

FROM ITALY'S REGIONS

Policies of the Emilia-Romagna Region in the field of gender medicine

Interview with Roberta Mori

In recent years there has been considerable ferment about a topical issue: gender medicine. Do you believe that gender is a determinant of health?

I believe that an advanced social and healthcare system, centred on the needs of individuals, the appropriateness of healthcare, the effectiveness of treatment and the adequacy of care, cannot neglect the complex factors that affect our health and have an impact on our well-being. In fact, we know that gender as a determinant of health is the result of the biological differences between women and men, as well as of different lifestyles and of the different socio-cultural and environmental contexts of reference. All this leads us to consider the opportunity, as well as the need to ensure the development and dissemination of gender medicine to make it become a practice and methodology applied for better prevention and treatment

of diseases in men and women alike.

This because gender medicine is not "women's medicine," but a medicine that goes beyond any scientific bias of neutrality and leverages gender specificity as a means of equity and objective advancement of knowledge in the field.

The cultural buzz around this innovative form of multidisciplinary approach has not yet been translated into widespread awareness and there are still many stereotypes that orient the collective imagination and the individual behaviour of professionals and citizens alike. The time is ripe to make a quantum leap.

To what degree is gender medicine involved and what meaning does it have in the broader scenario of the relationship between inequality and health?

Clearly, the principle of equality enshrined in article 3 of the Italian Constitution sees its highest embodi-

ment in the right to health and in the removal of all the obstacles that hinder full enforceability.

The fact that the subjectivity of women has been underestimated in all areas of society is a matter of fact and powerful evidence of this marginalization still exists.

The Gender Gap is an element of analysis of the condition of women around the world and spans from wage differentials to lesser female representation in the decision-making positions and positions of power, and from lower levels of education to socio-cultural segregation. It is an urgent dimension that bears on the competitiveness of Countries and on the respect for human rights. Italy is still caught in these contradictions that become full-fledged gender gaps and substantial inequalities.

Health is not free from a discriminatory approach that for centuries has considered experimentation, research, and remedies to be neutral. The only aspect of attention and differentiation has always been the reproductive and genital system of women in the logic of a so-called "bikini" approach. Indeed, the first pharmacological trial targeted at women dates back to



Roberta Mori was born in Castelnovo di Sotto, in the province of Reggio Emilia, in 1971. She graduated in Law at the University of Parma and is a Lawyer specialising in administrative, corporate and labour law. From early on, she has been engaged in volunteering in socio-cultural initiatives at the Cervi Museum in Gattatico. From 26 July 2011 she chaired the Commission for the Promotion of the Conditions for Full Equality between Women and Men of the Regional Assembly. The joint bipartisan work of the Commission resulted in the approval of the "Framework Law for Equality and against Gender Discrimination" (Regional Law No. 6 of 27 June 2014), which introduced positive mainstreaming measures in all the areas falling under the remit of the Region. From 2013 she is the national coordinator of the Chairs of the Equal Opportunities Bodies of Italian Regions. She currently chairs the Commission for Equality and the Rights of People of the Emilia-Romagna Region and national coordinator of regional Equal Opportunities Bodies.
<http://www.robertamori.it/>



We really believe that gender medicine is an essential piece of that cultural and social change that we are implementing in Emilia-Romagna and that we propose throughout the Country.

2002, when Columbia University in New York opened the first course of gender medicine.

Gender medicine, therefore, also constitutes a form of cultural and compensatory emancipation from centuries of delay in respect of the female gender that is no longer acceptable in a modern civilization with advanced rights and fair policies.

In your opinion, how should health disparities be addressed in health planning? The Emilia Romagna Region seems to have taken the right road: tell us what will happen in terms of tangible gender-oriented actions?

In order to counteract the inequalities that inappropriate organization and healthcare can cause, it is essential to implement mandatory instruments to redress the status quo in social and healthcare planning at both national and regional level, in its fields of competence. All this is being done in a logic of subsidiarity which does not exempt the central government from providing for organic national legislation that promotes and upholds gender medicine. The Emilia-Romagna Region has made a structural choice in terms of equity, gender and fairness policies. The Commission for Equality between Women and Men, a permanent body no longer with mere advisory functions only, but also with legislative powers, composed of elected councillors, both men and women, was established in 2011. To date, it is the only experience of its kind in Italy's regions. This has made it possible to carry out thorough political and institutional work, a broad and credible debate with social players and, finally, the presentation of a draft law that for the first time has addressed all areas of competence from the point of view of mainstreaming

with structural gender policies.

We wanted to use the "framework law" instrument to cover all sectors precisely because it was the only appropriate one for pervasive and lasting equality policies, hinging them on an institutional effort geared toward the development and prevention of vio-

lence that continues to dramatically affect women up to this very day.

The inclusion of gender medicine in the Regional Law for Equality and against Gender Discrimination (art. 10 of Regional Law No. 6/2014), based on the principle of personalised and appropriate care, has therefore as-



Regional Law No. 6 of 27 June 2014 - Framework Law for Equality and against Gender Discrimination.

