

Men's health

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The Royal Australian College of General Practitioners' (RACGP) position statement on the role of general practitioners in delivering health care to Australian men.



THE ROYAL AUSTRALIAN
COLLEGE OF
GENERAL PRACTITIONERS

Background

At the RACGP Annual General Meeting Convocation held on 29 September 2005, members agreed that the RACGP should consider the establishment of a taskforce on men's health and associated position statements. This position statement is in response to this outcome.

Issues

Gender in health care

The RACGP recognises that health is multifactorial. Consequently, it is important to address social, environmental and cultural factors as well as biological and medical factors that influence health and wellbeing. Key social determinants of health include socioeconomic status, race ethnicity, gender and geographic location.

Women and men experience health differently. Biological sex differences, like reproductive health and sexuality, are responsible for health issues traditionally regarded as men's health or women's health issues. However, gender refers to the different social and cultural roles, expectations, and constraints placed upon men and women by virtue of their sex. When analysing the different 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:

- 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 towards the maintenance of one's own health and that of other family members
- patterns of service use
- perceptions of quality of care.¹

Men's health

Life expectancy

The health and longevity of the Australian population improved markedly in the twentieth century. However, significant discrepancies remain. The life expectancy at birth for men born in the 1990s is 5 years less than women born in 1999. Since the 1970s the gap between men and women's life expectancy has closed (from 18% in 1970 to 10% in 1998).²

The Australian Bureau of Statistics' Mortality Atlas Australia (2002) shows that the death rate from the main causes of death is generally higher for men than women. The average death rate per 100 000 persons (1997–2000) includes:

- malignant (cancerous) tumours – 237.8 males vs 146.7 females
- ischaemic heart disease – 190 males vs 119.9 females
- cerebrovascular diseases (strokes) – 65.9 males vs 65.8 females
- chronic lower respiratory diseases (lung problems) – 46.6 males vs 23.2 females
- accidents – 35.6 males vs 17.7 females
- suicide – 21.9 males vs 5.5 females
- diabetes mellitus – 18.8 males vs 13.6 females
- influenza and pneumonia – 13.6 males vs 11.4 females
- motor vehicle traffic accidents – 13.1 males vs 5.5 females
- mental disorders (including dementia) – 9.3 males vs 10.8 females.

Lifecycle risk

Across the lifecycle, men are disadvantaged, eg:

Young adults (15–24 years)

- Males are nearly three times as likely to die as females
- Males are four times more likely to suicide.

Adults (25–64 years)

- Males are twice as likely to die as females
- Males are four times more likely to suicide
- Males are four times more likely to die in other accidents
- Males are at least three times more likely to die from alcoholic liver disease.^{3,4}

Men and preventive health

Men are less likely to respond to preventive health care messages, eg. they are more likely to:

- eat foods high in fat
- exercise less (after age 35)
- drink alcohol in excessive amounts
- smoke
- use illicit drugs
- not admit to experiencing emotional stress.⁵

Sexual health

While it is acknowledged that many men perceive their sexual health as central to their being, there is more to men's health than just sexual and reproductive health. While these are important components in the total health care required by men, general practitioners should also take into account the impact of masculinity and the broader health issues facing men.

Social, cultural and other factors

Male socialisation and masculinity, social connectedness and work-life balance significantly impact on health:⁶

- men are more likely to be both the perpetrators of violence and its victims. Violence in all its guises is a significant health issue for Australian men for many reasons including the effect it has on victims, the health impacts of imprisonment of perpetrators, and its 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 this appropriately.⁷ Exposure of boys to violence during their formative years contributes to a range of issues including homelessness, drug abuse, depression, relationship difficulties and perpetuation of the cycle of violence later in their lives.
- men from low socioeconomic backgrounds are more likely to get sick than men from higher socioeconomic backgrounds, and are more likely to die from a range of health issues including:
 - pneumonia and influenza (265%)
 - cerebrovascular disease (102%)
 - respiratory disorders (98%)
 - suicide (77%)
 - diabetes (74%)
 - lung cancer (55%), and
 - ischaemic heart disease (54%).⁸

Irrespective of their socioeconomic status, men have higher mortality rates than women.⁹

- mental health is a key area where societal expectations of strength and self reliance contrast starkly with poor communication skills and inadequate resources, especially in rural areas.
- men often work long hours which limits their ability to attend to their health care while rendering them more likely to require it. Almost one-third of Australian workers are working in excess of 48 hours per week with a body of evidence confirming increased health risks to those working longer hours.^{10,11} This also impacts on the health of children and families. Providing health care at the work place is a positive step, as long as it does not impact on the maintenance of an ongoing relationship with their GP.¹²
- risk taking has both positive and negative impacts. Positive impacts include the behaviour of men such as soldiers and fire fighters. These are characteristics that we encourage, yet they negatively impact on men in other ways, through smoking, risky sexual activity and aggression. One clear aspect of risk taking involves their reluctance to utilise health resources or to defer utilisation
- certain groups of men face specific risks. These include:
 - 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.¹³ Life expectancy for Aboriginal and Torres Strait Islander men is approximately 20 years less than other Australians at 56 years.¹⁴
 - men in rural areas often have limited access to health services and recreational facilities, and are offered fewer preventive care services. Work for rural men is often hazardous.
 - Vietnam veterans have a death rate 14% higher than the community level.¹⁵ A 1998 study found that veterans had very high levels of mental disorders.¹⁶

General practice and men's health

General practitioners are well equipped to provide holistic, continuing and comprehensive care to men and their families. However, Bettering the Evaluation and Care of Health (BEACH) data indicates that men continue to access health services at significantly lower rates than women, have briefer consultations later in the course of illness, and tend to leave significant issues unaddressed. Forty-three percent of general practice patient contacts are with men, with reduced utilisation from adolescence to older age.¹⁷

Finally, while many of our specialist colleagues are necessarily and appropriately involved in provision of health care to men, it is GPs that most men first turn to for comprehensive care. It is therefore important for GPs to be appropriately trained and skilled to provide comprehensive and coordinated care.

