

Virtual Mentor

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FROM THE EDITOR

Sex, Gender, and Why the Differences Matter

The Mars versus Venus distinction is commonly used to refer to the age-old dialog over the differences between men and women, differences that undoubtedly will be pondered, researched, and challenged for lifetimes to come. The subject of the sex and gender difference is now advancing with renewed vigor to the forefront of the study and practice of medicine. Just as it has long been known that children are not miniature adults, there is increasing focus on how the differences between the sexes affect how illnesses are diagnosed, run their course, and respond to treatment.

First though, it is necessary to point out that the terms sex and gender are not synonyms. Sex refers to the biological differences between males and females. Gender refers to the continuum of complex psychosocial self-perceptions, attitudes, and expectations people have about members of both sexes. Even the terms male and female, man and woman are not interchangeable. What it means to be male or female originates from physical characteristics derived from sex chromosomes and genes that lead to certain gonads, internal and external genitalia, and physiological hormones. Being a man or a woman holds broader meaning, with cultural concepts of masculinity and femininity coming into play. This issue of *Virtual Mentor* will not focus so much on why sex and gender should not be used interchangeably, but instead on how sex and gender together and to varying degrees influence today's practice of medicine [1].

Three obvious aspects of sex and gender in medicine are patient requests for a male or female physician, the choices men and women make about their medical career path, and how, if at all, sex discrimination factors into pain management. Muhammad Waseem and Aaron Miller frame their commentary on patient requests for a male or female physician around the results of a survey of children and their parents and their preferences for a doctor who is male, female, or has the most experience [2]. They then extend their train of thought and comment on some of the reasons behind such requests and the practical management of these situations.

In another clinical case, James Nuovo explores the role of gender in medical residency. To students preparing for residency interviews, he offers advice on what types of questions are "off limits" and how to respond to inappropriate inquiries. Allison Grady's journal discussion examines the reasons behind the apparent "gender gap" in authorship of medical journal publications, and in the health law section Kristin Pulatie studies employment laws that protect women who are pregnant and other caregivers.

On the topic of pain management, Andreea Seritan and Scott Fishman contribute a thoughtful joint perspective on unequal sex-related treatment for back pain. Approaching the pain problem from the clinical side, Robert McCarron provides a clinical pearl on strategies for managing somatoform disorders. Dr. McCarron recognizes that somatoform disorders are a frequent source of frustration for physicians and that the medicine-psychiatry interface is the key to handling troublesome, unexplained physical complaints.

In the policy forum article, Claire Pomeroy takes readers through the social determinants of HIV risk in women. She believes that better education, social and economic empowerment, and more sensitive care for women with HIV/AIDS are necessary to reduce the prevalence and stigma of the disease in this half of the patient population. Dr. Pomeroy also envisions a role for U.S. physicians in stemming the epidemic's effects on women. Roberta Loewy takes a philosophical view of the role of women in medicine, explaining what the growing number of women in medicine means for society. In a personal narrative, Amy Lehman shares a first-hand view of how she chose to enter the male-dominated field of surgery. Finally, Kay Nelsen argues on behalf of centers devoted to women's health, but says that the emphasis on women's health should not come at the price of excluding other populations.

Sex and gender differences affect not only the patients of medicine but the practitioners themselves, playing a role in the day-to-day functions of a doctor and extending into the legal, political, philosophical, and humanities realms as well. This issue of *Virtual Mentor* presents arguments for why it is important to focus on men and women separately rather than viewing and treating them as a unisex patient. I hope that, after reading about some of the key issues and component parts of the complex questions involving sex and gender in medicine, readers will consider for themselves whether the "differences" continue to be overemphasized or underemphasized in medicine in the present day.

References

1. Diamond M, Crawford M, ed. Sex and gender: same or different? http://www.hawaii.edu/PCSS/online_artcls/intersex/sex_gender.html. Accessed June 16, 2008.
2. Waseem M, Ryan M. "Doctor" or "doctora": do patients care? *Pediatr Emerg Care*. 2005;21(8):515-517.

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