

Treating Men and Women Unequally is the Path to Equal Healthcare

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Two cars travel along a road heading in opposite directions. One driver is male, one female. Their families both wait at home, eager for their arrival. Perhaps one is bringing home a well-anticipated dinner, perhaps the other bears a birthday cake for one of their children.

The night is cold and home is enticing. Both drivers begin to trickle over the speed limit. In a shortage of good fortune, and in a moment of recklessness, the cars collide. Inertia throws their bodies forwards before their seatbelts snap them back and airbags inflate. The aftermath will be disastrous for both.

The man's seatbelt lies firmly across his chest and disperses the force of the impact across his torso. A well-designed seat backing is accustomed to his weight and reduces the effect of whiplash. His height means that he is seated far enough from the steering wheel to be safe.

But the woman's seat belt sits differently over her body - it was designed for the body of a man. Her car's whiplash prevention measures fail to account for the fact that her neck is weaker than the males it was designed for. She is three times more likely to suffer from whiplash injuries. Her height means that she is seated closer to the wheel and when the airbag inflates it will cause damage to her face.

She is 73% more likely to be seriously injured than the man on the other end of the crash. She is 17% more likely to be killed.

Since car crash dummies are designed for the proportions of a man's body, car safety tests often overlook the effect of crashes on female drivers. These tests have previously been deemed sufficient as the body of a woman was presumed to be identical to the proportions of a man.

Regulation has come a long way in Australia and tests are beginning to involve a more diverse range of dummies with proportions catering to those of females. Although this is great progress for women's health, it does not account for the female lives at risk daily that will remain at risk until the inherent design of car safety mechanisms is improved.

A bustling crowd flows through corners of a street.

In one world a man falls to the ground, unconscious. Fragments of the crowd rush to his aid. Most know CPR, having practised the procedure on manikins in first aid lessons. Their hands are placed over his chest just the way they were taught, and the movement required for CPR is confident and fluent.

In another world, a woman falls to the ground, unconscious. People begin to crowd around her. Although most know CPR, they are scared to touch her chest - it is different to the dummies they have learnt on. They do not know that CPR is to be conducted the same way as on those male manikins: the heel of the hand placed on the lower breastbone with enough pressure to compress the chest $\frac{1}{3}$ down. Hesitation reduces her chance of surviving. She is 27% less likely to receive CPR at all. It is not the fault of the individual, rather, the innate bias of the system has failed them all.

By teaching first aid solely on manikins modelled from men, women have reduced access to the healthcare that is public knowledge of first aid. The current system fails to account for the obvious differences in body composition, again using male bodies as a standard. This is another example where treating men and women unequally is the path to equal healthcare. The creation of the WoManikin is a step towards this equality. Though not regulated within the teaching of first-aid yet, the WoManikin was created in 2019 as a solution to the standard male manikins that are used to teach CPR. WoManikin aims to “encourage more people to administer CPR to women in public”, mimicking the female chest for teaching purposes.

Treating women as smaller men is a barrier to achieving the goal of effective healthcare for all. In medicine, the differences between men and women must be acknowledged to support comprehensive healthcare delivery.

This difference in treatment extends further than the design of cars and dummies. Many pieces of medical knowledge were developed from the testing and research of male biology and the idea that men and women have identical body compositions continues. For example, the well-known symptoms of a heart attack are those pertaining to the experience of a man. The widespread acceptance of these symptoms can contribute to a lack of help sought from women, who mostly experience “less-common” symptoms. Under-researched effects of diseases on the bodies of women can lead to misdiagnosis and lack of treatment prescribed - not only does this affect the population of women, it affects the health industry as a whole.

The healthcare industry has made significant improvements in developing a safer world for all, yet there continues to be immeasurable potential for more.

Healthcare is an industry that should be effective for all through a lack of bias; hopefully, by acknowledging the differences in female and male physique, more equal healthcare is set in our future.

(863 words)

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