

Men's Health

Inferior preventative health care

One man in five dies before the age of 65. Despite this background, there is an impression that, in some aspects of health care, men are disadvantaged compared to women. The general lack of publicly funded Well-Men clinics, and of out-reach or out-of-hours clinics convenient for men, comes to mind. Funding and research on male-specific diseases has generally lagged that directed at female-specific diseases. Similarly for male osteoporosis. Young men are still awaiting a national programme of vaccination against the human papilloma virus (HPV), which has been available for young women on the NHS now for some years.

Although physical fitness is important to many men, men are generally less health minded than women. More reluctant to see a medic if they have a problem, more likely to put up with routine health problems. Medical services have not been overly male-friendly, and there are now more women than men entering general practice. Less than 8% of nurses in general nursing are male, which has a bearing on male privacy. How many times have you seen a male receptionist in a doctor's surgery or in a NHS hospital?

It is not all one-sided, however. Current policies on preventing cardio-vascular disease, which affects more men than women, are directed equally at men and women. Screening tests for cardio-vascular risk factors exist and therapies also exist to control them. If used, these effectively reduce the burden of cardio-vascular disease. The problem is that many men do not bother to make use of them.

Out-reach screening

An out-reach screening service would help many such men who otherwise would not seek medical advice. Instead of men seeking a screening service at their local surgery, the screening service would seek them, by touring those places where the least health-conscious men tend to congregate, eg. sports events and workplaces. This would provide the normal screening for blood pressure, blood lipids, blood sugar and smoking history, alcohol consumption, and obesity, as in the local surgery, but with more time and preferably conducted by men. Such facility would save many more premature deaths and disabilities in men, and is thus likely to be highly cost-effective.

Sex specific diseases

In the case of sex-specific diseases, however, sexual politics has no doubt played a part in driving priorities in spending and health care towards women rather than men. Until comparatively recently, research into male specific diseases, such as prostate cancer, has been minimal. The advent of the charity Prostate Cancer Research UK has very much improved the public and political focus on this disease. However, a more accurate and reliable diagnostic test for active prostate cancer is still awaited and more effective treatments with less serious side-effects are needed.

One relatively new treatment, brachytherapy, in which radioactive seeds are implanted in the prostate gland, appears to meet the objective of lower side effects, but its long-term efficacy is still unproven. The treatment was given approval in 2005 by the National Institute for Health and Clinical Excellence, but its use is available in only a few areas of the country because of financial pressures on Primary Care Trusts (PCTs). In other words, its availability is rationed in many areas.

Research (announced in early 2017) funded by Prostate Cancer Research UK is proceeding with a new trial - ADRRAD, in an attempt to help find such a cure. It is

potentially the first of its kind and could potentially change the way we treat, diagnose, and prevent prostate cancer.

NHS priorities

It appears that different cancers are given different funding priorities by the National Health Service (NHS). Breast cancer currently receives many times more funding than prostate cancer. This disparity reflects not only the higher profile of breast cancer gained over the past two decades or so, but also a medical and financial hesitation in the case of prostate cancer in committing resources to routine diagnostic procedures which are unreliable and treatments which to date research has not all been shown to prolong life or prevent disability sufficiently to justify the side effects. These include pain, incontinence, erectile dysfunction, loss of libido and energy, and the feminisation that the some treatments may produce. Clearly, a substantial increase in funding is required for prostate cancer research to tackle such uncertainties.

Comparable facts about breast cancer and prostate cancer

Breast cancer: Some 55 thousand women were diagnosed with breast cancer in 2014 in the UK, with 11,433 deaths. It is one of the country's most common cancers and affects generally younger women. Mortality rates have fallen considerably since 1989. Almost eighty per cent of women diagnosed with breast cancer survive for five years, a higher proportion than this if diagnosed early. There is a national breast cancer screening programme available for all women over 50, which costs well over £75 million a year.

Prostate cancer: Some 47 thousand men were diagnosed with prostate cancer in 2014 in the UK, with 11,287 deaths, mostly in older men. About eighty percent of men diagnosed with prostate cancer survive for five years. It appears to affect some ethnic groups more than others. Despite prostate cancer being one of the main cancers affecting males, there is no routine screening available in the NHS for it.

Evidence of bias in the NHS against prostate cancer victims

Press articles from time to time around individual cases and anecdotal evidence suggest some apparent inequality in attitudes and treatment provided within the NHS to breast and prostate cancer victims. For instance, although the NHS website includes a search item for 'women's health', there appears to be no comparable search item for 'men's health'.

PARITY has an interest in exposing any such bias if indeed it does exist. Anyone who has suffered from prostate cancer or any other medical condition affecting both sexes, and has evidence to support this, please therefore do write with this information to the Hon Secretary at the **PARITY** registered address [39 Cotton Road, Potters Bar, Herts EN6 5JT] or e-mail us at the postmaster address. Individual identities will not be revealed in any summary of results.

The Men's Health Forum, at 32-36 Loman Street, London SE1 0EA. (tel: 0207 922 7908) also takes a keen interest in men's health issues, and can provide information and professional advice on such issues.

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