



Men's health

Contents

Definition	137
Curriculum in practice	137
Rationale and general practice context	138
Training outcomes of the five domains of general practice	140
Learning objectives across the GP professional life	142
<i>Medical student</i>	142
<i>Prevocational doctor</i>	143
<i>Vocational registrar</i>	144
<i>Continuing professional development</i>	146
References	147

**The Royal Australian College of General Practitioners
Curriculum for Australian General Practice 2011**

Published by:
The Royal Australian College of General Practitioners

1 Palmerston Crescent
South Melbourne, Victoria, 3205
T 03 8699 0414
F 03 8699 0400
www.racgp.org.au
ABN 34 000 223 807

Definition

Men's health in general practice is defined as the holistic management of health conditions and risks that are most common or specific to men in order to promote optimal physical, emotional and social health in the general practice setting.¹ While male sexual health is important, men's health goes beyond sexual and reproductive health.

Curriculum in practice

The following case illustrates how the men's health curriculum applies to general practice:

- Anthony, 43 years of age, is the successful owner of a real estate business. He presents to the practice for a health check following the sudden cardiac death of his elder brother. Anthony's wife Jillian and their children also attend the practice (you know that Jillian has been worried for some time about how hard Anthony has been working). Anthony is considerably heavier than when you last saw him and now weighs 107 kg (height: 173 cm, BMI: 36). He has been working late and eating takeaway food 3 or 4 times a week, usually fried fish and chips or pizza. His alcohol intake has also increased, consuming a six-pack most nights and twice that on Fridays with his workmates. He has been worried at the downturn in the housing market and says the alcohol helps him to relax. He used to be a keen football player until he injured his knee, and knows he needs to exercise more but finds it difficult to get motivated. Anthony had not seen his brother for more than a year, but they were very close and he is tearful in describing the funeral. He has been sleeping poorly and wonders if he might need something to 'help him to just stop thinking about it'.

Rationale and general practice context

Australian men are less healthy than Australian women, dying 5 years earlier than their female counterparts,² especially in the 25–65 years age group – the main working period of men's lives.

The median age at death of Australian men in 2004 was 79.0 years compared with 83.7 years for women, and this shorter life expectancy occurs when measured across every age group. Men also carry a significantly larger burden of illness and death than women.²

General practitioners are well situated to address the specific healthcare needs of men. Good general practice men's healthcare not only includes the management of disease, but involves recognising that major improvements to men's health will be achieved by challenging the way masculinity is defined in Australian culture. This recognises the importance of how boys develop socially, explores ways of taking GPs and health teams to the men who under-attend general practice, as well as addressing the marketing of general practice services to men. Building these links between general practices and the community has the potential to enhance the relationships between men and their GPs.

General practitioners are less likely to see males in patient encounters than females. In 2009–2010, BEACH reported that of 94 386 patient encounters surveyed, 43.1% of patient encounters were males compared with 56.9% females. This was reflected across all age groups except for children aged less than 15 years and was greatest among younger adults (15–24 years and 25–44 years).³ This low rate of presentation of men across the decades of middle and older age has been linked to men's shorter life expectancy.

Deaths in working age males are more common than in working age females. At age 25 years, male deaths are more than twice as common as female deaths, falling to 1.5 times as common at age 50 years, before beginning to rise again to age 64 years.

Among younger working age males (aged 25–44 years), death is more likely to result from external causes rather than other causes. In 2007, the leading single cause of death for males aged 25–44 years was intentional self harm, accounting for 22.3% of deaths, followed by land accidents (15.3%) and accidental poisoning (9.5%); (26 deaths per 100 000 population) followed by transport accidents (14 per 100 000).²

Although called 'working age people', relatively few deaths are formally work related. However, over 90% of work related traumatic injury fatalities are in males, with 30% of these deaths occurring in men aged 55 years or over.⁴

