

Does Inequality Prevail in Treatment of Fairer Sex in Orthopaedics?

Nicholas A Antao¹

From times immemorial, women have had the difficult road to travel, may be their values in societal position, their active participation and understanding and realisation of their voice in matters of legislation, not to say the least in day to day contribution still needs to be appreciated despite working full time 24/7.

When I was a resident in the seventies, I often used to wonder, why the OPDs were full of womenfolk as compared to men in chronic ailments of musculoskeletal pains carrying a with them, a thick pad of OPD papers with only written legible prescription was still (continue all). On the other hand, the numbers were higher for male gender in trauma and sports injuries. To attend the OPDs, probably was an outing for them, getting away from daily chores of unrecognised and unappreciated, housebound work of 24/7. The most research subjects were males than females and the surprising feature was absent of consent when it came to consent for surgery, as if their presence

does not matter and their place needs to be at home alone. It was accepted that they are not the bread winners but only the homemakers and medical expenditure on them was not very fruitful. It was after the 1993 the National Institute of Health made a declaration to deliver equal high quality of care and effective management to all and not to make gender biased discrimination.

As we crossed the twentieth century and went into the 21st century, a forward progressive thinking brought about sea of change, when women started working in offices, took up to education, excelled more than men in education and in financial matters, thereby becoming independent and therefore demanded equality of status. There are now ever increasing number of women not only doing Orthopaedics but also superspecialising in sub specialist and attracting female patients and thus competing with their male counterparts. So you no longer see the world "destined

for men only" operating today, because of the need felt to give equal opportunity to all without any bias and discrimination of social status and circumstances to attain their full potential.

Nowadays you see more

women readily agree to consent for surgery, since more and more educated young men and women tend to accompany their mother for being operated because they insure their parents for medical treatment and feel satisfied emotionally and morally as they are giving back to them to reciprocate their loved and care.

But still in some developing and underdeveloped countries for want of insurance agencies and abilities, there opportunities of facilities of care are lacking and therefore the male counterpart still is preferred for surgery over female patient.

The female patient has more ailments of osteoporosis, osteoarthritis and musculoskeletal problems than the male counterparts and the need to be promptly treated, to keep the pillar and backbone of the family healthy and not disabled.

In developed countries, many joint replacement registries show, increasing number of female patients getting operated for joint replacement surgery and even for sports related injuries, implying that the ratio is changing to the prevailing order earlier.

This reversing trend is better for society as the female patient becomes multitasked and well respected needs to be equally cared for and given the importance.

¹Department of Orthopaedics, Holy Spirit Hospital, Mumbai, India.

Address of Correspondence

Dr. Nicholas A Antao,
Department of Orthopaedics, Holy Spirit Hospital, Mumbai, India.
Chief Editor Journal of Clinical Orthopaedics
Managing Trustee of FIAMC BioMedical Ethics Centre
Past President of Bombay Orthopaedic Society
Past President Of Indian Arthroscopy Society
Past Editor of Indian Journal of Orthopaedics
E-mail: narantao@gmail.com

Conflict of Interest: NIL
Source of Support: NIL

How to Cite this Article

Antao NA. Does inequality prevail in treatment of fairer sex in orthopaedics?. Journal of Clinical Orthopaedics July-December 2023;8(2):01.

Submitted Date: 10 Jul 2023, Review Date: 07 Oct 2023, Accepted Date: 11 Nov 2023 & Published Date: 30 December 2023

© Authors | Journal of Clinical Orthopaedics | Available on www.jcorth.com | Publisher Orthopaedic Research Group | DOI:10.13107/jcorth.2023.v08i02.572
This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License (<https://creativecommons.org/licenses/by-nc-sa/4.0/>), which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.