

## An analysis of German cardiology textbooks (issued between 2008-2012) regarding the representation of sex and gender concerning myocardial infarction

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### Introduction

In Germany cardiovascular diseases are still the main cause of death for women. This could be partially related to the fact that descriptions of symptoms are mostly traditional and do not take 'atypical' or mild or absent symptoms into consideration. This happens although the differences between the sexes are well known; in fact myocardial infarction is one of the diseases most frequently described when gender differences in symptoms are reported or exemplified.

This study investigated how well the knowledge about female myocardial infarction is integrated in German cardiology textbooks. Which aspects are included? How are these aspects presented? How are women portrayed? Has participation of female authors increased gender sensitive information in textbooks?

### 1. Selection of the books based on presence in all (36) German medical university libraries

Author(s)	Year	Title	# of libraries
Erdmann, Erland	2011	Klinische Kardiologie	34
Steffel, Jan; Lüscher, Thomas; Brunckhorst, Corinna	2011	Herz Kreislauf	32
Lederhuber, Christian; Lange, Veronika	2010	Basics Kardiologie	30
Mathes, Peter	2012	Ratgeber Herzinfarkt	30
Stierle, Ulrich; Maetzel, Friedrich Karl	2008	Klinikleitfaden Kardiologie	30
Trappe, Hans-Joachim	2009	Neues aus Kardiologie und Rhythmologie	30
Pinger, Stefan	2011	Repetitorium Kardiologie	24
Spes, Christoph; Klauss, Volker	2011	Facharztprüfung Kardiologie	21
Loscalzo, Joseph; Möckel, Martin	2011	Harrisons Kardiologie	17
Mletzko, Ralph; Moecke, Heinzpeter	2012	Psyhyrembel Kardiologie	13

### Materials and methods

Based on questionnaires from Dutch and Swedish studies, ten German language books (issued between 2008-2012) were selected. This selection was based on their presence in at least 1/3 of all 36 medical university libraries in Germany.

We conducted a qualitative and quantitative examination. Quantitatively we evaluated the consideration of female to male differences in the description of risk factors, health promoting behavior, symptoms, and therapeutical aspects that take female differences into consideration.

Qualitative aspects included how women were mentioned and portrayed, if they were included.

Based on Margrit Eichlers work for sexism-free research, analytical categories were:

- (a) androcentrism/overgeneralization,
- (b) gender insensitivity and (c) double standard.

### Results

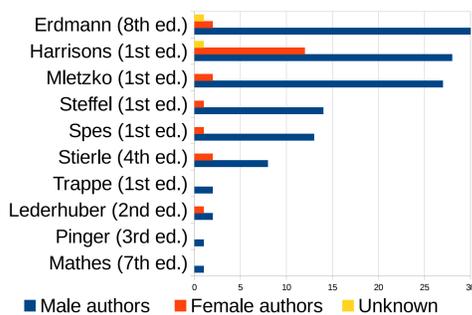
The majority of the analyzed books fail to address women as a group that has an equal risk of having a heart attack. In the traditional textbooks women and their symptoms are generally addressed as 'atypical' (see Table 4). One example includes women as follows: 'special patient groups are: patients with renal insufficiency, patients with diabetes and women'. Many risk factors that are particularly important for female patients, like diabetes, birth control and high blood pressure, are not mentioned at all (see Table 5). Tako-Tsubo syndrome is only mentioned in two out of ten books.

According to the books authors women are supposed to be included whenever the books mention 'patients'. However, the German language allows for distinction between female and male patients and this is not applied. More importantly, the descriptions are clearly biased focusing on typically male characteristics: 'immobilise the patient and remove restricting clothes (tight shirt collar, necktie)'.

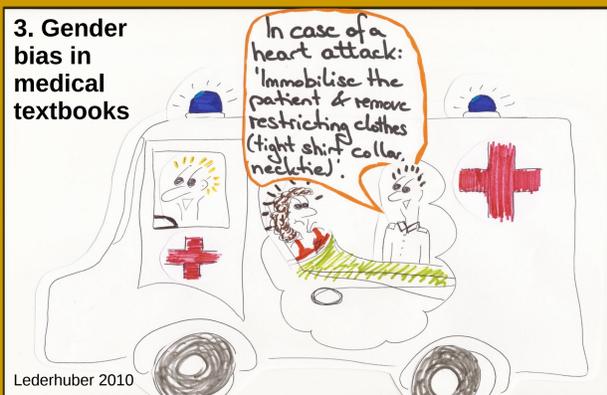
The traditional androcentric approach was present in all books. Additionally, gender stereotypes, e.g. the caring and shy wife with her intimidating husband that refuses to go to the doctor, were identified.

### 2. Sex of the author(s) and edition of the books

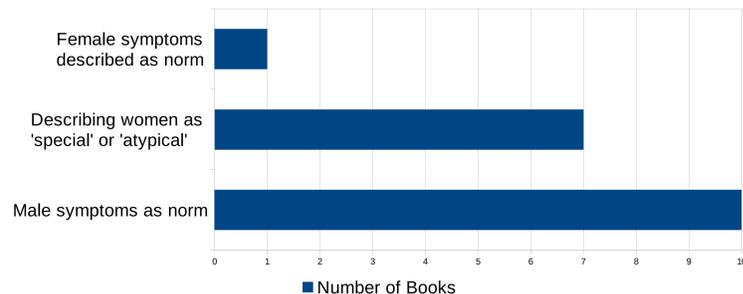
A total of 188 authors (163 men, 25 women and 2 unknown)



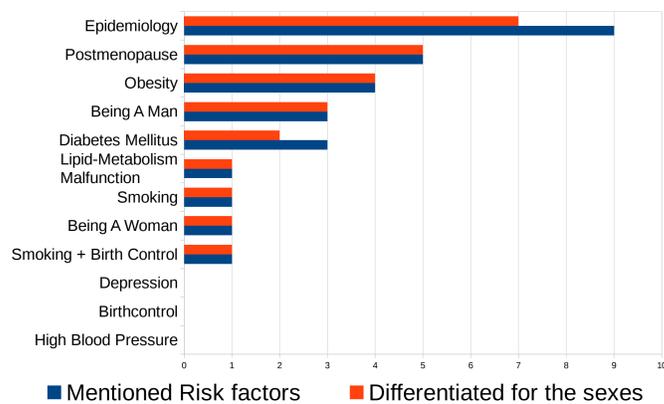
### 3. Gender bias in medical textbooks



### 4. Discrimination of women in German medical textbooks



### 5. Mentioned and absent risk factors



### Conclusions

Gender Bias in medical textbooks is still present. It is symptomatic for a bigger problem. Male bodies and their particular symptoms are still the role model female bodies are measured by. Although myocardial infarction is one of the best researched subjects concerning differences and similarities of the sexes, medical textbooks fail to address these differences. Women are seen as 'particular' and 'special' and not as a population that needs to be examined with adequately adapted measures and tests. Additionally, special attention needs to be focussed on avoiding the reproduction of stereotypes. Depicting women, especially married ones in their single role as 'the caretaker' is neither timely nor appropriate. While inclusion of women's issues represents a first step, the way women, men and everybody else are depicted is key to establishing truly gender sensitive medicine.

### Literature

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