

The experience of the Rhodense Local Health Authority in the field of Gender-Specific Medicine

Franca Di Nuovo^{1,2}, Monica Onorati³, Annamaria Martini⁴, John Tremamondo⁵, Ida Maria Ada Ramponi⁶

1. Lombardy Region Representative for Gender Medicine; 2. Director of the Anatomical Pathology Unit, ASST Rhodense; 3. 1st-Level Medical Director, Anatomical Pathology Unit, ASST Rhodense; 4. CUG President, ASST Rhodense; 5. Head of Local Hospital Network Systems, ASST Rhodense; 6. General Director, ASST Rhodense

Snapshot of ASST Rhodense

ASST Rhodense belongs to the ATS Città Metropolitana di Milano, the public health authority for the Milan metropolitan area. It covers the north-west part of Milan, which is one of the most heavily urbanised and industrialised areas of Milan's hinterland. It has two acute-patient hospitals located in Garbagnate and Rho respectively, a hospital for chronic patients in Passirana and a local hospital located in Bollate. It also comprises the territory and the health and social facilities of the former Local Healthy Authority districts of Rho, Garbagnate and Corsico and the "Sandro Pertini" nursing home. The ASST operates in an area with a total resident population of about 500 thousand inhabitants, and provides more than 2.5 million outpatient services and about 34 thousand admissions a year. The mission of ASST Rhodense includes the provision of appropriate health and social services, including prevention,

diagnosis, treatment and rehabilitation processes, ensuring the availability of, and access to, hospital, home care and health services contemplated in the essential levels of care. The core values for the pursuit of the ASST's mission are: the respect and centrality of patients along the care and treatment pathway, the protection and safety of health, innovation and technological development and lifelong learning of human resources. The ASST's vision is aimed creating a system geared to the continuous improvement of the quality of care with a view to the integration of the hospital and local community and to continuity of care and vicinity, in order to meet the increasingly complex needs of citizens, in particular chronic patients. The objectives of ASST Rhodense include the achievement of high levels of quality by leveraging available resources as best as possible, the satisfaction of the real needs of citizens and the creation of an environment conducive to the expression and growth of the professional and human potential of health workers.

Activities carried out and objectives achieved

Since 2009, the ASST has pursued gender-oriented organizational planning and clinical appropriateness objectives based on principles of equal opportunity and respect for gender differences in health care, with a special commitment and attention to the development and implementation of gender medicine. The early pioneering initiatives through which the ASST has opened the way to gender medicine started with the activities of the

Equal Opportunities Committees, which have now become *Comitati Unici di Garanzia (CUGs)*, i.e., Single Guarantee Committees. The CUGs aim to ensure equal opportunities and avoid discrimination. These are objectives which, in the field of healthcare, are well reflected in gender medicine. At the ASST, the CUG has been a forge in which ideas have developed for the implementation of gender-oriented projects, acting as a flywheel and as a circular vector for the spreading of health issues related to gender differences.

In 2010, the ASST was the only hospital in Lombardy to have participated in the project titled "*L'organizzazione di genere-Legge 125/91*" (Gender-based Organisation-Law 125/91) promoted by the *Centro Studi Progetto Donna* in partnership with the Department of Equal Opportunities of the Province of Milan and financed by the Italian Ministry of Labour and Social Policies. The objective of this project was to promote *diversity management* and equal opportunities policies and instruments, with an experimental phase involving the application of the POAR method (Equal Opportunities Area Plan). Our participation in this project was rewarded with a plaque to the ASST.

The spreading and implementation of Gender Medicine at the ASST has been pursued by adopting promotion measures in a number of specific fields. Our commitment is focused on spreading Gender Medicine to the general population and citizens, on the training of doctors and healthcare workers, on the social and healthcare aspects of hospitals and local territories, on innovation and scientific research and on the dissemination of the results throughout the territory covered by ASST Rhodense.

