

Gender-specific medicine watch

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Gender medicine: an international journey towards appropriateness and equity

An interview with **Flavia Franconi**

Professor Flavia Franconi, a splendid news was that of February 2021, when you were appointed Health Coordinator of the G20 Women task force; it's an important recognition – for you personally and for Italy – that makes us very proud!

I am truly honored and very pleased. It's the first time that the G20 Women includes gender medicine in its agenda, and this just happens during the Italian presidency. A significant and not accidental coincidence: Italy, as is well known, is the only European Country that has a law on gender medicine: law 3/18, art. 3, which implies the recognition at national level of this new dimension of healthcare. An innovation that testifies how much gender medicine has become a leading approach to several health issues, but also how the general public is gaining awareness in this regard. Among other things, it's an exciting coincidence that, just in recent months, in some of the most important international journals – *The Lancet* and *Pharmacological Review* – two systematic reviews co-authored by Italian experts have been published. I consider it a step forward in the legislative – but also scientific – recognition of the Italian commitment.

You have been dealing with the sex-gender approach for some time...

I was a lecturer in Molecular Pharmacology at the University of Sassari when, around the 2000s, I organized the first conferences and joined the working group of the then Minister Livia Turco, which for the first time dealt with the sex-gender approach. In 2009, I promoted the entry of the University of Sassari into the EUGIM

European project on gender medicine curriculum, coordinated by the Charité University of Berlin, together with the Universities of Budapest, Innsbruck, Maastricht and Nijmegen, and the Karolinska Institute. I founded the association Gruppo Italiano Salute e Genere (GISeG, "Italian Health and Gender Group"), which I chaired until 2013. I established the first PhD in "Gender Pharmacology" at the University of Sassari. I am now coordinator of the Gender Medicine Platform of the INBB Interuniversity Consortium. For two years I have been a Consulting Member of the University Center for Studies on Gender Medicine of the University of Ferrara, and I have been the Founder – and I am now Honorary President – of the Gender Pharmacology Group of the Italian Society of Pharmacology. I have over 200 publications in international journals and books to my credit. Of these, over 70 are on gender issues, together with 6 volumes.

Please, tell me about this G20 Women Health Task Force

It's a group of leading experts – among the most representative in the world – and it includes figures who have an individual background in numerous accredited scientific publications: Londa Schiebinger, Professor of History of Science at Stanford University, with important positions within WHO and Unesco, Director of the Gender Innovation project; Sabra Klein, Professor of Molecular Microbiology and Immunology at the American Johns Hopkins Bloomberg School of Public Health; Wainer Zoe, from the University of Melbourne; Cara Tanenbaum, Lecturer at the University of Montreal, Director of the Health and Gender Institute of the Canadian Institutes of Health Research; Alexandra Kautzy-Willer, Lecturer at the University of Vienna and President of the International Association of Gender

Medicine, IGM; Marek Glezerman, Emeritus Professor of Obstetrics and Gynecology at the University of Tel Aviv, former President of IGM; Peggy Maguire, President of the European Public Health Alliance and Director General of the European Institute of Women's Health; Juan-Jesus Carrero, Cardio-renal Epidemiologist at the Karolinska Institute in Stockholm; Vera Regitz-Zagrosek, Lecturer in Cardiology at the Charité University of Berlin, owner of several European projects; Ineke Klinge, H2020 Rapporteur of the second edition of the Gendered Innovations project at the European Commission DG Research & Innovation; Alessandra Carè, Biologist, Head of the Center for Gender-Specific Medicine at the Italian National Institute of Health; Alberto Mantovani, Emeritus Professor of General Pathology and Deputy Rector for Research at the Humanitas University, President of the Humanitas Research Foundation; Liliانا dell'Osso, Lecturer in Psychiatry and Director of the Operational Unit and of the School of Specialization in Psychiatry of the University of Pisa, Vice President of the Italian Society of Psychiatry; Giuseppe Mercurio, Lecturer at the University of Cagliari, former President of the Italian Society of Cardiology; Roberta Agabio, Lecturer at the University of Cagliari, expert in gender differences in pathological addictions; Valeria Raparelli, Researcher of Medicine at the University of Ferrara, Adjunct Professor at the University of Alberta; Ilaria Campesi, PhD in Gender Pharmacology from the University of Sassari; Elisa Manacorda, Scientific Journalist, Director of *Galileo*, Lecturer at the Masters of the Universities Sapienza of Rome and Ferrara. We have a demanding job ahead of us.

You also hinted at a possible new name for gender medicine...

Certainly; and I am happy to talk about it, because I noted that recently

other people – for example Jenkins and Newman with their book *How sex and gender impact clinical practice* – agree on the necessity (that I have long shared) to rename what we conventionally call gender medicine in Sex and Gender-Based Medicine (SGBM). A denomination that I am promoting, because I would like to give dignity to both the terms sex and gender, to emphasize how much the two are linked and intertwined. I hope SGBM will contribute to usher in a new path, to take into consideration the other health determinants of gender and sex. I'm talking about environment and age, for example.

What does the future hold for SGBM?

I see an urgent need to rigorously clarify a gender-sensitive methodology, as well as to define what it means to be trained in SGBM and how to transfer such knowledge. Furthermore, the local and territorial implementation of the clinical practice cannot be neglected. We should interpret medicine not only as a cure, but also as a prevention, and pay attention to the various sexual and gender identities, so that each person can count on an appropriate care. Many consider SGBM as the first step of a medicine personalized on the genetic and biological heritage, also through *omics*. I

hope for a *person omics*: a person cannot be considered detached from the influence of her education, her relationships and ties, etc. SGBM is the only approach that will lead us to the so desired humanization of personalized medicine, within a holistic interpretation.

I smile when I think back to the skepticism of the early days, which has been overcome by the current recognition in G20 Women.

Interview by

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