Medical Podcasts in English for Non-Native Speakers

S4 E3 Menstruation and menopause myths

Introduction

Hello and welcome back to this IFMiL series of medical podcasts in English for non-native speakers. My name is Alice Byram, and I am a Family and Emergency Medicine Physician. Today we will be looking at myths about the menopause and menstruation. All people and references mentioned can be found in the show notes online at the IFMiL website where you can also sign up for a variety of online CPD courses.

Why do we have myths?

Myths are an integral part of our life, both as children and adults. For children, we equate them with traditional stories, but myths are more than stories. There are many definitions as to what a myth is according to the discipline from which you are studying them. For Edward Burnett Tylor, considered by many to be the founding father of anthropology, myths belong especially to "primitive" and static cultures. Myth only exist until they are replaced by science.(1) However, as we will see later, myths are present in all our cultures and not many people like to think of their own culture as primitive. Tylor does pick up on the fact that myths often concern important and emotional life events.(2) Jung and Freud, also leaned on myths, especially the classical Greek ones, to explain human experience and psychology such as the Oedipal complex.(3) These life events are often taboo or at least not always dinner table conversation. And if you have any doubts, just ask yourself when you had the last conversation about the menopause or menstruation in an open forum?

Menstruation

Why is it important? Because as long as we don't discuss menstruation outside of an obs& gynae setting, we are limiting society's access to new resources and research. Just think about how prostate or breast cancer have become mainstream. 10 years ago no-one was talking about testicular cancer or male suicide yet thanks to Movember, a movement in which facial hair is grown during November, more people are testing and treating previously taboo diseases.
Myths and superstitions about menstruation are varied and often contradictory, even within the same country. Fairly commonly, they lead to recommendations not to have a bath, from Europe to America to Africa. Some are more country specific, such as in Japan some people believe you shouldn't eat sushsi if you have your period because you have altered taste. My own favourite, as an Agatha Christie fan, is the myth that having sex whilst menstruating can kill your partner. Although it seems to come from Poland I have been unable to verify either that fact or find any (solved) cases of this type of murder. Or would it be homicide? Other myths lead to life-altering customs such as having to live separate from their family. Chaupaudi, as it is know, is not happening just in Nepal, but

there it has been outlawed in response to a number of deaths of girls being left in huts whilst menstruating. It is based on a belief that women are untouchables and as such are expected to live separate from the the rest of the community during the time that they are menstruating.

The products used for periods are also shrouded in mystery. And here is my full disclosure, until I was asked to do some writing for a buy one, gift one menstrual cup, I had not really thought about them. I certainly had no idea how medical safety questions such as to how long menstrual cups could be left in – it turns out that although the Lancet have published a review stating that menstrual cups are safe, there is a lack of well structured research on how long they can be left in.(4) The Australian Therapeutic Goods Administration recommend no longer than 8h based on research into tampons whilst other regulatory authorities have not set any time recommendations at all. Many manufacturers say they can be left in place for up to 12h.(5) At a time of period poverty, over a lifetime menstrual cups are more cost effective than traditional tampons or pads. Depending on the facilities available, including running water, and also confidence about different products, menstrual cups can be a good option in developing countries. Here in Europe, the more you know about the options available, the more you can help your patients and also yourself and the people around you find period solutions which work.

Period poverty is a concept which has come to the attention to the public only recently, and a concept which some people refuse to believe exists in more affluent countries such as Spain and the UK. Yet in 2017, 1 in 10 girls in the UK reported not being able to afford sanitary products for their menstruation, leading to 1 in 7 girls having to ask friends for sanitary products.(6) And excluded from these types of reports are often people who have periods but may not identify as women or girls. Worldwide many people with periods miss out on schooling whilst menstruating. To combat this UNESCO has a program where schools are the place to educate and provide resources for those with periods.(7) And in a glass half full world, Scotland has just become the first country to provide free menstrual products.(8) Since January 2020 English schools can order free period products for those pupils receiving free school dinners.(9)