In 2012, a series of conferences was organised for the general public titled "*L'altra faccia della Luna: la medicina declinata al femminile*" (The other side of the Moon: medicine for women). In particular, issues related



Sistema Socio Sanitario



Regione Lombardia

ASST Rhodense



to gender differences in cardiac and cerebrovascular diseases, headaches and metabolic disease were addressed. Specific initiatives and events open to the general public on female diseases were also organised to promote cancer screening. The provision of training dedicated to healthcare professionals is an essential prerequisite for the correct application and introduction of gender medicine in healthcare institutions. In order to train the healthcare personnel working at the Authority, "lifelong learning" projects were organized and implemented. The training of doctors and health workers was carried out both through transversal and multidisciplinary focus groups titled "Gender design for the protection of the appropriateness of pathways of care", and through learning-out and improvement groups available in several editions and at all the authority's hospital facilities to allow all employees to participate. In addition, distance learning was tested using an e-learning platform usable from the Authority intranet site. A series of conferences titled "*Quando la sofferenza irrompe nella vita*" (When suffering breaks into life) was entirely dedicated to the fight against sexual violence on women and abuse of minors and was aimed especially at First Aid health workers to facilitate the reception of victims of violence and abuse in healthcare settings. In addition, "learning audits" have been planned and some improvement groups called "First Aid workshops" and "*L'essere e il fare nel paziente vittima di violenza*" (Being and doing in patients victim of violence) have both been awarded with a decree by the Lombardy Health Directorate General.

In order to bridge the academic cultural gap existing in the academic curriculum of health professions and, with the aim of narrowing the gap in training, in 2013 a university training course was created, the only one of its kind in Lombardy and perhaps in Italy, dedicated to students in the sixteen sections of the first year of the

degree course in Nursing Sciences at the School of Medicine of the University of Milan. It was a pilot project implemented by means of an elective, seminar-type course titled "*Prendersi cura di un uomo e di una donna non è lo stesso!*" (Caring for a man and a woman is not the same!). The course was held at our university campus in Garbagnate. The multidisciplinary, *problem-based learning* elective course lasting eight hours was held in small groups starting from a health problem. Through an ideal magnifying glass, students analysed the biological aspects of pathologies, as well as the interferences that socio-cultural and economic factors play in determining health programmes for prevention, diagnosis, therapy and rehabilitation. At the end of the course, by filling out a questionnaire, students expressed a favourable opinion on the validity of the educational experience that they acquired.

In the field of healthcare, some innovative experiences have been carried out, which have led to the opening of outpatient clinics with gender-oriented characteristics, aimed at improving the appropriateness of healthcare treatments in terms of prevention, diagnosis and therapy.

We would like to remind you that an outpatient clinic has been opened at the Department of Mental Health and Dependencies, called "Benessere Mamma" (Mother's Wellbeing), to treat post-partum depression and all the psychological problems linked to the birth of a child. As far as the treatment of the climacteric is concerned, our clinic has proven to be a centre of excellence for menopause, so much so that it is included among the specialised centres of the ONDA observatory (National Observatory on Women's Health), climacteric session. The other outpatient clinics that provide care from a gender perspective treat metabolic disease, osteoporosis and rheumatological diseases. A multidisciplinary outpatient clinic for the treatment of epilepsy in pregnancy

has long been active; several specialists take care of patients suffering from epilepsy who wish to become pregnant. In this regard, a "Pink Book" has been drawn up, that is, a detailed guide containing all the useful information for patients referred to this outpatient clinic.

In addition, healthcare activities have benefited from the implementation of diagnostic, therapeutic and care pathways (PDTA) from a gender perspective, offering the opportunity to ensure respect for gender differences of patients and to combine what the literature offers today in the field of pain management, metabolic disease, stroke and bladder catheterisation in daily health practice.

For some time now we can boast, as an added value, the award of two Pink Seals by ONDA (National Observatory on Women's Health and Gender) to the Hospitals in Garbagnate and Rho for specific gender-oriented activities. In 2016, for the first time, two RosaArgento (PinkSilver) Seals were awarded by ONDA to our "Sandro Pertini" Nursing Home because it meets the requirements for guaranteeing personalised, effective and safe management of guests, the majority of whom are elderly women.

In 2017, we participated in the ONDA project "*Ci mettiamo il cuore per la parità di genere*" (We put our heart into gender equality) as part of the regional initiative "*Progettare la parità in Lombardia 2017*" (Planning equality in Lombardy 2017).

