

An Expanded Definition of “Women’s Health”

While participating in meetings of the American Medical Association, it frequently frustrated me that conversations billed as covering “women’s health” in actuality focused almost exclusively on topics that would be more appropriately labelled as women’s reproductive health. Although maintaining reproductive health is vital, there is an increasing amount of evidence that indicates the presence of sex and gender differences in all areas of health and disease. Raising awareness of these differences is an important project in AMWA and was the focus of the Sex and Gender Medical Education Summit that was co-sponsored by AMWA in the Fall of 2015. To raise awareness of these differences among the greater medical community that is represented by the American Medical Association, I wrote a resolution for the AMA Annual Meeting in 2015, that I presented on behalf of the Women Physician Section (WPS).

This Resolution asked that the AMA adopt a new definition of women’s health so that “future discussion within our American Medical Association of topics labeled as “women’s health” reflect (a) more accurate and inclusive definition; i.e., the term “women’s health” refers to all health conditions for which there is evidence in women, compared to men, of differing risks, presentations, and/or responses to treatment, as well as those reproductive issues exclusive to women; and that (2) our AMA encourage members to incorporate evidence-based information regarding the impact of sex and gender into their daily practices.” After the WPS met with representatives from the American College of Obstetrics and Gynecology, the title of this Resolution was changed to “an expanded definition of women’s health”. Testimony regarding this resolution was then heard at an AMA Reference Committee. Unfortunately, the Committee recommended that this Resolution not be adopted. Not wanting discussion of this topic to end at that point, I and other members of the WPS then met with representatives of a variety of groups within the AMA, including the medical students, the LGBTQAI caucus, the orthopaedic surgeons, and members of various regional delegations. Subsequently, the members of the AMA House of Delegates overwhelmingly agreed to support extraction of this Resolution from the business of the House of Delegates and to refer this topic for further study.

Over the past several months, I have been providing input to the AMA to help craft the report. The staff of the AMA, as well as the Council on Science and Public Health, who were tasked with researching and drafting this report, have understood the importance and far-reaching effects of this topic. The Report was presented at the AMA meeting earlier this month and was adopted by consensus. A copy of the Report can be found [here](#). The Report concludes that “the medical and scientific understanding of women’s health has changed substantially over time, now encompassing diseases and conditions that are unique to women, more prevalent in women, more serious in women, and treated differently in women. Understanding sex differences that impact health and disease will lead to better care for both men and women.” Further, the Report recommends that the AMA develop new policy that “recognize(s) the term “women’s health” as inclusive of all health conditions for which there is evidence that women’s risks, presentations, and/or responses to treatments are different from those of men, and encourage that evidence-based information regarding the impact of sex and gender be incorporated into medical practice, research, and training.” It also recommended that prior AMA policy on research in women be reaffirmed, with expansion of this to assure inclusion of pregnant women, when appropriate, in clinical trials.

Although taking more than a year to bring this to fruition, this project has been productive in getting another group of physicians- one that includes representation from all specialties and from all areas of the country and wields significant influence - to the table to discuss the impact of sex and gender differences on health and disease. The process has led to additional coalition-building within the house of medicine, with AMWA taking a leadership role. My experience with this reflects 2 of the messages that I plan to emphasize during my term as President of AWMA: 1) we can ALL effect change; but, to do so, 2) we need to reach out to others who have (but may not realize they have) similar interests and additional spheres of influence. Together, we have the ability to tackle almost any issue that arises. At the end of the AMA meeting, after this Report was adopted, a (male) member of the AMA approached me and asked, “doesn’t it feel good to make a difference?”. Yes, it does. But it feels even better when WE make a difference.