

43. Session CEDAW – Germany NGO Delegation – Fact Sheet on “Discriminations against Women in Health Care”

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A comprehensive gender-sensitive strategy along the lines of gender mainstreaming and gender budgeting has still not found its way into the health and nursing care policy of the German government.

In particular, most research projects are not designed to take gender (and not even sex) differences into account, and those already performed are not evaluated from a gender- and sex-sensitive perspective.

To be short, one example: Last week we did a statement to the ministry of health concerning a draft law e.g. the 15th Act amending the Medication Act.

- Since several years every time there is legislation we claim/ postulate gender sensitive language in law according to the Federal Equality Act (*Bundesgleichstellungsgesetz*), and they continue speaking of male patients, of male medical staff and so on. If gender doesn't appear in language it is not present in conscience.
- At least the 12th Act amending the Medication Act in 2004 brought the obligation to ensure a proportionate participation of women in clinical drugs trials. BUT there has been no evaluation until now, if this has been implemented. AND now in this law draft there is the chance to determine, that these sex and gender specific information has to be included in the package insert.

Further we demand more research about gender specific differences in treating - in this context especially prescribing attitudes of the medical doctors.

Requirements / Demands for the German government:

- The government must ensure that the high ongoing need for gender-differentiated research is met (including gender-sensitive evaluation of studies already performed). The same applies to gender-sensitive health promotional measures, prevention, diagnostics, therapy, convalescence, and nursing care, as well as education and further training in the healthcare professions.
- The call by women's organizations for membership parity in decision-making bodies for all areas of healthcare and health research remains crucial.
- An equally high priority must be placed on anchoring gender, age, and factors specific to certain life situations in Book V of the Social Code (*SGB V*, with respect to state-supported health insurance).
- Disability-friendly access to medical assistance and treatment must become a legal right for all – also and especially for victims of trafficking in women.
- The government must ensure the right of informed consent for every type of prenatal diagnostic measure, including the right to remain uninformed. If they so desire, women must have the option of receiving only treatment-relevant information about their future offspring.