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# 'Male friendly' services

## *A matter of semantics*

It is generally agreed that general practices tend to be 'female oriented'.<sup>1</sup> As part of a strategy to reduce barriers for men accessing health care, the Australian Government's proposed National Men's Health Policy has stated that a focus on 'male friendly' settings will be adopted.<sup>2</sup>

One can readily accept that health services and programs need to better reflect the health needs of men and encourage the appropriate use of services, and that these are important elements of a men's health policy framework. However, the term 'male friendly' is open to interpretation, therefore if a simplified framework is adopted, it could fail the policy's target population.

At their best, male friendly services encompass coordinated and multidisciplinary primary care, addressing both primary prevention and disease management. Some services however, may target men by preying on their vulnerabilities; this can result in men accessing health care that is ineffective and costly, both financially and emotionally.

### The path to male friendly services

Suggestions to implement simple, male friendly measures, such as of out of hours and on the day appointments and reception staff and areas more engaging of men (eg. men's magazines and posters in the reception area),<sup>1,3</sup> should not be seen as representing a whole of practice approach, but rather as good business practice. Addressing the needs of the targeted local community as a whole is essential for any business, including general practices.

Importantly, the term 'male friendly' does not convey the need to improve the knowledge and skills of the current and future men's health

workforce to address deficiencies identified in medical curricula and workforce training across a range of sectors, including general practice.<sup>4</sup> Technical competence and good interpersonal skills are key attributes that men look for in general practitioners;<sup>5</sup> however these values are not unique to the treatment of men's health – they are also prerequisites for the management of chronic disease in both men and women.<sup>6</sup>

Practical limitations, such as a lack of services in regional and remote Australia and a changing GP demographic profile,<sup>7,8</sup> may impede access to health care; and other barriers may unintentionally limit the ability to create a 'male friendly' service. While the gender and age of the health practitioner are not usually barriers to accessing health care, for some older men, consultations with younger or female doctors may impact upon discussion of sexual health,<sup>9–11</sup> resulting in inappropriate specialist referral and/or late presentation, which, in turn, can drain limited resources. Some men may resort to the use of telephone or internet based services for medical advice and treatment wherein the extent and quality of evaluation and care cannot be monitored.

### Engaging men in health service use

Between the ages of 15–40 years men tend to visit GPs less and have shorter consultations than women.<sup>8,12</sup> Older men consult their doctors more frequently than their younger counterparts,<sup>13</sup> which refutes claims that men don't see doctors, while also reflecting the increasing incidence of chronic disease with age.

Making health services more male friendly or more 'preventive friendly' to engage younger men in particular is important, and requires careful consideration. Disease prevention for men in primary practice has not been well embraced,

primarily due to a lack of screening programs such as those that effectively engage women (eg. breast and cervical cancer screening).<sup>1</sup> Although the Australian health system has traditionally been directed at acute care, the increasing burden of chronic disease is now a major focus for governments, with prevention a prime consideration in engaging men (and women) in appropriate primary health services to avoid more costly and invasive hospital care. This reorientation of the health system, recommended by the National Health and Hospital Reform Commission<sup>14</sup> and the National Preventative Health Taskforce<sup>15</sup> and outlined in the Draft National Primary Health Care Strategy,<sup>16</sup> may help to address the male attendance chasm, irrespective of attempts to create male friendly health services.

### Health policy

The emergence of men's issues as a specific aspect of health, medical care and disease prevention is relatively new in Australia.<sup>2</sup> Many variables influence the help seeking behaviours of men<sup>13,17</sup> and evidence based initiatives are needed to respond effectively to changing needs within the health system while maintaining best practice services. Workforce capacity and community networks need to be strengthened to support the changing patterns of health care, incorporating appropriate and accessible health services and programs for men. The development of the forthcoming National Men's Health Policy will provide the long overdue opportunity to better align health services to the needs of men. The resulting male friendly framework needs to be broad in its approach in order to ensure that the range of barriers that men face when accessing and engaging with health services are appropriately considered.

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