Women's health
by Dr Saville Furman MBChB MFGP

The articles reviewed this month appeared in the Journal of the Royal College of General Practitioners in October 1981 and March 1982. They are chosen from a series entitled “Women's health”.


In this article, four propositions are put forward:

1. Women doctors and medical students are different from their male counterparts in certain respects. These differences seem to reflect differences in male and female socialization.

2. The qualities which women doctors tend to have and which women in general tend to have, correspond with the qualities patients desire in a good doctor.

3. Female patients are more likely than male patients to prefer women doctors and in effect recognize the link between the first and second propositions. Male patients, although they seek similar characteristics in their doctor, are less likely to associate these characteristics with a woman.

4. The outcome of doctor-patient exchanges is significantly different in a number of respects according to whether the doctor is a man or a woman. Communication is easier, more time is given, drugs are less frequently prescribed and women patients are treated more seriously if the doctor is a woman.

All in all, it would seem to make sense for patients, particularly women, to seek out woman doctors. This is suggested because it seems that women doctors seem to bring in to their professional lives some features of female socialization which are positive.

These attributes could well benefit male doctors, if it is true that not all aspects of female socialization are negative, then not all aspects of male/male socialization are positive; male doctors and their patients may suffer from patterns of socialization which encourage men to be tough and unemotional.

Medical teachers might well consider supplementing the influence of growing numbers of women in medical schools with a programme of medical education aimed at socializing male medical students into losing some ‘maleness’ and gaining some ‘females’, that is, gaining such benefits of female socialization as care, warmth, patience and love.

Provision of Rubella Immunization in General Practitioner Family Planning services by NA Black (Journal of the Royal College of GP Oct 1981 p593-595)

A study in Oxfordshire supports the feasibility of offering screening followed by rubella immunization as part of family planning services in General Practice.

Dr Black concluded that despite the availability of rubella vaccine for the past ten years, a considerable proportion of women of child bearing age are still unprotected.

In the paper, he described a screening procedure that is reasonable for General Practitioners and highly acceptable to patients.

- Those known to be sero-positive (from previous testing)
- Those known to have been immunized (school or post nataly)
- Those unknown (no record of previous testing or immunization)

A clinical history of rubella (from either patient or her notes) was not accepted as evidence of immunity. Blood samples were taken from those who accepted screening (84%) and those found to be sero-negative (non-immune) were asked to return for immunization.

Dr Black stresses that considering the amount of work that has to go into the discovery of sero-negative cases it is important that a high proportion are finally immunized.

How women feel about their sterilization by AF Wright (Journal of the Royal College of GP Oct 1981 p598-604)

In a survey in the Scottish town of Glenrothes, Dr Wright, a General Practitioner, concluded that sterilization counselling should be available for younger women seeking sterilization, so that the risk of subsequent regret is minimized.

Dr Wright feels that the General Practitioner is often well placed to provide suitable counselling as he or she usually knows a good deal about the individual, the marriage and the family.

He is convinced that it is worthwhile to look carefully at why