

Men's Health Issues: Barriers to Men's Health

Virgil Simons

Founder & President, The Prostate Net, Inc.

I. Barriers to Men's Health

Looking at the barriers to men's health and why we are here today, this slide addresses the situation here that we see in all the various pathways to cancer. We know that lack of awareness, lack of access to care and access to information are impediments to care. Other factors in the pathway to cancer include environment, lifestyle, culture, genetics, and ultimately, we are finding that every cancer is different. The genesis and treatment for every cancer are all different, and different pathways will have to be taken to find the cure. The one thing we know is that in America, preventative health care lags behind every other advancement in treatment. We have robots, we have proton beams, we have brachytherapy, but when it comes down to prevention, we are very greatly behind the rest of the world. If we are going to fight the disease, we have to find a way to do that, and one thing we are doing is this kind of symposium to change the status of the disease.

I am a 15-year survivor of prostate cancer. Basically, when I got up off the operating table, I formed The Prostate Net. We have been out here as a nonprofit since 1966 serving a worldwide constituency of people who need to know, need people to act upon the disease issues. We have three tangents: education, interventions, and research. Ultimately, we are looking to deliver a value to you, our audience, the value that you need to be able to go forward to be able to help change this paradigm of prostate cancer in America. As John mentioned, listening to you is important for us because in hearing what you say, your reaction to what we are presenting here today will guide us going forward.

What we have seen from other events is that there has been a lack of educational efforts across the board. The question of screening remains a big concern on both the professional and patient sides. Health disparities is also a key issue that we must address. We see a need for us to continue what we are doing, and with your help, we will.

Looking at the barriers which we face in terms of addressing men's health issues, attitudinal barriers include the gender role stoicism (I am a man, I am strong, I cannot be sick, I cannot show weakness); the work role stoicism (I cannot take off from work to be sick; my family depends upon me; my coworkers depend upon me); distrust of the health care system which has been embedded for many years; the fatalism which men have (I am going to die of something so it might as well be cancer); but if we do not take corrective measures, we will develop many of the things that we do not want to have happen. Another barrier is the dichotomy between the U.S. and European health systems and the question regarding screening: the U.S. trial shows no benefit to screening and the European trial shows a very distinct benefit to screening. We have no consensus among U.S. agencies. We have problems in determining what is the risk that men face from

prostate cancer. Finally, compared to women, men are less likely to utilize the health care system, less likely to carry health insurance, and more likely to delay seeking health care in general.

We have to look in part at that the health care system is mitigated against men. There is a decline in the number of primary care physicians practicing today. By 2020, there will be a shortage of nurses in America. There is a resistance to nurse practitioners on the basis of the medical establishment. We are seeing emergency rooms closing, which for many people are the primary care physician. We have thus started cutting back on this initial threshold of care, intervention, and education and are going to be seeing the occurrence of more advanced stage disease.

Complicating the issue, we have the issue of women versus men, and as most guys know, there is a difference. Regarding breast cancer, the incidence and mortality of breast cancer is roughly comparable to that of prostate cancer, but yet, the funding for breast cancer is more than three times as great as it is for prostate cancer in terms of research. Those research dollars translate into public health staffing; we do not have people in public health agencies talking about prostate cancer on a regular basis. Looking at government agencies, seven agencies exist in the federal government which are devoted to children's health issues, five agencies devoted to women's health issues, and only last year, one agencies is now devoted to men's health issues, and that is part of the Indian health service. In essence, no men's health agency exists for the broad scope of men in America. The media is focused on women's issues over men's issues; comparing this month of October, Breast Cancer Awareness Month, to September, which is Prostate Cancer Awareness Month, there was negligible media impact. Lastly, men do not communicate, i.e., a female at puberty is ushered into the company of women, while a young man does not have a reciprocal path among men. There are blockages which men face in communication.

Now, we have many benefits if we can turn this paradigm around. We can control or reduce the rising health care costs we are facing by being able to prevent the onset of advanced stage disease. We can reduce the economic costs of preventable male illness, the lost time from work, disability cost, diminished income, reduced work productivity by again advanced stage prevention. The reality is that we focus on men's health issues: in turning this paradigm around, we will help the overall health of our society. Gender health is not an either/or men or women scenario; it is both or neither. To have a healthy society, we must raise the level for men and women combined.

Our expectations include: we want to be survivors, we want to live long and healthy productive lives, free of disease; we need a system which focuses on the patient, and not just on the system alone; we need to be able to have results that are balanced between future research and present reality; and we must start thinking globally, using data and results from the rest of the world. Currently, the WHO ranks the U.S. health care system as number 37 in the world; France and Italy are one and two. Yet, we spend more money on health care than any other nation in the world, probably the top five combined, but we are not getting it into the hands of the people who need it to be able to address illness.

Hopefully, part of the answer starts here today. It starts with us being able to learn; to be able to take information we learn today and communicate it to those who are not here; to

be able to talk to our family, our friends, our relatives, our neighbors, our coworkers, to be able to say that the change has to start with us; and it starts here today, and I am glad to see that you are part of that change.

Our next speakers will address the one element that is important in being able to achieve better health care, which is the ability to communicate with your doctors and with yourselves.