The madness of the menopause

At the other end of the reproductive years, is the menopause. Our knowledge about it is as old as the texts we have to record health events. The menopause was reported as early as 6th Century Byzantium, when the physician Aeitius reported that “The menses do not cease before the thirty-fifth year nor appear after the fiftieth year”. Aeitius also noted that “those who are fat cease early”.(10) In Classical times, Aristotle spoke of “the menses ceas[ing] in most women around the fortieth year.(11)

Mental health and cognitive abilities around the menopause are widely studied but you might be surprised to hear that the story of menopause and madness is not an old one. In fact in the Anglo-Saxon world it only dates back to the 18th Century when Victorian values of sexual purity led to the medicalisation of libido in women who were past their child-bearing years. Stories of hysterectomies and cliteroidectomy in a time of no or little anaesthesia are chilling. Many women did not survive the treatment of their supposedly pathological symptoms, including sexual desire, enhanced emotions and hot flushes, periods of intense heat and sweating. Isaac Baker Brown was a surgeon in Victorian

England who became famous and later infamous for his clitoridectomies as treatments for hysteria, epilepsy and insanity, as according to his book published in 1866.(12) Although he was criticised by the BMJ, there is an argument that this was more to do with colleagues wishing to save their own prestige and reputation rather than disagreeing or even stopping the procedure themselves.(13)

Less extreme, the "brain fog" many women experience around the menopause is now also becoming a more accepted subject of conversation. Especially as more women become leaders and senior figures in their 40s, 50s and 60s. A longitudinal study published in Neurology concluded that a decrease in cognitive performance was transitional coinciding with the perimenopausal period with post-menopause recuperation.(14) It also concluded that

"Hormone initiation prior to the final menstrual period had a beneficial effect whereas initiation after the final menstrual period had a detrimental effect on cognitive performance."(14) Obviously, this is the conclusion from one study and not a recommendation.

As with menstrual products, the more conversation, the more research but also, the more society will be able to accommodate symptoms of the menopause. Often it is not an unwillingness to help but a lack of knowledge. And this may also apply to doctors. It is not only a case of treating our patients but also looking at our employees, colleagues and maybe even ourselves. The Faculty of Occupational Medicine and Royal College of Physicians has provided guidance for employers which include ventilation, staggered or flexible work times if sleep is an issue. It promotes an open general discussion but private individual chats, potentially with occupational health if the worker prefers that option. If you are interested in finding out about how to help with the menopause in healthcare workers, Sherwood Forest Hospital have a case study as to how to go about it. At a time of increased strain on healthcare workers, this may make the difference between losing and keeping experienced senior workers. A lot of positive feedback came early on in their project when the discussion was started and the taboo about the menopause was broken. Being heard was a positive help in itself. Of note, is that it doesn't always need to be a big organisational shift, but rather an individual champion in your department. It could be you. And it's not just for women. Gender equality in the workplace is a legal requirement, and if you identify as a man you can be proud to join the #heforshe movement promoted by the United Nations.

If you would like more information and resources, and to record your CPD associated with this podcast, please visit the IFMiL website. You will also find links to all the projects and articles mentioned in this podcast.

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Introduction

Hello and welcome back to this IFMiL series of medical podcasts in English for non-native speakers. My name is Alice Byram, and I am a Family and Emergency Medicine Physician. You can find me on twitter as @alice_bbyram and today we will be looking at your online presence on social media as a doctor.

Why

The reasons physicians have a social media presence are varied. They go from feeling they have to for PR reasons, because their colleagues say they should or because scientific events such as conferences work with Twitter or other similar platforms. Others are clear that it is a way of getting their message across proactively, whether it be their own clinic or for a more widespread impact of their research. Others lurk without posting or tweeting but follow tendencies and institutions whose message is of their interest. And finally, there are those who find it relaxing and enjoyable to scroll through in their spare time and read up about non-medicine related topics. Their social media presence can be completely non-medical and reserved to friends and family on Facebook and Instagram. Most of us are probably a combination of all of the previous options and vary according to which social media platform we use.