There are a number of ways that GPs can improve (encourage) better access by men of their services by utilising an approach which recognises the different ways in which men 'consume' health. Strategies should include:

- developing a consultation style that supports male specific communication: have concrete examples of health care, use surveys to identify concerns, and use motivational interviewing techniques
- creating more 'male friendly' environments: using men's health posters and displays of information related to men; providing evening clinics or appointment schedules that accommodate men working shifts or commuting over distances; promoting a front office culture which acknowledges men's problems with appointments, waiting times, providing as broad a range of services as possible either within the walls of general practices or via cooperative arrangements with other local providers
- offering services in areas where men congregate: offering clinics at sporting facilities, in workplaces or entertainment areas, while seeking to coordinate and cooperate with existing GP and other health service providers
- marketing of GP services to men.

For GPs as a group to make a full contribution to the solution to the problems of men's health will require a 'whole of community' approach. Such a community based paradigm will involve a range of services and interventions, encouraging GP and other health professional participation including:

- male friendly parenting support reflected in the staffing, culture and philosophy of preconceptual and prenatal programs, birthing services, and Maternal and Child Health Services and their equivalents
- educational programs operating from preschool to university, apprenticeship and early work to promote the beneficial aspects of masculinity and to address the deleterious ones that result in many of the serious outcomes detailed above

- workplace based programs which seek to enrich the family and personal lives of Australian men
- sustained workplace based programs which offer check ups for individuals as well as promoting cultural change
- marketing health to men utilising a range of techniques including sporting organisations (such as AFL, NRL, soccer, motor sports, cricket, fishing, racing, golf), the entertainment industry and the media.

Recommendations/conclusions

1. The RACGP believes that men and women should be given equal opportunity to realise their full potential for health. Initiatives that address the health needs of one gender should not occur at the expense of the other gender.
2. The RACGP recognises that GPs have a significant role to play in improving the health of Australia's men. The RACGP will advocate for appropriate funding programs within practices and the community.
3. The RACGP recognises that if health services are to meet the needs of both men and women, the issue of gender needs to be incorporated in the planning and delivery of health services.
4. The RACGP supports initiatives to develop culturally appropriate health services for men.
5. The RACGP will work with key stakeholders to shape health policies relevant to the delivery of health care to men.
6. The RACGP will advocate and promote the development of an Australian Government men's health policy that recognises an approach to men's health involving prevention, promotion and acute health management. The policy should include:
 - a. recognition of the pivotal role of the general practitioner in providing and facilitating care for men
 - b. a focus on the educational system, in particular on male socialisation during childhood, adolescence and adulthood
 - c. preventive, promotional and early interventional health services for men
 - d. more equitable access for all groups of men to services such as men's groups, sexuality and reproductive health, workplace health, anger management, postnatal depression support and relationship counselling
 - e. strategies that enhance men's ability for active engagement in decision making about their own health and wellbeing
 - f. development of specialised training in men's health for health care providers
 - g. provision of services which take into account specific at risk groups and behaviours such as Aboriginal and Torres Strait Islander men, unemployed men, Vietnam and other veterans, conflict survivors, culturally and linguistically diverse men, single men, gay men and men with addictive problems including tobacco, alcohol and other drugs, gambling, pornography and overwork.
7. The RACGP encourages GPs to improve better access by men of their services by utilising a 'whole of practice' approach which recognises the different ways in which men 'consume' health.
8. The RACGP recognises that for GPs to make a full contribution to the solution to men's health problems will require a 'whole of community' approach.
9. The RACGP will include men's health as part of the core curriculum for Australian general practice. The curriculum statement on men's health will outline the required knowledge and skills in this area across the learning life of the GP, from medical student through to fellowship and ongoing professional development.
10. In relation to the care provided to men by GPs, the RACGP recommends that GPs:
 - a. are familiar with the principles and issues of men's health as outlined above
 - b. develop the skills required for the delivery of men's health in conjunction, where appropriate, with the network of other service providers in the community. This applies both to population health approaches and to individual patient contacts. The care provided by GPs should be patient, family and community centred and include the physical, emotional and social aspects of health and wellbeing. Integral to the GP role are skills in communication with male patients and, where appropriate, with their partners, relatives and other carers. General practitioners should incorporate appropriate preventive strategies into their practice and act as advocates where appropriate

- c. be encouraged by RACGP and other funding sources to engage in research specifically addressing the health needs of men.

The RACGP acknowledges the Australian Medical Association Position Statement on men's health, and the work of Dr Greg Malcher in the development of this position statement.

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