

# Gender Preference of Colorectal Patients

Sir,

Colorectal cancer screening has become a major concern of current gastroenterology practice in many Western countries. Colonoscopy is a highly valuable tool to screen patients for colorectal cancer that uses a flexible tube along with a camera to be passed through the gastrointestinal tract to visualise any anomalous growth. It may sound a simple procedure but several obstacles remain in order to perform it.<sup>1</sup> Colorectal cancer screening amongst patients is considerably dependent on patient compliance; hence, it is considered a major obstacle in cancer screening.

Patient acceptance towards the procedure plays a major role for a successful procedure. There is a greater rate of non-compliance noted in women as compared to men.<sup>2</sup> A fear of the procedure being painful is one reason why patients have low compliance. Various studies have shown that female patients express gender preference while undergoing colonoscopy.

Multiple factors have been identified that explain this gender bias with lower income level and history of physical or emotional abuse being few.<sup>3</sup> Patients look for empathy in their primary care physicians. They need to be offered the comfort to express their concerns, which is why gender bias exists in most of the healthcare fields. Moreover, the art of delicacy and flexibility is expected more by a female practitioner as compared to males.<sup>4</sup> Individuals with a history of physical or emotional abuse tend to prefer female physicians to perform this sensitive procedure as they can confide in them and are satisfied that their privacy will not be invaded.

In this era of modernisation, we still see a limited number of women healthcare professionals pursuing a career in gastroenterology. Women face challenges to make an impact in the majority of working industries. However, the scarcity of female gastroenterologists has been predominantly noted. International studies have reported that approximately 13% of gastroenterology consultants are females and around 25-30% gastroenterology fellows are females.<sup>5</sup> These statistics can be justified by several reasons which could be holding back women from training in gastroenterology. The long working hours, the inability to form a work-life balance, personal commitments, childbearing, lack of self-confidence, and the patriarchy towards the female gender are some of the possible contributory causes.

The deficiency of female gastroenterologists in healthcare industries poses a potential threat to successful colorectal

screening procedures and campaigns. This would eventually add a burden to the population by drastically increasing the potential colorectal cancer cases.

It is suggested that education and awareness campaigns should be started to encourage colorectal cancer screening amongst all genders and break the taboo of gender bias by ensuring safe and secure practices towards patients. Furthermore, female healthcare professionals should be encouraged to move forward with their careers as our country needs brilliant practitioners to break the barriers and help with the progression and advancement of the healthcare industry.

## COMPETING INTEREST:

The author declared no competing interest.

## AUTHOR'S CONTRIBUTION:

AAR: Designed and drafted the manuscript.

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