Where

The choice of platform will be very much dependent on the why. Twitter lends itself to shorter interactions with people who you may never have met but work in a similar field. It is also a space where recent research can be discussed in a no holds barred manner, or with less reserve or diplomacy than would be the case face to face. The hashtag #MedTwitter is one way of starting on Twitter for those not already using it.
Facebook is often used more for family and friends, but it is also used for promotional reasons by physicians practising privately. Now that Instagram belongs to Facebook you can share images and posts across both platforms more easily.
YouTube has been used extensively in medical training and if a picture is worth a thousand words, a video must surely be worth a few thousand more especially when it comes to practical procedures. Personally I found the Lancet video from the REVERT trial on the modified Valsalva manoeuvre for supraventricular tachycardia much easier to understand than any written description.(1) YouTube is often the place you can find conference events, whether live or pre-recorded. You can save on time and money by picking out speakers and experts you respect to listen to in the comfort of your own home, and also access previous editions. For those who have a bit of cabin fever at the moment, that is the restlessness which occurs in the context of prolonged isolation I can highly recommend the World Extreme Medicine conference. It covers everything from basic medical attention in the Arctic to humanitarian planning, and also the adventures of medics themselves.

Who

Who to follow or interact with can be a bit daunting. Obviously national and international institutions and journals are easily found. This can lead you to experts in your field of interest as they will retweet or repost from accounts of people working with them. The blue tick next to a user's name indicates that it is a verified account, i.e., it is truly the person or institution it purports to be. It does not however confer any prestige or validity to what that person does with that account. An easy example is to look at the account of the 45th President of the United States of America! Facebook and Instagram have similar systems in place to verify accounts. You should also be aware that many people delegate their social media presence posts and tweets to an online community manager. This is a person or team who work making sure that the person or institutions' audience are engaged with their message.
The hashtag #followfriday can lead you to interesting new people especially if they are recommended by people whose recommendations you respect.

What

What you decide to post or not will be very much determined by the reason for which you are on social media. It can help to look at who you want to engage with and what your audience is likely to want to see. Twitter analytics will show you which posts have received the most interaction. The recommendations are to use photos or other types of media for maximum interaction. If you are retweeting information of interest you can do that without adding a comment by just not writing anything in the box which twitter puts up to encourage you to comment. Tweetdeck is another tool which you can use to program tweets, follow specific hashtags or accounts. You can also mute accounts or hashtags if you think you know enough about the 45th President of the United States for example. Of course, you can also go with your instinct and use social media in a less formal way and see where it leads you. A sense of humour goes a long way but in an online world without borders it sometimes gets lost in translation…

Regulations

The GMC, or General Medical Council in the UK, tells us that "The standards expected of doctors do not change because they are communicating through social media rather than face to face or through other traditional media, but new challenges can arise."(2) It goes on to point out the advantages of international networks and engaging the public in health discussions whilst cautioning against the danger of confidentiality being breeched. You are warned by the GMC that no social media platform can guarantee confidentiality no matter what privacy settings are in place. The same obligations of confidentiality and respect for both patients and colleagues remain. Watching some twitter spats I'm not sure that everyone has read that last obligation. The GMC also reminds doctors that should they be approached by any patients on social media, they need to be redirected to official channels of communication and medical advice. How you present yourself is also regulated, you should not be an anonymous doctor, but instead if you do identify as a doctor, also give a name in order not to be mistaken for representing the opinions of the profession as a whole.

The Catalan College of Physicians has also published recommendations for doctors using social media.(3) It is based on the duty of the doctor being first and above all to their patient. As such this trumps, or comes before, the doctor's freedom of expression in social media. There is also a reminder that for much of society a doctor is always a doctor even in their freetime. This may be changing when you see prominent doctors doing their dance moves on tiktok in non-clinical contexts and also in different cultures where the status of a doctor no longer has the traditional gravity and prestige.

The IFMiL runs a course which goes into more depth as to how to ensure you have a professional online presence, how to acquire digital competencies and improve digital innovation.

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