Unhealthy behaviours are also more common in men than women. For example, in 2007–2008, 23.8% of men aged 25–44 years reported daily smoking compared to 19.3% in females and 16.3% of males were found to be more likely to drink daily compared to 11.5% of females.² Similarly, 43.2% of males have reported to have used illicit drugs compared to 36.5% of females, and 1.5 million males reported using illicit drugs in the previous 12 months compared to 1.1 million female users. In 2009, 86.3% of cases of newly diagnosed HIV/AIDS cases in Australia were in men.⁵

Gender in healthcare

Women and men experience health differently. Biological sex differences, such as reproductive health and sexuality, are responsible for health issues traditionally regarded as 'men's health' or 'women's health'.

However, gender refers to the different social and cultural roles, expectations and constraints placed on men and women because of their sex. When analysing the experiences and impacts of health on men and women, differences relating to gender, in addition to biological sex, need to be considered.

Gender differences can influence both women and men's health through:

- exposure to risk factors
- access to, and understanding of, information about disease management, prevention and control
- subjective experience of illness and its social significance
- attitudes toward the maintenance of one's own health and that of other family members

- patterns of service use
- perceptions of quality of care.

Male socialisation and masculinity, social connectedness and work-life balance significantly impact on health. Masculinity has been identified as a key factor leading both men and boys to risk taking and self harming behaviours. Male emotional responses may deny access to the healing effects of emotional release and valuing their own physical, emotional and mental health. Knowledge of the impact of masculinity on health and healthcare is critical to the successful provision of effective general practice care.

Masculine identity and behaviour vary over the course of a man's life and also vary considerably according to cultural and ethnic background, sexual identity, socioeconomic and geographical locations. An understanding of masculine behaviours and notions of maleness should take into account the wide range of masculinities that exist within multicultural Australia. For example: men living in rural and isolated areas, non-Australian born men, Aboriginal and Torres Strait Islander men, older men, men with a disability, men affected by mental illness, war and armed service veterans, and men with other special needs such as divorced and separated men who may, or may not, be primary carers.

The health of Aboriginal and Torres Strait Islander men is worse than any other subgroup in Australia. Excess morbidity and mortality relates to unemployment, poverty, incarceration and low self esteem. For the period 2007–2008 life expectancy for Aboriginal and Torres Strait Islander men was estimated to be approximately 12 years less than their nonindigenous counterparts.²

Men are more likely to be both the perpetrators of violence and its victims. Violence is a significant health issue for Australian men for many reasons including the effect on victims, the health impacts of imprisonment on perpetrators and the deleterious effects on healthy relationships.

Males are responsible for the vast majority of cases of domestic violence and GPs have a responsibility to deal with its effects. Exposure of boys to violence during their formative years contributes to a range of issues including homelessness, drug use, depression, relationship difficulties and perpetuation of the cycle of violence later in their lives.

In addition to the clinic, GPs may become involved in community activities where men congregate to provide services, heighten the awareness of men's health issues and act as advocates for male patients.

Male health promotion in Australian: the National Male Health Policy

The Australian National Men's Health Policy⁶ was released in 2010. This policy encourages all males to take individual action to improve their own health as well as focusing on appropriate government action, cross-sectorial activity, and initiatives that can be undertaken by the health system and community to improve the health of Australian males.

To achieve this, the policy identified six priority outcomes for improving the health of Australian males:

- optimising health outcomes
- working towards health equity between population groups of males
- working towards health equity between males at different life stages
- focusing on preventive health for males
- building a strong evidence base on male health
- access to healthcare for males.

General practitioners are already involved in many of these activities and familiarity with the policy helps to guide men's healthcare in primary care.

Related curriculum areas

- *Population and public health* regarding health promotion programs
- *Philosophy and foundation of general practice* for general consultation issues
- *Mental health* for the general mental health issues that affect men
- *Multicultural health* for successful cross cultural communication including the correct use of translators.