In addition, the national day dedicated to women's health is celebrated every year with open days, videos, printed materials, brochures and workshops.

A section of the CUG's intranet and internet sites is dedicated to the publication of all documents and activities relating to gender medicine.

Finally, in 2018, at our facilities we launched a line of research dedicated to the gender of doctors. This is a topic still widely ignored and unexplored, an aspect that gender medicine prob-

ably did not expect having to evaluate and analyse and that represents a decisive factor in the complexity of pathways of care. We wanted to explore this line of research because the “feminisation” of medical professions has become a matter of fact throughout the West and is changing the face of medicine. Today, the presence of female physicians is on the rise and they now outnumber men in almost all specialties, in a surprising way even in those fields which had a typically male connotation, such as the surgical branches. In this regard, we wanted to analyse this phenomenon by creating a series of absolutely innovative conferences titled “*La chirurgia al femminile: la medicina che cambia*” (Female surgery: changing medicine). The training objectives included the evaluation and impact of the presence of women in healthcare and the comparison with the male gender in order to identify which different relational dynamics come into play in the approach to care.

The interest in the implementation and dissemination of gender medicine is renewed and takes shape every year through new specific events that are also held to celebrate particularly significant dates such as the International Day for the Promotion and Health of Women, the World Day against Violence against Women and Women’s Day.

Much has been done and will continue to be done, by committing the available resources to ensure that gender differences in healthcare are no longer a negative stereotype, but a real resource for the care for, and well-being of, all.

References

- Baggio G. Dalla medicina di genere alla medicina genere-specifica. *IJGSM* 2015; 1: 3-5.
- Di Nuovo F, Onorati M, Nicola M, Cassoni M. Il valore aggiunto della differenza di genere nelle professioni sanitarie. *IJGSM* 2018; 4 (1): 34-6.
- Ministero della Salute (a cura di). Il genere come determinante di salute. Quaderni del Ministero Salute 2016; n. 26, aprile.
- Mori R. La medicina di genere nella programmazione socio-sanitaria. La Regione Emilia-Romagna c’è. *IJGSM* 2018; 4 (1): 36-8.
- Salmi M. La medicina genere-specifica nelle istituzioni italiane e europee. *IJGSM* 2017; 3 (2): 45-6.
- Signani F. La salute su misura. Medicina di genere non è medicina delle donne. Ferrara: Este Edition, 2013.
- Voltolini A. Inaugurato a Brescia un centro di documentazione e informazione sulla salute di genere. *IJGSM* 2017; 3 (2): 86-8.

Multiple sclerosis: a project to get to know and tell the story of the people behind the disease

Francesca Merzagora, Nicoletta Orthmann, Federica Rossi

Onda, Italian national observatory on female and gender health, Milan, Italy.
www.ondaosservatorio.it

In the field of neurodegenerative diseases, multiple sclerosis represents a paradigm of gender-specific medicine. Gender differences characterize, in fact, all aspects of the pathology, from its incidence to its clinical course, from prognosis to response to the different treatment options. If women are much more disadvantaged in terms of susceptibility (the ratio of women to men is 2 : 1 and the disease is increasing among women), on the other hand, among the female population benign forms prevail and any aggressive forms more frequently show a better clinical course, with the prevalence of inflammatory lesions rather than neurodegenerative ones showing on magnetic resonance imaging.

Clinical pictures and an expression of the progressive destruction of myelin sheaths used to transmit nerve impulses are characterized by wide variability in terms of neurological manifestations and progression. For most patients, the expression of the disease with the greatest impact is the limitation of movement due to muscle weakness, fatigue, poor coordination, rigidity and balance deficits, which generally evolve into conditions of persistent disability and increasing progression.

Multiple sclerosis does not reduce life expectancy compared to the general population, but has a significant impact on the quality of life of those affected and their loved ones. Moreover, the disease begins at a young age, generally between 20 and 40 years, and therefore in the most productive period of life, when personal and professional projects are taking shape.

The IO NON SCLERO project, developed by Biogen and Onda in col-