

Women Health AND Medicine



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Three years ago, four Dalhousie medical students organized the *Dalhousie Women, Health and Medicine Committee*. The dictionary definition of WHAM as "the sound of a forcible impact" brings the acronym amazingly close to onomatopoeia. That forcible impact was inevitable given that this group is the first of its kind at Dalhousie and a rarity, indeed, at any medical school.

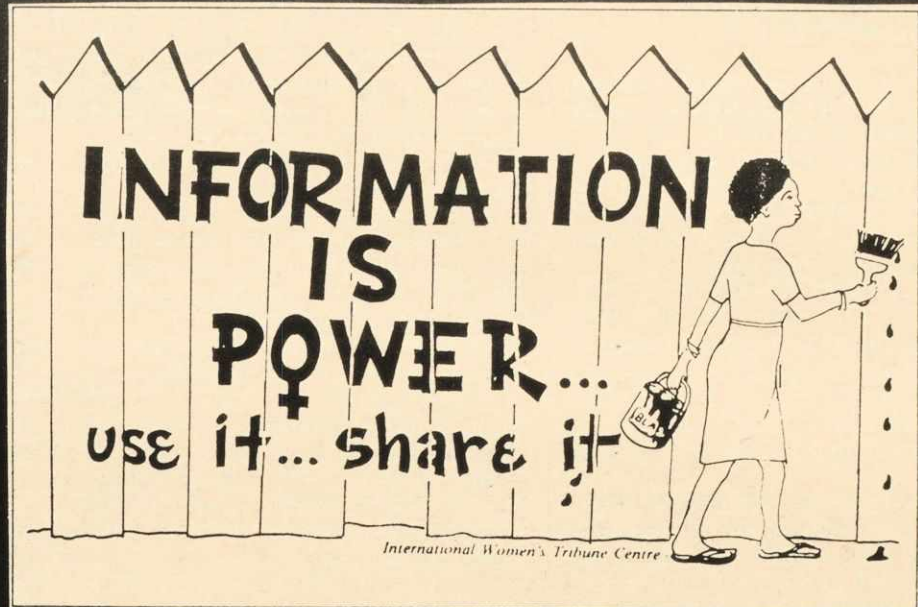
WHAM's members — women and men from medicine, health professions and other faculties — are interested in the concerns of women as both providers and consumers of health care. The members view health as much more than disease, diagnoses, investigations and therapies. Health includes social, emotional, psychological and political aspects of well-being and not merely the absence of infirmity. To supplement the medical school's curriculum concentrating on "objective" and technical medical care, WHAM has organized an extracurricular educational program on women's health issues.

Numerous lunch time and evening series of film and/or speakers have addressed topics including: wife battering, sexual assault, sexual abuse of children, menopause, pre-menstrual syndrome, breast cancer, poverty, the housing crisis, disabled women, reproductive technology, DES, and health care in Nicaragua, China and South Africa.

WHAM also maintains a small resource centre in accommodation provided by the Dalhousie Medical Student's Society which houses books, journals and resource files. This has proven useful for students doing research projects, electives or researching topics for personal interest. The committee has been funded by the Dalhousie Student Union to publish 4 newsletters per year with a circulation of 2000 which will contain informative articles and regional update on health care issues.

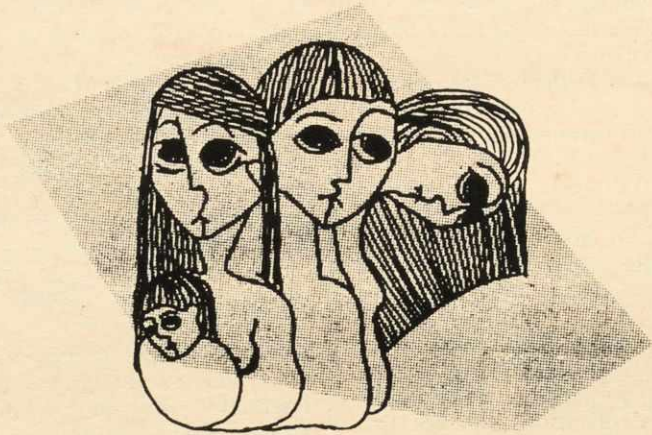
The inception and the growth of WHAM is exciting because of its novelty and success in its supportive role for students, its broad educational objectives and its liaison with community groups. Members would be pleased to hear from other students and community members who wish to share ideas, resources and strategies for change. Write to:

Dalhousie Women, Health and Medicine Committee, Box 2
Sir Charles Tupper Medical Building, Dalhousie University
Halifax, N.S., B3H 4H7



We're firm believers in the credo "Information is Power" and so were pleased to find others in the university community who are interested in dispersing information and decentralising power. We hope you find the articles printed in this supplement as interesting and as informative as we did. Information is for sharing. Thanks Judy Mills, Angela Hallett, Elaine Wright, Sandra Goodman, Ariella Pahlke, Toby Sanger, Cindy Boutilier, Kathleen Walker, Stephen Shay, Mary Petty, Amanda de Raugetel and Beth Cumming for sharing.

