist said to me was 'you have no womb lining and are essentially infertile and cancer progress any further with the IVF process' and walked away," she explained. Dr Patel thought that her doctor would have been "a little more sensitive and kind in delivering such devastating news," even more so given she was a doctor herself.

Speaking from a doctor's point of view, Dr Patel was honest in saying that prior to her experiences as a patient, she thought there was no outdated or negative language used in the healthcare system. "I realise that how we break bad news as a health professional is so important, and how important it is to have empathy and compassion whilst doing so."

Why Maternity Care System Language Needs an Overhaul

There are little things in life that leave someone feeling so vulnerable as they do during childbirth. The language that is relayed to women during birth has very real, physical impacts on how the labour plays out. This is something hypnobirthing teacher Hannah Brown has plenty of experience with.

> "Labour can stall purely from hearing negative language, which can then cascade into all sorts of unnecessary intervention."

Common medical terms used in the maternity care system include "failing to progress" and "You are only 2cms dilated". Although seemingly harmless, Brown notes that in such a state of exhaustion and vulnerability, such terms can have a huge impact on a woman's confidence and be "detrimental to how labour pans out."

One of the more shocking language examples Brown's clients are often told is that there was a "poor maternal effort" during labour. The term is used to describe exhaustion a woman experiences during pushing. But, in reality, when a woman is trying her very best — often experiencing feelings of apprehension and even fear — midwives and doctors don't have time to explain exactly what the term means. All a woman hears is that they weren't trying hard enough.

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"Racist assumptions that Black women feel less pain than white women echo insidiously through medical practice today," states Dr Creighon, which is something Nancy Roberts experienced on top of unexpectedly and dangerous language. At 23 weeks, "Having the labour of my daughter, my midwife begged for the doctor to help due to the baby being breech," but was told that "the baby isn't even viable and is a waste of time," she reflects. "I believe a white woman would've received more compassion but I'll never know. (...) Black people are known for getting on with it."

Brown notes that clients have left feeling like they "failed their baby" from the very moment they are born, which has contributed to postnatal depression. "What we do know about labour is that the birthing hormones are facilitated when we feel safe and private; language such as this takes us so far away from feeling safe that labour can stall purely from hearing negative language, which can then cascade into all sorts of unnecessary intervention," she explains.

The Ingrained Downplaying of Menopause Symptoms

Women going through all stages of menopause have been fobbed off for years, along with having its fair share of pejoratively language. The literal definition of premature menopause is "ovarian failure before the age of 40."

This is a topic MP Emma Hardy brought to light during her recent Westminster Hall debate about gynaecological service waiting times, speaking of women who have been blighted by debilitating conditions (including complications from the transvaginal mesh implant) being inaccurately labelled as "benign". The use of language signals that these conditions aren't severely impacting a woman's quality of life, and therefore, not getting adequate treatment.

Dr Patel notes that women often come to her dismissing themselves and their "women's problems", as though they aren't important. This ingrained nature of downplaying symptoms can lead to treatment delays, and in some cases, no treatment at all.

So, Where Does All of This Leave Us?

If women are to be given the time, space, and respect to get the treatment they deserve, (and without having to wait years to get it), then it's imperative that we recognise that the negative language used toward women in the medical field is having a direct impact on the level of care they receive.

Despite the government releasing its "women's health strategy" and appointed England's first women's health ambassador, there are little actionable steps clearly outlining how change is going to be implemented. There needs to be a clear shift in reviewing outdated language, adequate funding, doctor training and a cultural shift toward a compassionate and nondiscriminatory care.

Although Dr Creighon was referring to the 1980s medical bias, it still rings true today. Negative language and fundamental rights being stripped away "wasn't just delaying women's diagnoses; it was killing them."

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