

# Chapter 5

## Sexism in Medical Communication

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### **ABSTRACT**

*Communication is one of the most essential skills of the medical profession, however, it is a tool through which sexism and gender discrimination are promoted and reproduced. There is often the perception in medicine and surgery that gender inequity centres on lifestyle, family responsibilities, and childcare issues. However, this chapter highlights that deeply engrained biases in medical communication still exist, and are perpetrated by institutions and individuals, women included. Awareness of gendered language must be raised and highlighted in order to make a change. It is achievable to speak in gender-neutral ways that are inclusive and precise as to not conjure biased attitudes towards women in medicine. Social change must be pursued at the level of the institution, the cultural structure, and at the interactional level of gender.*

### **INTRODUCTION**

Communication is an essential component of medical practice and occurs between doctors, patients and other healthcare professionals. Awareness of its importance has led to incorporation of communication skills assessments as part of medical school curriculums. However, gender bias is one of the obstacles to equity in medical career progression for females and has been shown to be reinforced through gender-subordinating language.

### **BACKGROUND**

The study of gendered language in sociolinguistics is thought to have commenced in the Language and Woman's Place, a paper written by Robin Lakoff in 1973. In this text, Lakoff (1973) states: "Our use of language embodies attitudes as well as referential meanings. The marginality and powerlessness of women

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is reflected in both ways women are expected to speak, and the ways in which women are spoken of. In appropriate women's speech, strong expression of feeling is avoided (and) expression of uncertainty is favoured. The personal identity of women thus is linguistically submerged; the language works against treatment of women, as serious persons with individual views."

Lakoff's paper was an attempt to provide diagnostic evidence from language use for the inequity between the roles of men and women that had been claimed to exist in society. Nearly 45 years on, women in medicine can relate and identify to this sociological phenomena through the use of language in the workplace. Language and communication is a very powerful system that offers clinicians and patients beliefs in which they can present their attitude to gender.

## **MAIN FOCUS OF THE CHAPTER**

### **Types of Sexism in Medical Communication**

#### **History of Gendered Language**

Discrimination of women through language has been present through mechanisms that are deeply embedded in Western culture to sever them from power. The first recorded example of gender inequity through language is at the start of Homer's *Odyssey*, written almost 3000 years ago. Throughout the epic poem, Telemachus, the son of *Odyssey* and *Penelope* is growing up and maturing from boy to man. This is best described by Mary Beard, a well-known British classicist, in her reflection on the gender agenda in *Women & Power*:

*"The process starts in the first book of the poem when Penelope comes down from her private quarters into the great hall of the palace to find a bard performing to throngs of her suitors; he is singing about the difficulties the greek heroes are having in reaching home. She isn't amused, and in front of everyone she asks him to choose another, happier number. At which point young Telemachus intervenes: 'Mother' he says, 'go back into your quarters, and take up your own work, the loom and the distaff... speech will be the business of men, all men, and of me most of all; for mine is the power in this household.' And off she goes, back upstairs."*

Beard (2017) comments further upon the significance of the actual words Telemachus uses "When he says speech is 'men's business, the word is *muthos* – not in the sense that it has come down to us of 'myth'. In Homeric Greek it signals authoritative public speech, not the kind of chatting, prattling or gossip that anyone – women included, or especially women – could do." (p7). This relationship between classic Homeric moment of silencing a women and some of the ways in which women's voices in contemporary medicine are not publicly heard is interesting. Beard (2017) states "Telemachus outburst was just the first case in a long line of largely successful attempts stretching throughout Greek and Roman antiquity, not only to exclude women from public speech but also to parade that exclusion." (p9). Repeated stress throughout ancient literature on the authority of the male voice in contrast to the female was placed. Beard (2017) postulates that this 'muteness' was not just a reflection of women's general disempowerment throughout the classical world such as the absence of the right to vote and limited legal and economic freedom. Moreover, it was a more active and loaded exclusion of women's voices in that public speaking

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