

Men's health

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Definition

Men's health in general practice is defined as the holistic management of health conditions and risks that are most common or specific to men in order to promote optimal physical, emotional and social health in the general practice setting.¹ While male sexual health is important, men's health goes beyond sexual and reproductive health.

Rationale

Australian males are less healthy than females, dying 6 years earlier than Australian women,² especially in the 25–65 years age group – the main working period of men's lives.

The median age at death of Australian males in 2004 was 76.6 years compared with 82.6 years for women, and this shorter life expectancy of men than women occurs when measured across every age group. The overall inequality in mortality burden is 50% larger for males than females in Australia.³

General practitioners are well situated to address the specific health care needs of men. Good general practice men's health care not only includes the management of disease, but involves recognising that major improvements to men's health will be achieved by challenging the way masculinity is defined in Australian culture, recognising the importance of how boys develop socially, exploring ways of taking general practitioners and health teams to the men who under attend general practices, as well as addressing the marketing of general practice to men. Building these links between general practices and the community have the potential to enhance the relationships between men and their general practitioners.

General practitioners are less likely to see males in patient encounters than females. In 2004–2005, BEACH reported that of 94 386 patient encounters surveyed, 43.5% of patient encounters were males compared with 56.5% females. This was reflected across all age groups except for children aged less than 15 years and was greatest among the younger adults (15–24 years and 25–44 years).⁴ This low rate of presentation of men across the decades of middle and older age develop which has been linked to men's shorter life expectancy.

Deaths in working age males are more common than in working age females. At age 25 years, male deaths are three times as common as female deaths, falling to 1.5 times as common at age 50 years, before beginning to rise again to age 64 years to approach being twice as common.

Among younger working age males (aged 25–44 years), death is more likely to result from external causes rather than other causes. In 2004, the leading single cause of death for males aged 25–44 years was intentional self harm (26 deaths per 100 000 population), followed by transport accidents (14 per 100 000).

Although called 'working age people', relatively few deaths are formally work related, however, over 90% of these deaths are in males, with more than one-third (34%) aged 55 years or over.

In males aged 25–44 years, injury (including suicide and poisoning) is the leading cause of death. Unhealthy behaviours are also more common in men than women. For example, smoking accounts for around 12% of the total burden of disease in males compared with 7% in females.⁵ In 2004, 12% of males were found to be more likely to drink daily compared with of 5.8% of females,⁶ and there were 1.5 million males who had used illicit drugs in the previous 12 months compared with 1.0 million female users⁷. Over 92% of cases of newly diagnosed HIV/AIDS in Australia are in men.⁸

Gender in health care⁹

Women and men experience health differently. Biological sex differences, such as reproductive health and sexuality, are responsible for health issues traditionally regarded as men's health or women's health issues.

However, gender refers to the different social and cultural roles, expectations, and constraints placed upon men and women because of their sex. When analysing the different experiences and impacts of health on men and women, differences relating to gender in addition to biological sex, need to be considered.

Gender differences can influence both women and men's health through:

- exposure to risk factors
- access to, and understanding of, information about disease management, prevention and control
- subjective experience of illness and its social significance
- attitudes toward the maintenance of one's own health and that of other family members
- patterns of service use, and
- perceptions of quality of care.

Male socialisation and masculinity, social connectedness and work-life balance significantly impact on health. Masculinity has been identified as a key factor leading both men and boys to risk taking and self harming behaviours. Male emotional responses may deny access to the healing effects of emotional release, and valuing their own physical, emotional and mental health. Knowledge of the impact of masculinity on health and health care is critical to the successful provision of effective general practice care.

Masculine identity and behaviour vary over the course of a man's life and also vary considerably according to cultural and ethnic background, sexual identity, socioeconomic and geographical locations. An understanding of masculine behaviours and notions of maleness needs to take into account the wide range of masculinities that exist within multicultural Australia. For example, this includes: men living in rural and isolated areas; non-Australian born men; Aboriginal and Torres Strait Islander men; older men; men with a disability; men affected by mental illness; war and armed service veterans; and men with other special needs such as divorced and separated men who may, or may not be primary carers.

The health of Aboriginal and Torres Strait Islander men is worse than any other subgroup in Australia. Excess morbidity and mortality relates to unemployment, poverty, incarceration and low self esteem.¹⁰ Life expectancy for Aboriginal and Torres Strait Islander men is approximately 20 years less than other Australians at age 56 years.

Men are more likely to be both the perpetrators of violence and its victims. Violence is a significant health issue for Australian men for many reasons including the effects on victims, the health impacts of imprisonment on perpetrators and the deleterious effects on healthy relationships.

