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On 9 April 2016, the CPME Board adopted the 'CPME Policy on Sex and Gender in medicine' (CPME 2016/036 FINAL)

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### CPME Policy on Sex and Gender<sup>1</sup> in medicine

*The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues<sup>2</sup>.*

#### **Background**

Healthcare should be guided by the principle that everyone should receive high quality care, irrespective of age, race, religion, faith, sex and gender, sexual orientation, disability, socioeconomic circumstances or cultural background. In recent years, awareness of significant differences between men and women, in terms of health-seeking and risk-taking behaviours, disease manifestations and treatment effects, have led to an increased interest in a sex and gender (S&G) sensitive approach.

Men and women are not equal when it comes to health. For instance, life expectancy at birth in 2013 in the EU-28 was estimated at 83.3 years for women and 77.8 years for men (2). Despite this higher life expectancy, women will experience, on average, 5.4 more years with chronic illness than men (3). In addition, certain conditions such as some mental disorders (e.g. depression and anxiety) have a higher prevalence in women (4) and of course some specific cancers affect men and women differently. (5)(6)

Contrary to common perceptions, cardiovascular disease does not affect only men but is also one of the leading causes of death for women. However, the manifestations of cardiovascular disease differ considerably between men and women. These variations are due to several factors - ranging from

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#### <sup>1</sup> Definitions:

According to the World Health Organisation (WHO), "Gender" refers to the socially constructed characteristics of women and men – such as norms, roles and relationships of and between groups of women and men. It varies from society to society and can be changed whereas "Sex" refers to the biological characteristics that define humans as female or male. While these sets of biological characteristics are not mutually exclusive, as there are individuals who possess both, they tend to differentiate humans as males and females.

<sup>2</sup> CPME is registered in the Transparency Register with the ID number 9276943405-41. More information about CPME's activities can be found under [www.cpme.eu](http://www.cpme.eu)



cellular physiopathology to hormonal changes - but also to certain risk factors (e.g. unhealthy diet, physical inactivity and mental health), corresponding to gender related behaviours of women and men. (1)(7)(8)

Various S&G mechanisms lead not only to different manifestations of diseases in men and women but also to unequal responses to treatments. For example, evidence has shown that certain diagnoses and treatments of cardiovascular diseases, which are suitable in men, perform less well in women (9). Indeed, the success of treatment can be influenced by sex differences that are observed in pharmacology, i.e. in the way a drug will be absorbed, distributed, metabolised and excreted by the human body.

Finally, S&G differences also influence use of and access to healthcare services and the way health systems respond to patient needs.

Currently, both medical research and healthcare fail to appropriately take into account the specificities of men and women to diagnose and treat patients. There is growing evidence that a S&G sensitive approach would contribute to providing better targeted and more efficient treatments to patients and would help tackle the challenges faced by our societies – such as the increasing burden of chronic diseases - leading ultimately to the development of tailored intervention strategies for the benefit of patients and society in the context of increasing constraints on healthcare systems.

A successful S&G approach incorporates various dimensions, from (i) basic research, pharmacological research and clinical research to (ii) ensuring appropriate medical education and training throughout the professional continuum, as well as (iii) public health and disease prevention.

### **From basic research to pharmacological and clinical research**

Study of sex differences in cells, tissues and organs as well as gene regulation is a growing area for basic research. Additionally, medical research would gain significantly from paying more attention to sex differences in the course of animal testing and clinical trials. Indeed, a more S&G sensitive approach in both basic and clinical research could be expected to lead to innovations which are more responsive to societal and health needs.

Further steps should therefore be taken in the area of research e.g. by:

- Better consolidation of sex and gender expertise and more proactive inclusion of S&G analysis into each step of the research process;
- Increased communication to medical societies of findings and evidence gained through the research process, for instance through dedicated congresses;
- Paying further attention to S&G analysis when funding EU research;
- Increased research on impact and efficiency aspects of S&G sensitive measures for men and women's health, including prevention measures.
- Integration of S&G related knowledge into existing and new guidelines.



### **Medical Education and Training**

In order to improve the quality of medical care for men and women, S&G should be integrated into undergraduate medical curricula to foster students' and future doctors' knowledge, practical and communicative skills on S&G differences as far as the development, prevention, diagnosis and treatment of diseases is concerned (10). In addition, S&G should also be integrated into continuing medical education to raise awareness in the medical community and among healthcare professionals and to address the S&G gap in medical professional knowledge.

Various initiatives could help to reach this goal e.g.:

- Support for the inclusion of S&G dimension in the education curriculum as a cross-cutting issue as well as in the post-graduate training through Continuing Professional Development (CPD);
- Development and exchange of best practices, for instance through the organisation of workshops;
- Identification of leading teachers and researchers in this field;
- Use of developed gender medicine modules and e-Learning materials such as web based platforms and online training;

### **Public health and disease prevention**

Since social determinants of health like gender and intersecting factors (age, ethnicity, sexual orientation, socioeconomic status and education) influence manifestations of non-communicable diseases in both men and women, awareness of the positive impact of prevention should be increased not only among healthcare professionals but also in the general population. It should be seen as an opportunity to foster a more personalized approach for treatments which integrates sociocultural and structural factors.

Various public health actions should be encouraged such as:

- Promotion of a healthcare continuum, starting with prevention and early detection and continuing with a prevention and/or treatment plan tailored to each patient;
- Addressing high prevalence and relevant risk factors as a major step towards prevention of chronic disease development ;
- More systematic inclusion of the existing knowledge on S&G differences into information materials for patients, doctors and other healthcare professionals.

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Supplementary data are available online at [www.liebertpub.com/jwh](http://www.liebertpub.com/jwh)