

## Editorial

### The Silent Male: How Much Do We Really Care About Men?

Allan Schulte, founder of a new advocacy group for men, recently issued a forlorn press release complaining that he had formed a Men's Institute, but no one seemed to care.<sup>1,2</sup> Of the 5000 newspapers he contacted, only two responded, and not a single magazine editor had reacted to the news. Schulte's Institute was offering 250 scholarships to its program on "How to Become a Man in the 21st Century" (the details of the program weren't clear to me), but there had been only one taker. Even more interesting was the fact that not one of the more than 5000 women contacted about the new program responded. I found this last point particularly fascinating because last spring, I marketed my book proposal on men's health to publishing houses. The editors who auditioned me maintained that only women cared about men's health, and that men themselves chose to ignore anything that smacked of illness or disability until it was so compelling that they had to seek help. Men, those editors told me, don't read books about health and are only interested in crisis management; they are impatient with anything to do with prevention, or even basic upkeep. Write the book for women to read about men, I was advised. But I had my doubts. The real issue is that we have never mounted a serious coordinated effort to educate men about the importance of preventive medicine, nor have we adequately addressed the physical and societal reasons for the grim harvest disease takes of them. Yet I have found that once we get their attention, men are eager to listen.

Maybe men really are impossible to reach on the subject of their health. But the hundreds I've spoken with in my practice and in the course of preparing my new book, *Why Men Die First*, have made me believe that perhaps we—not them—just don't get it. Men are as anxious about frailty, aging, and death as women are. They've simply been socialized to minimize that anxiety, to press ahead, to focus on the job at hand and not their physical well-being, without acknowledging even a frisson of fear when the first chest pain makes them stop in their tracks. That doesn't mean they are not frightened; I've seen men in my consulting room so anxious that the examining table was wet with their sweat. They are certainly as apprehensive about a needle as any of my women patients: one otherwise aggressive, matter-of-fact CEO insists on holding my nurse's hand and having apple juice at his side for a venipuncture with a pediatric scalp vein needle. Many men are virtually forced to see me because of their wives' concerns about their health. A *Wall Street Journal Forum* included this comment from a Florida guest:

"I have never been able to understand my husband's lack of concern about his health. He doesn't do really reckless things, like smoke or drink excessively. But he eats too much red meat, thinks one vegetable a day is plenty, never exercises (despite high blood pressure and borderline-high blood sugar). He also doesn't bother to stay informed about health news or current recommendations (I read a short monthly health newsletter, but he's not interested). He will not make a doctor or dentist appointment for himself unless I hound him to death (which does not make for the type of relationship that I want to have with him). It's not just my husband, either. My father died at age 59 from a cancer that would have been easily treatable if he had not waited for many months to see a doctor about a lump that he had noticed. I am extremely frustrated and would welcome any insight into this bizarre behavior."<sup>3</sup>

Our attention to women's health over the past 15 years was overdue; we certainly had used men almost exclusively as subjects in our clinical trials. But there were, and continue to be, reasons for that. While I thoroughly applaud the effort of the government and the National Institutes of Health (NIH) to learn more about women by including them in clinical trials, that mandate is easier to issue than it is to carry out. Studies that include both men and women are often hampered by difficulty in matching ages and comorbid conditions in the two sexes, for example, when studying an entity as common as coronary artery disease. There's always the problem of how to include the premenopausal female in clinical trials, as we've discussed on this editorial page several times in the past. Often, we have no choice but to continue to depend on studies conducted exclusively with men. Ironically, those men were used as subjects because of economic reasons (no cycling hormones that made large groups necessary), because they cannot become pregnant and no fetus would be at risk, and, most of all, because they are hardwired and socially conditioned to agree to take all risks they are asked to assume. Many feminists complain that women were largely ignored by the patriarchal academic community; however, I suggest that in an effort to protect women and research budgets, men were used to fill in the blanks. Taking part in a clinical trial is not without risk—just read the disclosure statements that patients are asked to sign. Men are accustomed to agreeing to do the most dangerous jobs society needs done; women are much more likely to debate the safety of any role they are asked to fill.

There's a great deal about men's physiology, and even more about their experience of disease, that is unique and different from that of women. Violent deaths claim more of their lives than is the case with women. Depression in men, quite different in its manifestations than in women, is often overlooked until they slip silently into levels of despair that often end in suicide. Compared with women, men have more serious encounters with 7 of the most common 10 infections that affect us. Prisons are filled largely with men, most of them from minorities that are outside the safety net of economic viability and societal resources, such as opportunities to educate their young. As Mr. Schulte's press release points out, almost 80% of the homeless are male, and they are almost twice as likely as females to be admitted to psychiatric hospitals. Although women are certainly going to war, they are still definitely in the minority, and our conflicts take a savage toll on the 18- to 25-year-old men we send into battle. As one NIH investigator (a man) told me at a dinner party, "Men are programmed to win or die. Just watch the apes and find out what happens to the losers." Once these soldiers are home again, their wounds, both physical and psychic, are shamefully neglected.

Talking to men has opened a new world for me. I've learned about their alienation, their sense of resignation to being asked to do dangerous things, and their acceptance of virtually every risk entailed in doing them. I've learned why they love sports (it's a substitute for combat), how different their thoughts about sex and sexual behavior are from those of women, how unacceptable it is for them to do or say anything that smacks of whining or complaint. Many of them are very brave and describe their heroic deeds matter-of-factly as an everyday requirement of the lives we ask them to lead.

We need to pay more attention to men. As we have always suspected, men are very different from women, and many of those differences—because we haven't studied, understood, or addressed them effectively—are the reasons they are dying before they should. Gender-specific medicine, as I never tire of saying, is not just about women's health. It should be an even-handed effort to include both sexes in our efforts to plan maximally effective research protocols, to educate the public about what makes men vulnerable, and to persuade society that men's lives are worth saving, too.

So I'm making a plea for a new approach to men's health: We should make a thoughtful effort to target their unique vulnerabilities. Coronary artery disease begins its resolute attack in males by the time they are 35, and most men who have had a myocardial infarction are dead by the time they are

65. As I previously mentioned, men suffer more intensely and in greater numbers from the most common infections. They are more often involved in the risky businesses of heavy construction work, deep sea fishing, mining, firefighting, and keeping the peace. Paradoxically, they seem inured to the inequity of all of this, as well as to the advisability of doing what they can to prevent the illnesses that kill them a good 6 years before their wives. We need to commit to a new awareness of the special hazards of being male and turn a gender-specific lens on men in a coordinated effort to help them not only live a longer life span, but also enjoy the benefits of good health and vitality for those added years.

Within an hour of meeting me, a very wise man asked me: "If you call yourself a gender-medicine specialist, why don't you ever talk about men?" Why not, indeed? I think we should not only talk about men, we should pursue them, educate them, and address their particular health issues. Along with our "Go Red" campaigns for women and heart disease, we should walk the same distances and hold the same number of fundraising lunches for "Go Blue" campaigns that will remember the other half of our society, who all too often die prematurely and from illnesses that could have been prevented or at least postponed. Instead of obsessing about how we have neglected women's health in the past, it is time now to consider what we should do about addressing the unique vulnerabilities of men.

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## REFERENCES

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