



A STEP INTO NO MAN'S LAND: IMPROVING MEN'S USE OF PRIMARY CARE SERVICES IN EUROPE

A report on the European Men's Health Forum's workshop on Men's Health at EHF Gastein

4 October 2013

Across Europe, each year twice as many men aged 15–64 die as women.¹ This is a major human and financial cost to men, their families, communities, employers and national health systems. One workshop speaker, Monika Kosinska (EPA), observed that, in Poland, the scale of male premature deaths is so great that there seem to be very few older men.

Is this the fault of a Y chromosome and a problematic prostate that condemn men to physical frailty or is it because men are simply foolish, feckless and increasingly fat? A much better explanation is that

health services have not done enough to change men's risk-taking behaviours or help them to access the whole range of primary care services (general practice, dentists, pharmacy, optometry and others).

Primary care services are currently a 'no man's land' – they are used ineffectively by men. Peter Baker (EMHF) told the workshop that men attend less frequently than women, especially for prevention and screening, and men's lower contact with primary care may be linked to their higher use of hospital services. This is because serious conditions, such as malignant melanoma, urological cancers, diabetes and depression, are diagnosed later in men leading to more complicated and expensive treatments.

Nicola Bedlington (EPF) told a personal story which illustrates the problem. Her brother-in-law died of a heart attack at the age of 48. Even though his own father had died prematurely and from the same cause, he was proud that he had not seen a doctor for 20 years. It is entirely possible that his death – and the deaths of many other men with similar stories – could have been prevented by health advice, regular check-ups and early diagnosis and treatment. The workshop speakers, and other participants, agreed that men are deterred from using primary care by two broad and related factors. First, as John Bowis



(HFE and EMHF) put it, 'men don't do health'; Nicola Bedlington recalled a previous EMHF workshop at EHF Gastein, entitled 'GREASE', which highlighted that men sometimes focus more on cars than health. Seeking help or engaging with health care is perceived by many men as incompatible with the masculine norms of strength, stoicism and self-reliance and they fear that it will make them appear vulnerable and weak. For some men, there is a stigma attached to seeking help for a health problem; others dislike the feeling of dependency on a doctor and find it difficult to build a relationship with their practitioner.

Secondly, men's reluctance to access services makes them less willing to overcome the many practical barriers they experience, including restricted opening hours, inconveniently located facilities, difficult-to-use booking systems and long delays between making an appointment and seeing the clinician as well as unpredictable waiting times on the day itself. Jacques de Haller (CPME) observed that many of these problems are particularly acute for men who work.

Some men are also deterred by what they perceive to be a 'feminine' environment, especially in pharmacies. Maximin Liebl (PGEU) considered that the sex of the practitioner could be a problem for some men – for example, very few men would feel comfortable talking about erectile dysfunction to a female pharmacist.

An important consequence of men's avoidance of primary care was identified by Maximin Liebl: many are now purchasing counterfeit drugs online. This means that health problems are not being properly diagnosed, they may well worsen because they are not being properly treated, and new problems can be created by 'medicines' with potentially harmful ingredients.

The workshop speakers and participants identified several ways in which men's use of primary care could be improved. The first is that practical barriers preventing men from accessing primary care, such as opening hours, must be addressed. Although digital technologies are not a panacea, the workshop heard that the ability to make appointments online, rather than via a phone call to a receptionist, could help. John Bowis favoured GP consultations via Skype but Jacques de Haller felt this 'was not medicine' and Nicola Bedlington mentioned findings from the EPF's 'Chain of Trust' project which highlighted the critical importance of the 'human factor' that telehealth or eHealth could complement but never replace. Offering helplines and health checks could be other ways of attracting men into services. Monika Kosinska suggested introducing measures to make it easier for men to take time off work for medical appointments.

The potentially significant role of pharmacies was highlighted by Maximin Liebl. There are 250,000 community pharmacists in Europe; pharmacy is the biggest and most widely-distributed primary care service. This could be the first point of contact with the health system for many more men.

Training for health professionals on men's health issues was considered important. A member of the audience specifically suggested that practitioners need to understand that, because they feel ashamed to express their psychological distress, many men somatise their mental health problems. Pharmacists are not yet generally aware of men's health issues and need support to become engaged, according to Maximin Liebl.



