

Comprehensive Women's Health

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Historically, “women’s health” has focused almost exclusively on their genitals: childbirth and gynecology. The earliest record of an organized approach to women’s health is in fragments of the ancient Kahun Gynaecological Papyrus. Midwifery was developed as a medical specialty in the Middle East during the early Islamic era (1), and gynecology as a specialty emerged in Europe and North America in the nineteenth century Before the Common Era (BCE) (2). While these developments have greatly decreased women’s mortality and morbidity, a woman’s health is far more than merely her reproductive parts.

Many other organ systems can contribute to suboptimal health in women. Three-quarters of autoimmune disease and 80% of osteoporosis are found in women. Alzheimer’s disease and mood disorders are twice as common in women as in men, and migraines are three times more common in women. While myocardial infarctions occur equally in men and women, women are more likely to die from them. Women are also more likely than men to die of stroke. In addition to the physical needs, true women’s health includes emotional, social, intellectual, financial, environmental, and spiritual health – the “seven domains of women’s health” (3). Not to diminish the importance of obstetricians and gynecologists, women need more comprehensive care, and that is provided by family physicians (also called “GPs” in the British system).

A family physician is a well-trained comprehensivist: one whose scope of knowledge and practice is not confined by patient’s age or the affected organ system. As part of their training, they participate in integrated inpatient and outpatient learning in pediatrics, obstetrics and gynecology, internal medicine, psychiatry and neurology,

surgery and community medicine. As a result, family physicians are proficient at recognizing important diseases and hidden conditions, and can expertly manage most acute and chronic illnesses. In fact, for every ten family physicians added per 100,000 population, there are 15 fewer deaths, 40 fewer hospitalizations, and an average increase in life expectancy of 52 days (4).

In countries like Canada, family physicians provide the majority of medical care, and demonstrate clinical outcomes comparable to those of other specialists in managing diseases such as cardiovascular disease, asthma, diabetes, and kidney disease (4). They especially excel in the case of complex multiple comorbidities (5). Family physicians provide a substantial proportion of the mental health care in the United States (over 70% in some studies), including almost a third of patients with severe mental illness (6, 7). Not neglecting the original focus of women’s health, many family physicians provide antenatal care and perform obstetrical deliveries (including some who do operative deliveries). In rural areas, the population density and resultant birth rate may not be adequate to support an obstetrician. For people living in the resulting “maternity deserts”, the family physicians fulfill a critical role. Figure 1 highlights the maternity deserts in the United States as an example.

In the closing decade of the twentieth century BCE, Barbara Starfield introduced the “four ‘Cs’ of primary care, the foundation of family medicine: first Contact (access to the health system), Coordination (of care within both the health system and the community), Comprehensiveness (rather than a limited scope of care), and Continuity (patients see a consistent

