The Wonders of Getting Uncomfortable

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My first year studying Medicine was in 2013 – I was only 17 years old. I felt very smart for getting into university at my first try – in Brazil it can take a few attempts before you get accepted – but little did I know that I knew almost nothing about the world. The feeling that healthcare and Western medicine was not made for women came quite early, during anatomy classes, where the male body was treated as the standard and the female body as a variation from it. Later, during clinical rotations, this realization hit me even harder, when I saw women's complains about pain and anxiety being treated as an exaggeration and not worth of treatment. Or when Black women got less pain medication during labour because "*they are more resistant to pain*". Or when women lived years in pain and got a delayed diagnosis of endometriosis because doctors said "*the pain is normal and they should get used to it, it will come every month*". Or when women who got unsafe abortions received dangerous delayed care in the hospital because "*they did not complain when they were making the baby*". These are only some of the horrendous examples that I experienced during medical school, and that many – if not all – medical students around the world will recognise.

The concept of gender inequalities in health as I know now was built inside of my head before I read any articles about it. It was of course not part of the curriculum, which was made and taught by mostly old white men. After learning about this concept, reading the statistics and how this is a problem worldwide, not only in my small bubble in my university, I could finally express everything that I was feeling in a more eloquent way. I learned that women live longer than men, but in worse health, including in the Global North. I learned that gendered health behaviors are intrinsically intertwined with hazard masculinities and toxic femininities, which contribute to sexual violence, spread of sexual transmitted infections, unwanted pregnancies, eating disorders, and an absurd number of plastic surgeries (of which Brazil has one of the highest rates in the world). Gender also impacts access to health care, since the ability to seek care rely on material resources, time availability and power to act, all of which quite often are controlled by men. As an illustration, recently in Brazil, the healthcare system was exposed for requiring a husband's signature in order to allow women to get access to intrauterine contraceptive device.

I learned that stereotyping women as fragile and overemotional leads to women being less screened for diseases, receiving less aggressive treatments and less follow-ups compared to men. Similarly, women having heart attacks experience dangerous treatment delays, die more often and are less often referred to cardiac rehabilitation and prescribed the right drugs. Women with knee pain are twenty two times less likely to be refereed for knee replacement than men. Yes, you read it right – *twenty two*. And this list of infuriating facts could go on and on, unfortunately.

In health research institutions and data collection, this is naturally not different. Gender norms guide how research is funded, conducted and applied. Diseases of which the burden primarily affect women are the ones receiving less funding. Historically, women have been underrepresented or even excluded from randomized control trials, which make them 75% more likely to experience adverse drug effects. Again, this list could go on and on until you got tired of reading this article.

All of this made me very mad and demotivated about Western medicine. But then, when I finally graduated as a medical doctor, I came to the most painful realization of all. I kept blaming "*the system*" for all of this. But who is the system? Well, *I* am the system. In my clinical practice, I could stop perpetuating colonial practices that lead to these huge gender inequalities in health that infuriate me so much. Now that I am training to be a researcher, I am still the system. Not in clinical practice, but in research. Coming to this realization was incredibly uncomfortable and off putting, and I had learned to avoid the uncomfortable for so long. It was not easy for me to get familiar and accept the uncomfortable and all the pain that comes with it. But I had to learn, because you can't unsee all these things after you saw it for the first time. So, I made peace with the uncomfortable – and from it, growth came. The Power of Knowledge event was an exercise in this sense, I was uncomfortable so many times – and that is wonderful!

From this very privileged position that I am now, training to become a researcher in health, I am extremely grateful to an event like this that make me feel uncomfortable. This make me look back at myself and reevaluate my own actions all the time, which is natural, since decolonizing our minds and behaviors might be a lifelong mission. This event encouraged me to keep on going in this mission and filled me with inspiration by hearing from so many amazing speakers. Besides getting familiar with what makes me uncomfortable, I am also

willing to make others uncomfortable, by bringing up inequalities and colonial practices that are so deeply rooted in academia. I hope everyone that joined the event got uncomfortable – and make other uncomfortable as well!

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