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# Not mission impossible

■ **Male gender is a significant risk factor for premature death in Australia, across all socioeconomic groups, but in particular in the most socioeconomically disadvantaged.<sup>1</sup> This excess mortality predominantly relates to increased cardiovascular disease, accidents and suicides, and, as such, relates to a significant extent to preventable disease. Many of the risk factors for chronic disease such as cigarette smoking, poor diet, physical inactivity, overweight and obesity, and alcohol and substance abuse remain high among men.<sup>2</sup> Men are over represented in deaths related to HIV disease, intentional self harm and accidents.<sup>3</sup> Yet men seek help for health problems less than women, use health services less than women, and have fewer consultations with general practitioners. There are both sociocultural and biological influences at play. Men are encultured with values such as stoicism, suppression of emotion, independence and self reliance, and so help seeking behaviour is seen as less acceptable.**

At a societal level, issues in men's health are being addressed. In June 2008, the Australian government announced the development of Australia's first men's health policy, almost 20 years after the first women's health policy. In 2006, The Royal Australian College of General Practitioners developed a policy on men's health ([www.racgp.org.au/policy/clinical](http://www.racgp.org.au/policy/clinical)) and in 2005 the Australian Medical Association developed a position statement on men's health ([www.ama.com.au/node/1963](http://www.ama.com.au/node/1963)). The M5 Project is a preventive health community education campaign that will use the number '5' to break down the barriers to good health for Australian men, including barriers to accessing GPs. It will focus on:

- men's five key roles in the community – as fathers, sons, brothers, partners and friends – and the importance of a man's good health to those roles, and
- encouraging men to take five simple preventive health steps: sharing their family history with their doctor, knowing their healthy weight, checking their blood pressure, stopping smoking and maintaining a healthy mind and a healthy body.

A key to this project will be encouraging men to establish a relationship with a GP, not just to cure illness, but to facilitate a partnership in proactive preventive health. In this issue of *Australian Family Physician*, Greg Malcher discusses a number of practical

strategies we can employ in our clinical work and our practices to achieve this aim. We can reach out to men where they are in workplaces, we can make general practices less forbidding to men by providing more flexible and more after hours appointments, we can demystify appointment and Medicare systems, we can make better use of technology such SMS messaging, and we can make our waiting areas and educational material more male friendly.

Once we have encouraged men into our consulting rooms, we need to be aware of the different expression of illness and communication style of men and women. A recent Australian qualitative study shed some light on qualities that men value in interactions with GPs.<sup>4</sup> These were:

- a direct, 'matter of fact' communication style
- GPs who were confident and knowledgeable
- the use of (appropriately used) humour to reduce tension and facilitate communication
- the ability to communicate at the same level as the patient, listen and understand the patient's perspective, and
- prompt resolution of health issues (either by the GP him/herself or by prompt referral).

These factors need to be considered in general practice training and continuing professional development in men's health.

Improving men's health is not 'mission impossible' but will involve a concerted multipronged effort from government, medical and health promotion organisations, the health system in general, and primary care in particular. As a society we need to understand of the changing roles of men in our society, foster positive expressions of masculinity and provide health care in a way that meets men's needs and takes into account their communication styles and the way they express illness and distress.

## References

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2. Australian Institute of Health and Welfare. Australia's health 2006. Cat. No. AUS 73. Canberra: AIHW, 2006.
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4. Smith JA, Braunack-Mayer, Wittert GA, Warin MJ. Qualities men value when communicating with general practitioners: Implications for primary care settings. *Med J Aust* 2008;189:618–21.