Women resisting medicalization



by Mary Petty

Growing from a feminist analysis of the medical model, the women's health movement has attempted to resist the medicalization of women's lives. Enforced through concepts such as medical vocabulary, through institutions legitimized by physicians and through the individual social relations of doctor and patient, medicalization works to oppress women.

Feminist alternatives to the medical model include birthing centres which employ mid-wives and feminist clinics staffed by lay health workers who perform routine well-woman health care services. Feminist clinics often limit the role of professionals, restricting them to the specific tasks for which they are trained (and to services regulated by law, e.g. abortion).

Attempting to change the patient-doctor relationship is one of the ways feminists challenge medicalization. Changing the

use of medical language is another. For example, women are often told they have a "vaginal infection" — a term offering little information yet implying pathology and the necessity of medical intervention. We have found that women who are told they have a vaginal infection often have something which could be more precisely described as a "yeast condition." This term reflects the normal presence of yeast in the vagina and implies that the condition can be altered without expensive interventions. In a feminist model of health care, the woman would be given information about the condition and she would be given information about all kinds of treatments including simple home remedies.

Sharing information is another attempt to reclaim our life events from the medical sphere. Medical model practitioners usually make gross assumptions about how much patients can understand or handle. Moreover, medicine withholds information systematically as a way of maintain-

ing professional turf. In a feminist alternative model, women have access to all information regarding their condition and treatment. Often women participate in their own care as much as possible; for example, running their own pregnancy tests or examining a vaginal smear.

Feminist approaches to PMS and menopause are based on a self-help model, largely the result of viewing these, not so much as medical events, but as life events or parts of the menstrual cycle. Women share information which is gathered from many sources including, but not limited to, modern medicine. Basic to a feminist self-help model is the mutual support of women and respect for a woman's knowledge of her own body. Holistic approaches which are acknowledged as valid take into account the way we live; nutrition, exercise, and the excessive stress around our roles as women.

Literature from the women's health movement has demystified women's bodies and translated medical jargon. Popular response to *Our Bodies, Ourselves* in 1972 indicated that many women were anxious to break through medical barriers and learn about their bodies. In Canada, literature from the women's health movement has provided a rich source of knowledge: for example, the work of the Vancouver Women's Health Collective, Montreal Health Press and *Healthsharing*. This literature reflects basic tenets of feminism: it validates women's experience and knowledge as real; it values mutual support and sharing among women and it provides women with valuable information acquired through women-controlled health research.

At the Pictou County Women's Centre, we have been health activists (among other things) over the past decade. During the first years of the centre, we organized well-woman clinics and offered prepared child-

birth groups. Although our community is not one in which women call for feminist clinics to resist medical oppression, we find many women who can clearly identify the inadequacies of a health care system which does not provide the kind of information they want.

Although our activities have changed and increased over the past ten years, women's health has continued to be a major concern and basis for activity in the centre. During the past two years, our clinics have incorporated a self-help approach. We provide an atmosphere in which women are encouraged to ask questions and to participate. We ask women about their health concerns, a process which has enriched our understanding of how to carry out this work in our community.

Instead of encouraging women to be passive patients in the clinic, we teach them how to breast self-exam and cervical self-exam, how to run pregnancy tests or how to take and read blood pressure measurements. Throughout the clinics, we share with the woman any notes which are recorded. These seemingly small details contributed to a significant change in the nature of our clinics. Women attending the clinic seemed more confident and willing to ask questions and to share information.

We struggle every day with the reality that a massive pharmaceutical industry with the compliance of modern medicine exposes women to dangerous treatments and drugs, as well as unnecessary surgery. The medical establishment attempts to control more and more of the life experiences of women (e.g. menstrual cycle, childbirth, fertility control). Vital to this attempt are compliant, "good" patients who ask no questions. The women's health movement works to combat the medicalization of women's lives through feminist analysis and the development of alternatives to the medical model.