Doing Harm: The Truth About How Bad Medicine and Lazy Science Leave Women Dismissed, Misdiagnosed, and Sick
By Maya Dusenbery
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Summary
Editor of the award-winning Feministing.com, Maya Dusenbery weaves together scientific and sociological research, interviews with doctors and researchers, and personal stories from women across the country to provide the first comprehensive, accessible look at how sexism in medicine harms women today.

An eye-opening read for patients and health care providers alike, *Doing Harm* shows how women suffer because the medical community knows relatively less about their diseases and bodies and too often doesn't trust their reports of their symptoms. The research community has neglected conditions that disproportionately affect women and paid little attention to biological differences between the sexes in everything from drug metabolism to disease risk factors—even the symptoms of a heart attack. Meanwhile, a long history of viewing women as especially prone to "hysteria" reverberates to the present day, leaving women battling against a stereotype that they're hypochondriacs whose ailments are likely to be "all in their heads."

Offering a clear-eyed explanation of the root causes of this insidious and entrenched bias and laying out its sometimes catastrophic consequences, *Doing Harm* is a rallying wake-up call that will change the way we look at health care for women.

Topics for Discussion
1) What is "the trust gap" and what factors contribute to it? Are there any systemic factors not in the book that you think contribute to "the trust gap"? Have you had any personal experiences that you feel were signs of "the trust gap"?

2) What is "the knowledge gap" and what factors contribute to it? Are there any systemic factors not in the book that you think contribute to "the knowledge gap"? Have you had any personal experiences that you feel were signs of "the knowledge gap"?

3) What are some of the ways that "the trust gap" and "the knowledge gap" perpetuate one another?

4) How does the history of "hysteria" show up throughout this book and throughout women's health?

5) Was there a statistic or personal story that left you particularly frustrated, outraged, or moved?

6) What kinds of resources do women often need to fight for a correct diagnosis and treatment? How does this bias who has a path to health and who doesn't?

7) Have you (or your friends or family) dealt with any of the illnesses discussed in the book? How do the personal stories in the book relate to/differ from your own experience?

8) Did the book make you think differently about any of your own past experiences? Do you think it will change how you interact with the medical system going forward?

9) Why is sharing women's health and health care experiences important?

10) What are some of the other systemic biases other than sex/gender bias that are discussed in the book? How do these biases intersect and interact with sex/gender bias? Are there other biases that you feel you've experienced in your own encounters with the medical system that were not explored in the book?

11) For male patients: how have your experiences in the medical system differed from or been similar to the personal stories of the women in the book? What are some ways that you think that your gender has impacted—for better or worse—the medical treatment you receive and/or your experience of illness?

12) What changes does the book suggest ought to be made to address the systemic harms to women in the medical system? Which parties share responsibility for helping to bring these changes about?

13) What have been some success stories in the past of patient advocacy helping to transform the medical system? Can you think of any other actions that aren't discussed in the book that might help minimize the harms that women experience in their encounters with the medical system?

14) For medical professionals: did you recognize your own behavior in the personal stories of patients who felt dismissed and/or were misdiagnosed by health care providers? What changes do you think are needed to prevent these sorts of misdiagnoses and breakdowns in the doctor-patient relationship from happening? What additional knowledge and resources do you think you need to be better equipped to provide the same quality of health care to all your patients?