Males are responsible for the vast majority of cases of domestic violence and general practitioners have responsibilities to deal with its effects. Exposure of boys to violence during their formative years contributes to a range of issues including homelessness, drug use, depression, relationship difficulties and perpetuation of the cycle of violence later in their lives.

In addition to the clinic, general practitioners may become involved in community activities where men congregate to provide services, heighten the awareness of men's health issues and act as advocates for male patients.

Refer to curriculum statements: *Population and public health* regarding health promotion programs; *Philosophy and foundation of general practice* for general consultation issues; *Mental health* for the general mental health issues that affect men; and *Multicultural health* for successful crosscultural communication including the correct use of translators.

The five domains of general practice – men's health

Communication skills and the patient-doctor relationship

Men are less likely to discuss their health problems with their GP than women for emotional, cultural and gender related issues. Nonjudgmental communication helps to reduce any associated embarrassment when attending for treatment.

General practice communication strategies should focus on strategies to help improve the ability of male patients to disclose their health concerns. This may include detecting whether a male patient prefers to see a male doctor. Communicating with young men and adolescent men poses particular challenges for clinicians.

Applied professional knowledge and skills

Men are at higher risk of mortality than women at all ages, although they may be dismissive of their own risks and health problems. General practice care requires knowledge of key men's medical problems and lifestyle risks throughout the entire male lifecycle. This includes men's mental health and wellbeing.

General practitioners should educate men about how their bodies function and their special health needs, especially in the link between lifestyle risks and diseases.

Knowledge of the role of men in the family, their roles in the workplace and the problems caused by unemployment among men is critical to successful men's health care.

In addition to the primary care presentation of male genitourinary problems, general practitioners must be aware of potential genitourinary emergencies such as testicular torsion and penile injuries.

Population health and the context of general practice

General practitioners need to be aware of the range of key medical conditions and lifestyle risk factors affecting men in order to successfully promote men's health needs. Knowledge of the conditions affecting men at each age helps to identify key health promotion issues and opportunities.

Familiarity with the impact of demographic factors, such as socioeconomic status and ethnicity, helps target health promotion activities. This includes men living in rural and isolated areas, non-Australian born men, Aboriginal and Torres Strait Islander men, older men, men who have sex with men, men with a disability, mental illness or other special needs. Circumcision is also important for some religious beliefs.

Some areas of men's health promotion such as prostate screening, are controversial and up-to-date knowledge and skilful counselling may be required to help patients reach informed decisions.

Professional and ethical role

General practitioners need to identify when a male patient may prefer to see a male doctor, respect this choice and to arrange this when practical. Men are more likely to be involved in a variety of activities that involve the law and general practitioners may need to adapt their management appropriately. These include accidental or self inflicted injury, work related injuries and incidents, and violence including partner abuse.

Organisational and legal dimensions

General practices need to be aware of the requirements for effective delivery of men's health care. This awareness may involve evaluating the practice's effectiveness in providing men's health services or incorporating routine opportunistic health promotion into male patient consultations, especially for those patients who do not attend regularly.

Other interventions may involve creating more male friendly environments such as: using men's health posters and displays of information related to men; providing evening clinics or appointment schedules that accommodate men working shifts or commuting over distances; promoting a front of office culture which acknowledges men's problems with appointments and waiting times; and providing as broad a range of services as possible either within the walls of general practices or via cooperative arrangements with other local providers.

General practitioners may need to offer services in areas where men congregate such as offering clinics at sporting facilities, in workplaces or entertainment areas, while seeking to coordinate and cooperate with existing general practices and other health service providers.

Learning objectives across the GP professional life

Medical student

- Communication skills and the patient-doctor relationship.
- Identify why men may be less likely to discuss their health problems with health care providers.
- Discuss the need for nonjudgmental communication with male patients.

Applied professional knowledge and skills

- Describe the clinical characteristics of common male specific health conditions and risks in Australia and relate them to each part of the male life cycle.
- Describe the impact of gender on lifestyle related diseases.
- Describe and discuss the demographic diversity that exists within male patients and the impact on masculinity and health. This includes men in rural and isolated areas, non-Australian born men; Aboriginal and Torres Strait Islander men, older men, men who have sex with men, men with a disability, a mental illness or other special needs.
- Describe the presentations of men's sexual health emergencies such as testicular torsion.
- Discuss the social construction of masculinities, eg. how boys are raised compared to girls and the effect of cultural attitudes on the social development of boys.
- Summarise the psychosocial and health impacts caused by unemployment among men.

Population health and the context of general practice

- Describe the epidemiology of common male specific health conditions and risks in Australia and relate them to each part of the male life cycle.
- Discuss community attitudes toward sexual violence, the characteristics of perpetrators and myths about violent acts.
- Describe national men's health priorities in Australia.
- Describe the importance of male circumcision for certain religious groups in Australia.

