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## Letter to the Editor

# The need to teach gender medicine in medical school



### Abstract

The present letter to editor comments the manuscript “Sex Disparities in Management and Outcomes of Cardiac Arrest Complicating Acute Myocardial Infarction in the United States.” by Verghese D and coworkers.” presenting some comment on sex disparities in treatment and the need for an action on medical school.

**Keywords:** Education, Students, Gender, Women disease, Medical school

### To the Editor,

We have read with great interest the paper “Sex Disparities in Management and Outcomes of Cardiac Arrest Complicating Acute Myocardial Infarction in the United States.” by Verghese et al. [1] and we found it of importance with a view to sex disparities in treatment. This study found that despite no difference in guideline recommendations for men and women with AMI-CA, there is a systematic difference in the use of evidence-based care that disadvantages women.

With reference to the findings reported in the paper, we would like to make the following contribution to the discussion. Sex disparities in treatment is a widely discussed topic in recent literature and is the subject of various actions by the scientific community [2,3].

Along with tailored interventions, population-wide strategies are needed to combat inequalities in the treatment of cardiovascular disease in women. Public policy as an intervention to reduce sex disparities in CVD prevention and treatment and improve cardiovascular outcomes among women must become a strategy to reduce the global burden of CVD.

Among the different actions that can be taken to improve diagnosis and therapy in women and which include: increasing awareness of CV disease in women, knowledge of female-specific risk factors, an important role must be attributed to physician education. In addition to the information that the doctor acquires from the scientific literature and from congresses dedicated to the subject, the traditional approach must be changed and this modification is obtained only by inserting gender medicine in the initial stages of medical education.

Among the different options proposed to reduce this important gap, it is our opinion that strong action must be taken on medical schools.

As education is a milestone of resuscitation as evidenced by the guidelines that insert a paragraph on Resuscitation Education Science so education on gender differences must spread in medical schools [4].

Gender Education Science must include basic knowledge on differences in biology, anatomy and physiology and differences in

women in development of disease and in response to treatment [5]. The increase in knowledge in the medical field is the milestone for the correct application of diagnostics in clinical practice. Gender differences are present in various areas of medicine. Cardiology is undoubtedly the area in which these differences have been studied for years [2,3]. However, much more can be done.

We need to act promptly with a series of actions on medical school programs tailored to sex differences in medical practice in order to reduce the gap between men and women.

### Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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