Training outcomes of the five domains of general practice

Communication skills and the patient-doctor relationship

- MENT1.1 Recognise that men are less likely than women to discuss their health problems with their GP for emotional, cultural and gender related reasons.
- MENT1.2 Communicate nonjudgmentally to help reduce any embarrassment or emotional difficulties when attending for treatment.
- MENT1.3 Focus on communication strategies to help improve the ability of male patients to disclose their health concerns. This may include detecting whether a male patient prefers to see a male doctor.
- MENT1.4 Recognise the particular patient-doctor communication challenges when younger men attend for treatment.

Applied professional knowledge and skills

- MENT2.1 Recognise that men may be dismissive of their own risks and health problems.
- MENT2.2 Understand key male medical problems and lifestyle risks throughout the entire male lifecycle including men's mental health and wellbeing.
- MENT2.3 Educate men about how their body functions and their special health needs, especially the link between lifestyle risks and disease.
- MENT2.4 Understand the role of men in the family and the workplace.
- MENT2.5 Understand the problems caused by unemployment among men and how this is critical to successful healthcare.
- MENT2.6 Manage the primary care presentation of male genitourinary problems. Must be aware of potential genitourinary emergencies such as testicular torsion and penile injuries.

Population health and the context of general practice

- MENT3.1 Incorporate the range of key medical conditions and lifestyle risk factors affecting men in order to successfully promote men's health needs.
- MENT3.2 Have knowledge of the conditions affecting men at each age, which helps identify key health promotion issues and opportunities, including relevant government men's health programs and policies.
- MENT3.3 Understand the impact of demographic factors, such as socioeconomic status and ethnicity, which helps target health promotion activities. This includes:
 - MENT3.3.1 men living in rural and isolated areas
 - MENT3.3.2 non-Australian born men
 - MENT3.3.3 Aboriginal and Torres Strait Islander men
 - MENT3.3.4 older men
 - MENT3.3.5 men who have sex with men
 - MENT3.3.6 men with mental illness
 - MENT3.3.7 men with a disability
 - MENT3.3.8 other special needs.
- MENT3.4 Recognise that circumcision is important for some religious beliefs.
- MENT3.5 Maintain skills in men's health promotion, especially in controversial areas such as prostate cancer screening where up-to-date knowledge and skilful counselling may be required to help patients reach informed decisions.

Professional and ethical role

- MENT4.1 Identify when a male patient may prefer to see a male doctor, respect this choice and arrange when practical.
- MENT4.2 Recognise that men are more likely to be involved in a range of activities that involve the law and GPs may need to adapt their management appropriately. These include accidental or self inflicted injury, work related injuries and incidents and violence including partner abuse.

Organisational and legal dimensions

- MENT5.1 Evaluate the practice's effectiveness in providing men's health services including incorporating routine opportunistic health promotion into male patient consultations, especially for those patients who do not attend regularly.
- MENT5.2 Create male friendly environments. For example use men's health posters and displays of information relating to men, provide evening clinics or appointment schedules that accommodate working shifts or commuting over distances, promote a front-of-office culture, which acknowledges men's problems with appointments and waiting times. Provide as broad a range of services as possible, either in the practice or via co-operative arrangements with other local providers.
- MENT5.3 Offer services, where appropriate, in areas where men congregate such as sporting facilities, in workplaces or entertainment areas. Seek to co-ordinate and co-operate with existing general practices and other health service providers.

Learning objectives across the GP professional life

Medical student

1. Communication skills and the patient-doctor relationship

- MENLM1.1 Identify why men may be less likely to discuss their health problems with healthcare providers.
- MENLM1.2 Discuss the need for nonjudgmental communication with male patients.