Professional and ethical role

- Examine the reasons and ethics when a male patient chooses only to see a male doctor.
- Discuss the impact of men's socially constructed attitudes, values and behaviours on their emotional, physiological and physical health, and their social relationships.
- Understand and support the changes required to make the health care system and general practice more responsive to men's needs.

Organisational and legal dimensions

- Examine barriers that men may experience when accessing general practice services, especially young men.

Learning objectives across the GP professional life

Prevocational doctor

Assumed level of knowledge – medical student

Communication skills and the patient-doctor relationship

- Outline how men may not perceive or discuss their own health risks.
- Explain to patients how common illnesses and presentations are related to lifestyle factors, especially for smoking, nutrition, alcohol and physical activity.¹¹

Applied professional knowledge and skills

- Identify situations where men may use health care less commonly than women, but may still have significant morbidity and risk behaviours.
- Identify occupational conditions more common in men such as deafness, back problems, stress and injury.
- Identify important testicular or penile emergencies such as testicular torsion or paraphimosis.
- Demonstrate the ability to catheterise a male patient.

Population health and the context of general practice

- Identify the effects of male violence to self and others in the consultation.
- Describe the differences in men's health according to social, cultural and economic factors.

Professional and ethical role

- Demonstrate a nonjudgmental approach to patients and their lifestyle choices.
- Counsel patients about the need for testing for infectious diseases, including the need for disease notification if the test is positive.

Organisational and legal dimensions

- Identify when a male patient may choose to see only a male doctor.
- Identify that men from different cultures may respond to health services differently.
- Comply with the legal provisions that protect at risk persons, eg. legal rulings restricting behaviour (ie. restraining and apprehended violence orders, reporting to police for criminal activities), sexually transmitted infection notification regulations and contact tracing.

Learning objectives across the GP professional life

Vocational registrar

Assumed level of knowledge – prevocational doctor

Communication skills and the patient-doctor relationship

- Demonstrate the ability to listen to, and understand, the needs of male patients.
- Identify strategies for overcoming male specific barriers to patient-doctor communication.
- Promote the importance of sensitively discussing sexuality and other intimate issues to assist men to make positive health changes.
- Use empathy and supportive strategies to assist male patients to show emotions and express needs.
- Demonstrate the ability to develop a partnership with male patients to enable them to understand how behaviours, attitudes and values cause health problems.

Applied professional knowledge and skills

- Take a sexual history and perform male specific basic procedural skills and treatments.
- Demonstrate an ability to counsel male patients about their health risks, especially the SNAP¹¹ risk factors.
- Demonstrate ability to counsel men on the advantages and disadvantages of prostate cancer screening.
- Outline sexually transmissible infection and HIV/AIDS screening protocols including antibody testing and management.
- Describe support systems for those caring for a person in the final stages of AIDS.

Population health and the context of general practice

- Demonstrate how to provide evidence based opportunistic health promotion and disease prevention for men in the general practice.¹²
- Use evidence based health promotion strategies to reduce the over representation of men with cardiovascular disease, cancer, injuries, suicide, and violence related issues.
- Outline harm minimisation strategies, interventions and therapeutic programs for men such as preventing and minimising violence; hazardous drinking, and self harm.
- Understand how the national men's health policies relate to general practice and how they influence funding for men's health care.

Professional and ethical role

- Educate men proactively on the relationship between lifestyle and health.
- Reflect on own attitudes about masculinity, sexuality, sexual behaviours and violence, and how this impacts on relationships with patients, their family, and the victims.

Organisational and legal dimensions

- Identify men who attend the practice less frequently as an opportunity for lifestyle risk assessment and health promotion.

Learning objectives across the GP professional life

Continuing professional development

Assumed level of knowledge – vocational registrar

Communication skills and the patient-doctor relationship

- Review communication skills required for the effective delivery of men's health care in general practice.

Applied professional knowledge and skills

- Monitor changes in knowledge in men's health conditions especially prostate cancer health promotion issues.
- Consider, where appropriate, how to incorporate the general practice of men's health care into the training of medical practitioners, other health care workers and other stakeholders.

Population health and the context of general practice

- Implement population based approaches to men's health needs in the general practice setting.
- Consider participating in outreach and community based men's health initiatives.

Professional and ethical role

- Describe how GPs can act as an advocate for men's health needs, especially in the local community.
- Identify and, where appropriate, network with professional organisations that seek to promote policy, program and funding change for men's health.

Organisational and legal dimensions

- Review how effective the general practice is in the delivery of men's health services.
- Demonstrate familiarity with local support services, networks and groups for men and encourage their use.
- Describe how to make the general practice more sensitive to the health needs of men.

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