

SHORT COMMUNICATION

PROBLEMS FACED BY MALE MEDICAL STUDENTS IN LEARNING ON FEMALE SUBJECTS

Aqeel Subhani, Shoaib Khan

Students Final Year MBBS, Ayub Medical College, Abbottabad.

Professionally speaking, the profession of medicine does not make any real distinction between males and females. The doctors have an equal obligation towards their patients, no matter whichever gender they belong to. Medical students enjoy equal rights of learning on the patients without any distinction of gender. But no matter how much we decrease the gender discrimination; there is a natural difference among males and females which no one can refuse to.

This gender difference gets exposed in a country like Pakistan, where religious beliefs and cultural and social forces do not allow an open interaction between opposite sex. This problem is more serious for male medical students when the patient on which they are supposed to learn is a female.

This gender problem has lead to many difficulties, some are highlighted below.

PROBLEMS

In a specialty like Gynecology and obstetrics, where the learning subject is always a female, this problem gets pronounced. Male students do not get enough chances to examine and assist important procedures.¹ This will lead to frustration and a decreased interest in male students in this specialty. Now in Pakistan, Gynecology has become a specialty almost exclusively for females. These students becoming doctor will be hesitant to discuss important gynecological problems with their female patients which can lead to many problems.²

In peripheries and villages, where still the people do not have easy access to health facilities and often only one doctor covers the whole village, this problem can lead to some serious consequences. Often there are no lady doctors available and the people are reluctant to get their females checked by male doctors. People would prefer to have home deliveries on deliveries with a male doctor. This is one of the many causes of high maternal mortality rate in Pakistan.

Decreased exposure of male medical students to female patients during their learning career can lead to defective performance, when they find themselves with female patients in peripheries. They may not be able to correctly

diagnose and manage female patients only because they had not had enough experience with female patients.

Gender differences often lead to a lot of ethical complications. Students and doctors often face these ethical dilemmas where the patients have an obligation to allow the students to learn on them³ and medical personnel have an obligation to respect the consent of the patient. Often the students will underestimate the importance of taking consent.⁴ A conflict has arisen between education and ethics.

These problems may be serious in countries like Pakistan, but no one can refuse to the fact that the western developed nations also face these problems; the intensity may not be that much high. A study conducted in U K showed that female patients prefer female students on male students to question or examine them.⁵

The important factors that increase and intensify these problems are discussed now.

CAUSES

Pakistan is an Islamic country and the people here are strict followers of the teachings given by their religion. Interaction between opposite gender has many restrictions. Exposure is an unavoidable step in the examination of a patient. Often the females will refuse to expose themselves in front of males, even if he is a medical student. This problem gets amplified in NWFP because of religious strictness.

Social values also take their toll in Pakistan and aggravate this problem. Females observing strict veil (parda) will surely refuse a male medical student to examine them and will often refuse give history even.

Relatives' behavior is also an important factor in this setting. Most men would not allow their sisters, wives, mothers and daughters to be examined by male students.

Surely these are very important problems and need careful and detailed consideration.

SOLUTIONS

Following strategies should be able to decrease the intensity of these problems.

Teachers can play a pivotal role in improving the relationship between the students

and patients. Often the teacher is able to clear any misconceptions in the minds of these patients and the patients will consent to be examined by male students.

The way a male student presents himself, his dressing, his attitude and his communication skills can be very helpful in gaining confidence of a female patient.⁶

The education of the patients is an indirect factor that is also very important. An educated female with 3 or 4 children may give consent easily but a parva observing illiterate primigravida will not even give history on most occasions.⁷⁻⁸ Identifying the more favorable patients is also important. A female coming first time to a teaching hospital may not give consent but once a student examines her, next time the consent will be easier.⁹

A male and female student examining a patient together will get consent more easily than a male student alone. Making groups of students with males and females together can also help.

REFERENCES

1. Ching SL, Gates EA, Robertson PA. Factors influencing obstetric and gynecologic patients' decisions toward

medical student involvement in the outpatient setting. *Am J Obstet Gynecol* 2000;182:1429-32.

2. Higham J, Steer PJ. Gender gap in undergraduate experience and performance in obstetrics and gynaecology: analysis of clinical experience logs. *BMJ* 2004;328:142-3.

3. Wass V. Commentary: patients as partners in medical education. *BMJ* 2002;325:684.

4. Ubel PA, Jepson C, Silver-Isenstadt A. Don't ask, don't tell: a change in medical student attitudes after obstetrics/gynecology clerkships toward seeking consent for pelvic examinations on an anesthetized patient. *Am J Obstet Gynecol* 2003;188:575-9.

5. O'Flynn N, Rymer J. Women's attitudes to the sex of medical students in a gynaecology clinic: cross sectional survey. *BMJ* 2002;325:683-4.

6. Mavis B, Vasilenko P, Schnuth R, Marshall J, Jeffs MC. Medical students' involvement in outpatient clinical encounters: a survey of patients and their obstetricians-gynecologists. *Acad Med* 2006;81:290-6.

7. Shann S, Wilson JD. Patients' attitudes to the presence of medical students in a genitourinary medicine clinic: a cross-sectional survey. *Sex Transm Infect* 2006;82:52-4.

8. Rizk DE, Al-Shebah A, El-Zubeir MA, Thomas LB, Hassan MY, Ezimokhai M. Women's perceptions of and experiences with medical student involvement in outpatient obstetric and gynecologic care in the United Arab Emirates. *Am J Obstet Gynecol* 2002;187:1091-100.

9. Hartz MB, Beal JR. Patients' attitudes and comfort levels regarding medical students' involvement in obstetrics-gynecology outpatient clinics. *Acad Med* 2000;75:1010-4.

Address for Correspondence:

Aqeel Subhani, Student Final Year MBBS, Ayub Medical College Abbottabad.