2. Applied professional knowledge and skills

- MENLM2.1 Describe the clinical characteristics of common male specific health conditions and risks in Australia and relate these to each part of the male lifecycle.
- MENLM2.2 Describe the impact of gender on lifestyle related diseases.
- MENLM2.3 Describe and discuss the demographic diversity that exists within male patients and the affect on masculinity and health. This includes men in rural and isolated areas, non-Australian born men, Aboriginal and Torres Strait Islander men, older men, men who have sex with men, and men with a disability, mental illness or other special needs.
- MENLM2.4 Describe the presentation of male sexual health emergencies such as testicular torsion.
- MENLM2.5 Discuss the social construction of masculinities, eg. how boys are raised compared to girls and the effect of cultural attitudes on the social development of boys.
- MENLM2.6 Summarise the psychosocial and health impacts caused by male unemployment.

3. Population health and the context of general practice

- MENLM3.1 Describe the epidemiology of common male specific health conditions and risks in Australia and relate them to each part of the male lifecycle.
- MENLM3.2 Describe men's health priorities in Australia.
- MENLM3.3 Describe the importance of male circumcision for certain religious groups in Australia.

4. Professional and ethical role

- MENLM4.1 Examine the reasons and ethics when a male patient chooses only to see a male doctor.
- MENLM4.2 Discuss the impact of male socially constructed attitudes, values and behaviours on their emotional, physiological and physical health and their social relationships.
- MENLM4.3 Understand and support the changes required to make the healthcare system and general practice more responsive to men's needs.

5. Organisational and legal dimensions

- MENLM5.1 Examine barriers that men may experience when accessing general practice services, especially young men.

Learning objectives across the GP professional life

Prevocational doctor

Assumed level of knowledge – medical student

1. Communication skills and the patient-doctor relationship

- MENLP1.1 Outline how men may not perceive or discuss their own health risks.
- MENLP1.2 Explain to patients how common illnesses and presentations are related to lifestyle factors, especially for smoking, nutrition, alcohol and physical activity.

2. Applied professional knowledge and skills

- MENLP2.1 Identify situations where men may use healthcare less commonly than women, but may still have significant morbidity and risk behaviours.
- MENLP2.2 Identify occupational conditions more common in men such as deafness, back problems, stress and injury.
- MENLP2.3 Identify important testicular or penile emergencies such as testicular torsion or paraphimosis.
- MENLP2.4 Demonstrate the ability to catheterise a male patient.

3. Population health and the context of general practice

- MENLP3.1 Identify the effects of male violence (to self and others) in the consultation.
- MENLP3.2 Describe the differences in men's health according to social, cultural and economic factors.

4. Professional and ethical role

- MENLP4.1 Demonstrate a nonjudgmental approach to patients and their lifestyle choices.
- MENLP4.2 Counsel patients about the need for testing for infectious diseases, including the need for disease notification of a positive test.
- MENLP3.3 Discuss community attitudes toward sexual violence, the characteristics of perpetrators and myths about violent acts.

5. Organisational and legal dimensions

- MENLP5.1 Identify when a male patient may choose to see only a male doctor.
- MENLP5.2 Identify that men from different cultures may respond to health services differently.
- MENLP5.3 Comply with the legal provisions that protect at risk persons. For example, legal rulings restricting behaviour (including restraining and apprehended violence orders, reporting to police for criminal activities), sexually transmissible infection notification regulations and contact tracing.

Learning objectives across the GP professional life

Vocational registrar

Assumed level of knowledge – prevocational doctor

1. Communication skills and the patient-doctor relationship

- MENLV1.1 Demonstrate the ability to listen to and understand the needs of male patients.
- MENLV1.2 Identify strategies for overcoming male specific barriers to patient-doctor communication.
- MENLV1.3 Promote the importance of sensitively discussing sexuality and other intimate issues to assist men to make positive health changes.
- MENLV1.4 Use empathy and supportive strategies to assist male patients to show emotions and express needs.
- MENLV1.5 Demonstrate the ability to develop a partnership with male patients to enable them to understand how behaviours, attitudes and values cause health problems.