Better outreach services targeted at men could help. One audience member mentioned that an 'expert patient' support programme had failed to attract many men when it was delivered in traditional health settings but when it was taken out into the community, and also delivered interactively online, more men participated. Given the links between unemployment and male health problems, John Bowis recommended locating health advisers in unemployment offices.

Improving men's health literacy, including their symptom awareness, could encourage earlier use of services and better self-care. Teaching boys about health in schools was thought to be particularly important. It was specifically suggested that there should be an emphasis on raising boys' awareness of the risks of alcohol. Jacques de Haller argued that empowering men to do something about their symptoms is more important than just raising symptom awareness.

Nicola Bedlington suggested that key 'transition' points in men's lives could be used to engage them, such as becoming a parent. The emotional 'driver' of their new family responsibilities could help to encourage better self-care. John Bowis argued that boys leaving care, and men leaving prison or the armed forces, are particularly in need of support. It was also suggested that, generally, men prefer health messages to focus on 'the facts' while women are more open to emotional issues.

There was a discussion about how men could be enabled to show their vulnerability and more readily ask for help from health services. Monika Kosinska observed that, in the last 40 years, it has become acceptable for women to be more masculine but not for men to be more feminine. One suggestion, made by an audience member, was that it would be useful to identify situations in which men currently feel comfortable asking for help and see how these could be made relevant to health settings.

Finally, Monika Kosinska highlighted the potential role of regulation as a way of improving men's health. It was suggested that minimum alcohol pricing, and urban planning that controls where alcohol is available, could reduce self-harm and also alcohol-related violence against other men as well as women.

Key messages

- Primary care services are currently used ineffectively by men, leading to late diagnosis of serious conditions and the use of counterfeit drugs purchased online
- Engaging with health care is perceived by many men to be incompatible with masculine norms and men, particularly those in full-time work, face many practical barriers such as restricted opening hours
- The practical issues must be addressed, including through the use of digital technologies for making appointments
- Pharmacies have a potentially significant role as a first point of contact with the health system
- Training for health professionals on men's health issues is important
- There is a need for better outreach services
- Men's health literacy, including symptom awareness, should be improved
- Ways of encouraging men to seek help from health services could be explored
- Key transition points in men's lives, such as becoming a father, present opportunities for engagement

Next steps

Ian Banks explained that the European Men's Health Forum (EMHF) has embarked on a long-term project to improve men's use of primary care. The first stage was a roundtable event held in Brussels in June 2013. EMHF brought together the widest possible range of primary care professions to identify the barriers to men's effective engagement with services and, more importantly, how these could be overcome.²

The EHF Gastein workshop's outcomes will now be integrated into EMHF's work programme on men and primary care. The next steps include discussions with the European Commission and other Europe-wide organisations as well as EMHF roundtables within individual states to help them develop primary care services that work better for men.

¹ A. White (ed.), The State of Men's Health in Europe. Extended Report (EU, 2011).

² P. Baker, Men's Health and Primary Care: Improving Access and Outcomes (EMHF, 2013).

Speakers

Peter Baker, Consultant, European Men's Health Forum (EMHF) *(top photo right)*

Nicola Bedlington, Executive Director, European Patients' Forum (EPF)

John Bowis, Hon President Health First Europe (HFE) and EMHF Board member

Maximin Liebl, President, Pharmaceutical Group of the European Union (PGEU)

Jacques de Haller, Vice President, Standing Committee of European Doctors (CPME)

Monika Kosinska, Secretary General, European Public Health Alliance (EPHA)



Moderator

Ian Banks, EMHF President *(bottom photo right)*

EHF Gastein

The European Health Forum (EHF) Gastein is the leading health policy event in the EU and takes place annually in Austria. Its wide-ranging three-day programme provides a major platform for decision-makers in various fields of public health and health care.

European Men's Health Forum

EMHF is a not-for-profit NGO. It is the only European organisation dedicated to the improvement of the health of men and boys in all its aspects. Established in 2001, it has succeeded in raising the profile of men's health through policy development, lobbying, campaigns, conferences and seminars, research and publications, and the provision of information directly to men. www.emhf.org



Sponsors

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