



Thomas C. Meyer, MD

Physicians play key role in improving women's health

Thomas C. Meyer, MD, Medical Editor

As we delve into the topic of women's health, we are honored and flattered to have guest editorials from Helene Nelson, surely one of the most knowledgeable people about health and social services in Wisconsin, and Sue Ann Thompson, who has made valued contributions to the *WMJ* previously. Both are significant figures in women's—and men's—health and we are grateful for their thoughts. Ms Nelson (p 13) reminds us that our counseling can have a significant impact on changing patients' behaviors and that an extra minute or two spent doing that is well worthwhile. Ms Thompson, in turn, points out that women make over 80% of family health care decisions (p 15) and it behooves us to ensure that they be provided with appropriate information to guide those decisions.

Ms Whitfield and her associates (p 22) provide an extensive review of data indicating how women's health in Wisconsin "stacks up" against national data and against the goals of Wisconsin's *Healthy People 2010*. The news is both good and bad. Perhaps the behavior that we can influence with most benefit—with Ms Nelson's exhortation in mind—is to explore binge drinking and tobacco use with women patients. A few minutes spent counseling may pay off most handsomely if we are to believe the success Ms Jehn and her colleagues seem to be having with their *First Breath* program (p 29). While they admit their data is preliminary, the 43% smoking quit rate they report is truly phenomenal, the more

so because most of their enrollees are in lower income groups.

Doctor Marchand's report of current cervical cancer screening practices among primary care physicians (p 35) was an eye-opener to this broken down pediatric cardiologist. I had imagined that Pap smear collection and management strategies were of such long standing and so well accepted by all who provide primary preventive care that the issue was no longer debatable. How wrong can one be! We asked the obstetrician on the editorial board to summarize the current recommendations of the American Cancer Society. These appear on page 40 as a guideline.

Ms Funk and Ms Schuppel (p 41) provide a graphic case presentation of a woman who was strangled by an intimate partner but lived to recount her experience at the emergency department. The authors use this report as an introduction to the background, clinical presentation, evaluation and documentation recommendations for a patient who has suffered through this ghastly experience. Perhaps the most startling revelation to this naive reader is how rare it is that an assaulted woman will admit to the strangulation unless specifically asked. The "Strangulation Check List" seems to be a useful tool that should be in every ED. Equally, the list of services that could/should be provided by hospitals is compelling.

Doctor Philip's review of the literature (p 46) following her case report of a patient with a hydatidiform mole is followed by a helpful review

of the important issues related to hyperemesis gravidarum.

Finally, Dr Schrage's review (p 52) of the factors known to be associated with osteoporosis, the identification of high risk individuals, and some suggestions as to how to incorporate some prevention strategies into a busy primary care practice is very helpful.

Doctor Carnes and her colleagues (p 17) report on the early stages of an initiative designed to encourage more women into leadership positions—primarily in academic centers but by implication into community settings as well, to obtain better balance between the genders in leadership settings.

We are also pleased to furnish the third section of the report of the Society's Task Force on Professionalism. We are provided with an extensive list of possibilities that may be pursued by the sections of organized medicine to which we belong. Obviously our county or state medical societies cannot pursue all of them simultaneously, but perhaps sections can take one or two of the challenges and work on those for the next year. For example, a public education campaign exploring the costs of medical care and how consumers might assist in combatting future rapid escalation of costs or maybe a series of internal debates on acceptable/unacceptable behaviors in the office, in the hospital, and during community functions may initiate reflection and hopefully some small but important changes. All very necessary—but difficult to pull off.



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