2. Applied professional knowledge and skills

- MENLV2.1 Take a sexual history and perform male specific basic procedural skills and treatments.
- MENLV2.2 Demonstrate an ability to counsel male patients about their health risks, especially those detailed in the RACGP *Population health guide to behavioural risk factors in general practice* (SNAP).
- MENLV2.3 Demonstrate an ability to counsel men on the advantages and disadvantages of prostate cancer screening.
- MENLV2.4 Outline sexually transmissible infection and HIV/AIDS screening protocols including antibody testing and management.
- MENLV2.5 Describe support systems for those caring for a person in the final stages of AIDS.

3. Population health and the context of general practice

- MENLV3.1 Demonstrate how to provide evidence based opportunistic health promotion and disease prevention for men in general practice.
- MENLV3.2 Use evidence based health promotion strategies to reduce the over representation of men with cardiovascular disease, cancer, injuries, suicide and violence related issues.
- MENLV3.3 Outline harm minimisation strategies, interventions and therapeutic programs for men such as preventing and minimising violence, hazardous drinking and self harm.
- MENLV3.4 Understand how the National Men's Health Policy relates to general practice and how it influences funding for men's healthcare.

4. Professional and ethical role

- MENLV4.1 Educate men proactively on the relationship between lifestyle and health.
- MENLV4.2 Reflect on own attitudes about masculinity, sexuality, sexual behaviours and violence and how this affects relationships with patients, their families and victims.

5. Organisational and legal dimensions

- MENLV5.1 Identify men who attend the practice less frequently as an opportunity for lifestyle risk assessment and health promotion.
- MENLV5.2 Describe specific Medicare items that can be used to promote the health of men.

Learning objectives across the GP professional life

Continuing professional development

Assumed level of knowledge – vocational registrar

1. Communication skills and the patient-doctor relationship

MENLC1.1 Review the communication skills required for effective delivery of men's healthcare in general practice.

2. Applied professional knowledge and skills

MENLC2.1 Monitor changes in knowledge in men's health conditions, especially prostate cancer health promotion issues.

MENLC2.2 Consider, where appropriate, how to incorporate the practice of men's healthcare into the training of medical practitioners and other healthcare workers and stakeholders.

3. Population health and the context of general practice

MENLC3.1 Implement population based approaches to men's health needs in the general practice setting.

MENLC3.2 Consider participating in outreach and community based men's health initiatives.

4. Professional and ethical role

MENLC4.1 Describe how GPs can act as an advocate for men's health needs, especially in the local community.

MENLC4.2 Identify and, where appropriate, network with professional organisations that seek to promote policy, program and funding change for men's health.

5. Organisational and legal dimensions

MENLC5.1 Review how effective general practice is in the delivery of men's health services.

MENLC5.2 Demonstrate familiarity with local support services, networks and groups for men and encourage their use.

MENLC5.3 Describe how to make your general practice more sensitive to the health needs of men.

MENLC5.4 Describe how specific Medicare items are incorporated into your practice's promotion of men's health.

References

1. The Royal Australian College of General Practitioners. Men's Health Curriculum Review Working Group 2006. The RACGP Men's Health Policy. Melbourne: The RACGP; 2006.
2. Australian Institute of Health and Welfare. Australia's health 2010. Canberra: Australian Institute of Health and Welfare; 2010.
3. Britt H, Charles J, Henderson J, et al. General practice activity in Australia 2009–10. Canberra: Australian Institute of Health and Welfare; 2010.
4. Safe Work Australia. Work-related traumatic injury fatalities, Australia 2008–09. Canberra: Safe Work Australia; 2011.
5. National Centre in HIV Epidemiology and Clinical Research. HIV, viral hepatitis and sexually transmissible infections in Australia. Annual Surveillance Report 2010. Sydney: University of Sydney, NSW; 2010.
6. Department of Health and Ageing. National male health policy: building on the strengths of Australian males. Commonwealth of Australia; 2010. Available at www.health.gov.au/internet/main/publishing.nsf/Content/national%20mens%20health-1.

