

"What is it with men's health?"

Men, their health and the system: a personal perspective

Gregory O Malcher

With united, sustained action, general practice organisations and practitioners can help stop our men dying or "diseasing" too early

What is it with men's health? Ten years ago, men's health nights in pubs were all the go. Now we don't even have those. There's the occasional event or TV item, but always a one-off. Women's health researchers, practitioners and advocates get lots of resources and publicity, and good on 'em. But men are still dying too early from stuff that can be prevented.

(Anonymous man, Daylesford, Victoria, 2006)

As National Convenor of GPs4Men, the Australian General Practitioners' Network for Men's Health, I hear occasional comments like this from patients I see in my full-time rural general practice. Recently, I have run into colleagues who, noting the absence of men's "health bites" in the media, ask if I'm still involved. My answer is "yes, but differently".

"Spare" time previously spent on activities with GPs4Men, particularly liaison with members, has been leached away by work on the Royal Australian College of General Practitioners' (RACGP) position statement on men's health (to match the 1997 position statement on women's health), now endorsed and available online,¹ and the ongoing RACGP men's health curriculum review.

GPs4Men was founded in 2003 in response to the lack of policy and funding for men's health on a national level. Australia still has no national men's health policy, despite the existence of a women's health policy since 1989. It would be naïve to suggest that simply developing a policy would be sufficient to deal with all the challenges of men's health — policy without adequately funded programs = "piffle". Yet, for those of us involved in men's health, there remains an overwhelming desire to see a formal acknowledgement by the federal government (whether a policy, position statement or other document) of the broad and unique issues of men's health, and a preparedness to fund a national program to address these issues.

I wonder whether the government's problem might be that the problem seems "too big". A multiplicity of interest groups — including sociologists, "masculinists", "men's shed" workers, community nurses, endocrinologists, GPs, urologists, social workers and educators — all hold valid points of view. But has this very diversity led to an apparent government standstill due to "overload"? Whatever the reason, GPs simply must do something about Australian men's health. The recent RACGP health inequalities study clearly demonstrated the appallingly high mortality rates for men compared with women across the socioeconomic spectrum.² Notably, it showed that:

- the mortality rate for 25–64-year-old men in the most socially advantaged group of the population was higher than that for 25–64-year-old women in the most socially *disadvantaged* group; and
- men in the most socially disadvantaged group had a mortality rate nearly *double* that of the most socially disadvantaged women.

Further, there can be no argument that groups of men — Indigenous men, war and service veterans,³ and men affected by

poverty — are at high risk of health problems and have specific medical needs.

At present, the federal government's response seems to be to restrict funding largely to men's sexual health programs — based, presumably, on the unassailable assertion that testes and prostates are unequivocally male. The problem with this approach is that it ignores key issues; not only the stark statistics, but also the differences between how men and women view their bodies (especially in dysfunction), and in how they use the health care system. The major recipient of federal funding in men's health (\$4 million over 4 years) — the male reproductive health centre, Andrology Australia — runs excellent community and medical education programs. However, it is beyond this organisation's terms of reference to tackle the crucial issue of men's underuse of the health care system.

It would again be simplistic to suggest that simply finding ways of bringing men into more effective contact with GPs would solve the problems of men dying or "diseasing" too early. Many other issues also demand attention, from men's involvement in pregnancy and postnatal depression, to masculinity issues in schools and the workforce, to addictions, to social isolation and relationship problems. Nevertheless, bridging the chasm between GPs and their potential male patients is crucial, as GPs are the key providers of primary health care.

Marketing health to men needs to be viewed as a crucial and doable component of any worthwhile campaign to improve men's health. Such marketing is too important to just be left in the hands of a group of enthusiastic health professionals. Men's health needs the sort of marketing expertise used by those who are intent on persuading teenagers to smoke. It should be sustained, professional, well funded and be driven by clear goals. Men's health is also desperate for high-profile sustained support. The Prime Minister's newly appointed obesity ambassadors, Harry Kewell and Kieren Perkins, should have their portfolios enlarged to encompass the broader issues of men and their health. We need the support of influential figures like the Prime Minister and the Minister for Health to achieve this. Their early morning walks and bike riding, respectively, serve as excellent examples for Australia's men.

The membership of GPs4Men (of about 70 individual GPs and almost a third of the 118 Australian Divisions of General Practice [ADGP]) believes that it is the responsibility of the GP Reference Group organisations — the RACGP, the ADGP, the Australian Medical Association (AMA) and the Rural Doctors Association of Australia (RDAA) — to make a joint submission to our federal government for a federally funded men's health program that puts into action a men's health policy. It is up to those who fund health care to find ways of taking Australia's overworked GPs to where men are more comfortable using their services, especially the workplace. It is up to those who deliver health care to identify the best way forward.

Not only united but also sustained effort will be required from general practice organisations. The AMA produced a position statement on men's health in 2004,⁴ but has since seemed to move on to other priorities. The RACGP has had a Women's Health Taskforce since 1997; surely it is time for the college to have an active Men's Health Taskforce. The ADGP is moving slowly towards greater activity in men's health, with a session dedicated to men's health at its upcoming national forum on the Gold Coast in November this year. Many GPs and Divisions would respond to local needs for men's health programs, but cannot because of lack of funding. The RDAA has also expressed its broad support for men's health; understandably so in the light of the dire state of rural men's health.

In the absence of any structural or funded initiatives, there is still much being done and that can be done in general practice. All GPs (and possibly all medical practitioners) should consider how they can increase the uptake of their services by the "unreachable" group — 30–60-year-old men. I believe that general practice has some way to go before we can feel satisfied with how we market health to our male population. "Man-friendly" appointment systems and consulting times with after-work times and more on-the-day appointments, waiting rooms, and reception staff are key parts of a "whole-of-practice" approach, as are outreach services to workplaces and other venues. Similarly, a "whole-of-consultation" approach involves offering options to the men we *do* see which

take into account the fact that many men prefer a more physically-based approach to lifestyle prescription, and may require specific direction about follow-up. Community resources which meet men's exercise needs are often lacking. For many men, a trusting relationship with a personal physician or practice is built over a series of consultations.

Australia's men, our women's and men's groups and our GPs believe that men's health is much more than sexual health — this is not the case in much of the developed world. We therefore have a great opportunity to lead the world, or at least to share the lead in the important area of men's health.

Competing interests

None identified.

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