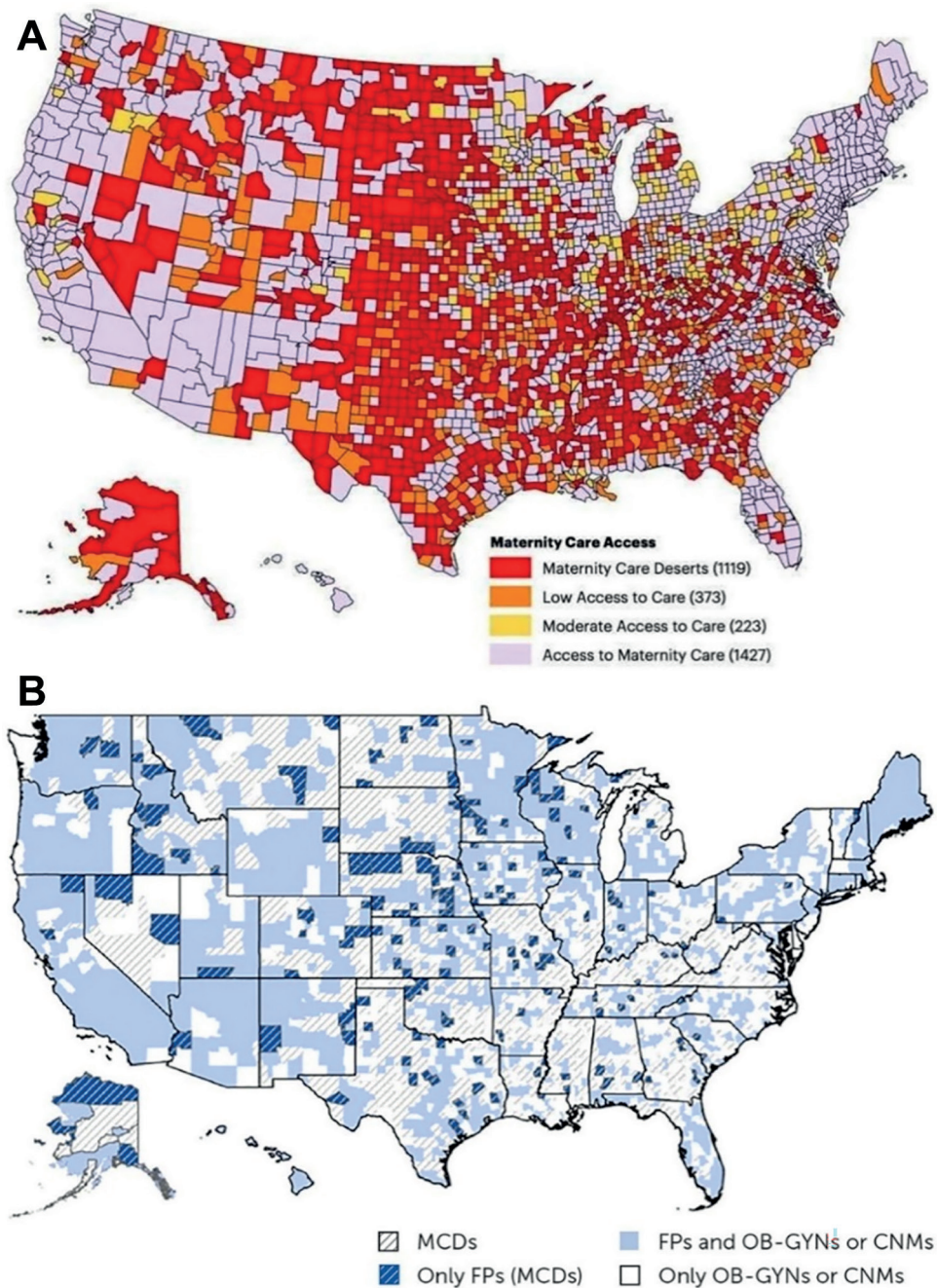


Figure 1: The figure shows the Maternity Deserts (MCDs) in the United States; county-level areas with limited access to maternity care. Top map: red indicates counties in which there are no midwives (CNMs) or obstetricians (OB-GYNs). [From March of Dimes, <https://www.marchofdimes.org/maternity-care-deserts-report>, reprinted with permission.] Bottom map: blue indicates counties in which family physicians (FPs) provide obstetrical care, the dark blue hashed regions denote those in which family physicians are the sole providers of obstetrical care. [From Robert Graham Center, reprinted with permission from Grace Walter, MD, Michael Topmiller, PhD, Anuradha Jetty, MPH, and Yalda Jabbarpour, MD. Family Physicians Providing Obstetric Care in Maternity Care Deserts, *Am Fam Physician*. © 2022 American Academy of Family Physicians. All Rights Reserved.]

- not a random - physician when they seek care) (8). Subsequent authors have added additional “Cs” as characteristics that further define the role of family physicians, including descriptors such as patient-Centeredness, Competence, Complexity, Collaboration, Community-engagement, Cost-effectiveness, Communication skills, and others (9, 10). If not foundational, these additions are at least

part of the superstructure of the specialty.

The human body is more than just a collection of independent organ systems, it is an interdependent whole. Human beings consist of more than solely their biological bodies, they are complex psychosocial entities. So, too, good health requires an integrated approach to care of the whole person.

Family physicians treat *women*, not merely their diseases. Access to comprehensive, coordinated, consistent care with her personal physician is the secret to a more complete approach to women's health.

Authors' Contribution

Substantial contributions to the conception or design of the work; drafting the work and reviewing it critically for important intellectual content. All authors have read and approved the final manuscript and agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Conflict of Interest

The author of this manuscript declares no relationships with any company whose products or services may be related to the subject matter of the article. Dr. Mark K. Huntington is a member of the editorial board.

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