



Women's health suffers

by Sheila Nopper
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For many years, women students at Trent University have talked about their bad experiences with the campus student health service.

But embarrassment and intimidation prevent women from making formal complaints about doctor-patient relationships and unmet health needs.

Women are able to share their experiences, their needs and their frustrations with one another, but not with Health Services.

The intimidation not only blocks criticism, it is the source of the problem. Doctors abuse their position of authority by not acknowledging their patients needs, and allowing their own biases and judgements to colour their advice, according to many women on campus.

Two women recounted similar experiences. "It is so vivid in my memory" one woman explained. They approached Health Services after educating themselves on the advantages and disadvantages of available birth control methods, deciding the diaphragm was the most appropriate to their needs.

To their surprise, the response from Health Services was to question the morality of their sexual involvement, stressing the importance of emotional commitment. Personal questions concerning un-

wanted pregnancy, raising a child alone and the safety of the pill made these women feel very intimidated. They expressed concern for other women who may not be well-informed and therefore might be misguided by "well-intentioned" medical advice. Both women questioned the manner in which the medical advice was given.

The service's director Dr. R. Pritchard claims neither he nor his colleague Dr. Martin impose their "thought, beliefs and morality" on their patients. But he does admit they "come from a different generation." Significantly, only 20 years ago, local practitioner Dr. Joyce Barret was told repeatedly by a gynecological professor to "never believe a goddamn word a woman tells you."

Recently, students told Health Services they need better access to a variety of non-sexist information on sexuality, birth control and unplanned pregnancy.

Jennifer Reid, a student who met with adamant opposition from Health Services for attempting to distribute free condoms during orientation week, says the service is too concerned with its image to acknowledge complaints.

"There is a danger that a university's health service's concern for politics may supercede the health of students," Reid warned.

By trying to maintain a good image, Reid believes some controversial health issues are not recognized or dealt with.

Pritchard acknowledges the campus committee set up to deal with complaints is ineffective. By referring student criticisms to the Health Services Committee, doctors avoid confronting concerns on a personal level. Also, students can't be expected to share confidential health information with an entire committee of volunteers.

Women do not make formal complaints partly because they are unaware of the procedure, or they are too embarrassed and intimidated to make use of it. A woman may assume the incidents are infrequent, and therefore insignificant. Even if she knows many women encounter behaviour making them uncomfortable, she might feel she should simply shrug it off.

When a woman "shrugs it off" she has succumbed to authority "from above." By their own admission, members of Health Services view themselves as being "above" the students. Pritchard's claims that students "won't listen when it comes from above" shows his assertion of power.

A woman who feels vulnerable will not proceed with a formal complaint. In contrast, when a woman is aware of the importance of her feelings and that her experience of discomfort is not an isolated case, she immediately recalls the circumstance. Evidently, they are anxious to have someone listen.

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