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TITLE IV

Health and well-being of women

Art. 10

Gender medicine and personalised care

1. The Emilia-Romagna Region protects the right to health as enshrined in article 32 of the Constitution, guaranteeing equal treatment and access to treatment with particular regard to gender differences and the related specificities, and favouring the training of health professionals and workers' safety representatives to ensure an approach which takes into account gender medicine in healthcare.
2. Public health authorities, hospitals and the social and health facilities of the Emilia-Romagna Region value a gender approach in the care and assistance of women, men and children; provide correct and fair information on issues of health and gender differences; foster scientific and research activities through a gender perspective, implementing research, prevention, diagnosis, pharmacological treatment and rehabilitation pathways oriented to gender equity; and deliver permanent professional training with the goal of providing the knowledge of specific problems related to gender diversity and safety at work.
3. The Emilia-Romagna Region, also in collaboration with the central government, universities, public and private entities, mass media and associations, promotes communication, information and awareness campaigns on gender health, on gender-specific pathologies, and on differences in prevention and treatment through specific agreements.
4. All regional health policy documents, in particular the Regional Social and Health Plan, are gauged on these objectives in order to contribute to the identification, promotion and monitoring of gender-related determinants in the organization of work, in interdisciplinary research, in syllabi, in diagnostic and therapeutic pathways, in the use of drugs, and in benchmarks for the efficacy and productivity of the healthcare system, to provide appropriate services and personalised care involving all healthcare operators, starting from general practitioners.
5. The Regional Health and Social Agency, within its remit, by virtue of the directives approved by the Council and in compliance with this law, shall adopt an equity-oriented approach that focusses particular attention to gender differences in the formulation of its programmes and reports.

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signed the healthcare “machine” the task of providing for an equity and gender-oriented update.

Continuing vocational training of social and healthcare staff, communication campaigns and correct information to citizens, promotion of scientific research and new prevention and equal opportunities pathways according to gender specificity are all objectives and tangible actions provided for by the Law for Equality and to which the Emilia-Romagna Region needs to adapt its social and health organisation and their policy documents. Specifically, the new Regional Social and Healthcare Plan that is being developed through a pathway that sees the active participation by all the system’s protagonists in public meetings and hearings, will expressly

comprise, for the very first time, gender medicine as an approach no longer left to chance.

The horizon of continuous improvement of the quality of the healthcare system of the future and its sustainability in economic terms, as well as in terms of the increased and tangible well-being of women, men and children of all ages depend on the complete implementation of this law being drafted by the Committee that I chair. We really believe that gender medicine is an essential piece of that cultural and social change that we are implementing in Emilia-Romagna and that we are proposing throughout the country.

Interview by
Mariapaola Salmi

Events

Wirken sich Schlaganfall und andere neurologische Erkrankungen bei Frauen und Männern anders aus?
L'ictus e altre malattie neurologiche: esistono delle differenze di genere?

3. SÜDTIROLER SYMPOSIUM Genderhealth - Gendermedicine Schwerpunkt: Neurologische Erkrankungen
07. Oktober 2016
Palazzo Widmann (Palazzo 3)
Salvia, Maggiori Platz, Bolzano
14.00-18.00 Uhr Symposium für Fachkreise
20.00-22.00 Uhr Veranstaltung für die Bevölkerung

3^o SIMPOSIO ALTOATESINO Genderhealth - Medicina di genere Focus: malattie neurologiche
07 ottobre 2016
Palazzo Widmann (Palazzo 3)
Piazza S. Maria Maggiore, Bolzano
ore 14.00-18.00 simposio per gli professionisti
ore 20.00-22.00 manifestazione per il pubblico

3rd Symposium on Genderhealth - Gender Medicine
Focus: Neurological Diseases
Bolzano
7 October 2016
Chair Rosmarie Oberhammer
CME Credits: 3

24th AMD-SID Regional Congress of Diabetology, Diabetology and Gender: From the Equal Opportunities of Care to Therapeutic Appropriateness
Castello d'Aviano (PN)
15 October 2016
Chair Patrizia Li Volsi, Giorgio Zanette
CME Credits: 4

GIS:G
Bari, 21-22 ottobre 2016
Falas Hotel
Presidente del Congresso
Dra.ssa Anna Maria Moretti

MEDICINA DI GENERE

Gender Medicine
Bari
21-22 October 2016
Chair Anna Maria Moretti
CME Credits: 7.5

“Gender,” Equality and Appropriateness of Care
OMCeO Conference of Campobasso and Isernia
Campobasso
29 October 2016

Prejudices and Gender Differences

Genoa,
Main Hall, Medical Board of Genoa
12 November 2016
Chair: Valeria Maria Messina

The Principle of Appropriateness of Care: The Case for Gender Medicine

Crema
17 November, 2016

Convegno:
Il principio di appropriatezza delle cure: il caso della Medicina di Genere

17 novembre 2016
Ospedale Maggiore di Crema, Sala Polenghi
dalle ore 14.00 alle ore 17.30
a cura della dirigente del C.O.C. e con la collaborazione di alcuni professionisti e operatori ospedalieri.

PROGRAMMA

14.00-14.30 Registrazione del convegno
14.30-14.45 Incontro di benvenuto
14.45-15.00 Incontro di benvenuto
15.00-15.15 Incontro di benvenuto
15.15-15.30 Incontro di benvenuto
15.30-15.45 Incontro di benvenuto
15.45-16.00 Incontro di benvenuto
16.00-16.15 Incontro di benvenuto
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16.30-16.45 Incontro di benvenuto
16.45-17.00 Incontro di benvenuto
17.00-17.15 Incontro di benvenuto
17.15-17.30 Incontro di benvenuto

Relatori
Dott.ssa Anna Maria Moretti, Presidente del C.O.C.
Dott.ssa Valeria Maria Messina, Dirigente del C.O.C.
Dott.ssa Rosmarie Oberhammer, Presidente del C.O.C.
Dott.ssa Patrizia Li Volsi, Dirigente del C.O.C.

Per informazioni
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