

Prehospital gender bias in coronary angiography referral

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Gender-biased practice in cardiology was one of the first areas focused on by researchers in gender-specific medicine. By the end of the last century numerous studies had raised public awareness on the topic of gender-related access barriers to high-tech cardiologic care for women. Has this development influenced referral practices? Austria runs a state health-care system that provides free access to medical services for everyone. In 1998 all 476 patients (155 female, 321 male) who underwent coronary angiography at Innsbruck University Hospital that year were interviewed in a retrospective study. The gender ratio of 32.6% women to 67.4% men corresponded with similar findings three years earlier (33.9% women, 66.1% men). Moreover, higher age groups where women exceeded men both in number and percentage of cardiac deaths also showed higher numbers of male CA. All interviewed women (100%) had a previous history of medical consultation for cardiac symptoms, but more men (37.1 %) than women (29.7%) had previously been treated by an internal medicine specialist. At the time of CA 26.8% of the men and 51.6% of the women were classified NYHA III or IV. Only 2.6% of the women vs. 10% of the men were acute referrals for CA, while 68.4% the women vs. half of the male patients had been referred only after years of cardiac symptoms. More than a decade after research and discussion of gender bias in cardiology was initiated, gender bias still seems to outweigh rational scientific criteria in referring patients for CA.