Rethinking Obstetrics And Gynaecology

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Summary

This communication argues that, at the turn of the new century, it is time for the profession of obstetrics and gynaecology to take a bold step forward, beyond the combination of obstetrics and gynaecology, to line itself up with the demand of women for a more comprehensive approach to health care, and to develop into a profession for integrated health care of women, throughout the women's life. Women's health is more than producing healthy babies (obstetrics) and cure of diseases of the genital organs (gynaecology). Obstetricians and gynaecologists have a duty and a social responsibility as well as a capacity and opportunity for an expanded role in women's health care.

Obstetrics and gynaecology - a profession that is different

The profession of obstetrics and gynaecology is different from most other disciplines in medicine. To a large extent, the profession now deals with healthy subjects with needs for the physiological, sexual and reproductive functions(including the prevention of unwanted pregnancy and the prevention of sexually-transmitted infections). Different from other disciplines in medicine, the profession is more health-oriented than disease-oriented. Promotive and preventive health care are already becoming major components of practice.

Dealing with healthy people implies a change in the doctor-patient relationship from a giver-recipient relationship, to a more participatory type of health care. Counseling is the word for a good part of our care. There is no other field of medicine in which participation of the "patient" in the health care decisions is as much desired and practiced.

Continuity of care is another special feature of our noble profession. Women's reproductive health needs are a continuum, from sexual health needs, to pregnancy and childbirth, to fertility control, to post-menopausal promotive and preventive health care. The health of the mature adult and older women builds on the health of the child, the health of the adolescent, and the health of the young adult woman. The relationship of the woman to her obstetrician-gynaecologist often extends over decades, during which health needs and problems change. This trusting relationship qualifies the obstetrician-gynaecologist to be the woman's primary health care provider and advisor. Continuity of care provides opportunities for promotive and preventive health interventions that should not be missed. These opportunities also include the early detection of disease whether in the reproductive or other body systems. There is some similarity in this aspect between our profession and the profession of paediatrics. However, the connection with the pediatrician ends at a certain age. In gynaecology, we deal with the health of women from "womb to tomb". Obstetrics and gynaecology cannot be practiced in isolation from other body systems. The dividing line between the pelvis and the rest of the body is only an imaginary line in the mind of the doctor. Pregnancy, the major event in our practice, affects all other body systems and can be

affected by them. The choice of methods of fertility regulation is influenced by the health of other body systems. Osteoporosis and cardiovascular disease are examples of diseases in the mature and older women related to health of the reproductive system. Our profession is also different because we have to interact with society. No society has ever been neutral about sexual and reproductive issues. Social values impact on women's health. No other medical profession has to deal with emotionally charged health issues such as sexuality and abortion. We cannot ignore social issues in women's health even if we want to. Different from other medical professions, obstetrician-gynaecologists often deal with, or have to take into consideration, more than one patient at the same time. This could be a male partner or a foetus. Similar to women's "culture", the profession of obstetrician-gynaecology is not individualistic.

Health and being a woman

Being a woman has implications for health. Health needs of women can be broadly classified under four categories (Fathalla, 1997). First, women have specific health needs related to the sexual and reproductive function. Second, women have an elaborate reproductive system that is vulnerable to dysfunction or disease, even before it is put to functions or after it has been put out of function. Third, women are subject to the same diseases of other body systems that can affect men. The disease patterns often differ from those of men because of genetic constitution, hormonal environment or gender-evolved lifestyle behaviour. Diseases of other body systems or their treatments may interact with conditions of the reproductive systems or function. Fourth because women are women, they are subject to social diseases which impact on their physical, mental or social health. Examples include female genital mutilation, sexual abuse and domestic violence. We need to rethink our profession in terms of the above four major categories of women's health needs. For the first category, obstetrics should be looked at and should be taught in a new context, as a major component in the wider spectrum of reproductive health care. Women's health needs in reproduction are not limited to a safe and successful birth (Fathalla, 2000). Women now spend most of their reproductive years trying to prevent pregnancy, rather than going through a pregnancy. To respond to women's total health needs in sexuality and reproduction, we should put obstetrics within the cluster of continuing needs in reproductive health. This cluster encompasses sexual health (including the prevention and management of sexually-transmitted infections), prevention and management of infertility, fertility regulation, pre-conceptional counseling as well as ante-natal, intra-natal and post-natal care and promotive/preventive health care after menopause. This reproductive health care package should be tailored to the needs of women in the different phases of the lifecycle. The appropriate role of the obstetrician-gynaecologist in reproductive health care, including obstetrics, is that of a team leader. All women need reproductive health care and the needs are different in different phases of life. Universal access to service can only be achieved if we play the responsible role of team leaders (Fathalla, 1999). Services, wherever appropriate, should be provided by health workers close to the community. We should train, support, supervise, and take responsibility. Our expertise will be available to those who need it and to those who want it. For the second category, as a profession, we will continue to deal with women who suffer from disease and dysfunction of the reproductive system. In the rethinking of our profession, we need to put more emphasis on the preventive health care, and to give prominent place it deserves. In the teaching of gynaecology, we should focus more on the different causative factors in diseases that affect the reproductive system, and less on a organ approach.

For the third category of women's health needs, obstetrics and gynaecology should be taught as a profession of women's health care. We should teach our students that, in their practice, they should not miss any opportunity for promotive and preventive health care for the women as a whole. We treat patients, not diseases. The obstetrician-gynaecologist can play an expanded role in women's health, beyond traditional obstetrics and gynaecology. As primary health care providers to women, we have the opportunity to make a significant contribution to easing the burden of disease in women. Last but

not least, in the rethinking of our profession, we should not neglect our role in the social action for women's health. Women's health problems need more than what medicine can provide. Social "diseases" of women impact on their health. We cannot play the ostrich and bury our heads in the sands of biology and biomedical technology, and turn our backs to realities of social life.

Professional attitudes in women's health care

"The quality of women's health care is often deficient in various ways, depending on local circumstances. Women are frequently not treated with respect, nor are they guaranteed privacy and confidentiality, nor do they always receive full information about the options and services available. Furthermore, in some countries, over-medicating of women's life events is common, leading to unnecessary surgical interventions and inappropriate medication."

United Nations -Report of the Fourth World Conference on Women,
Beijing, 4-15 September 1995.

For obstetrics and gynaecology to evolve into a profession of women's health, it is enough for the profession to expand its role. We must be accepted by women in this expanded role. Women have some genuine concerns about the quality and quantity of health care they receive, as stated in the above quotation from the Fourth World Conference on Women. We must listen to women and encourage them to voice their concerns. We should re-examine our professional attitudes. We must dismantle those professional attitudes which would be incompatible with this expanded role. The attitudes of health profession in general are subject to criticisms, which I have once described as the seven sins of the health care system (Fathalla, 1988). In addition, our practice of obstetrics and gynaecology raises other concerns among the women, whose health needs we serve. We work in a societal context in which women have been or still are subordinated, and are considered means rather than ends. We should listen to women. We should respect women. We should work with women. Let a profession be born again.

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