

LABOUR

THE FUTURE OF WOMEN'S HEALTH

LABOUR PARTY CONFERENCE,
2ND - 4TH NOVEMBER 2018

The Labour Party recognises that top-down and male-dominated approaches have had a detrimental effect on women's right to health in Ireland, as illustrated by the eighth amendment and the poor funding of women's health services.

The Labour Party believes that to fulfil women's right to health we must work to ensure high quality health care across the lifespan and across clinical areas including mental health, primary care, obstetrics and gynaecological services.

The Labour Party further believes that women right to health will not be fully vindicated until the many structural inequalities experienced by women in Irish society are fully addressed.

Introduction

Health outcomes have vastly improved in 100 years. Life expectancy at birth in 1911 was 54 years for men and women, but in 2011 was 78 for men and 83 for women.¹ At the same time as identifying the next set of challenges to be overcome, the quality and scope of public healthcare provision should be acknowledged. Labour is committed to building on the strengths of the current system, while eliminating the pressures and deficits that exist. Labour is also fully committed to the vision and reforms outlined in the SláinteCare report, while recognising that more detail is needed on how these can be fully implemented.

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Any strategy on women's health must extend beyond the traditional domain of healthcare and address the social factors which contribute to high rates of ill health among women. These include the many chronic stressors faced disproportionately by women such as gender-based violence, low paid or casual work, the gender pay gap, reduced participation in public life, poverty, homelessness and sexual assault. In addition, to fully vindicate the right to health of women in the state efforts must be made to address the multiple layers of discrimination faced by women who also belong to other minorities.

Learning from the Scally Report

Dr Scally's final report into the CervicalCheck Screening Programme listed fifty recommendations. Three of the most critical recommendations are that:

- Women's health issues should be given more consistent, expert and committed attention within the health system and the Department of Health;
- Patients should have access to their hospital medical records in a timely and respectful way; and
- The HSE's open disclosure policy and guidelines should be revised as a matter of urgency.

The fact that Dr Scally felt the need to make these three recommendations implies that the current situation does not live up to those standards and that there is a lack of committed attention to women's health issues, a lack of timely and respectful access for patients to their own records, and a situation where the rights of patients to have full knowledge about their healthcare is not given primacy. When it comes to the future of women's healthcare, one part of what we must envisage is, quite obviously, the implementation of all the recommendations of the Scally Report. This is not just about rebuilding public confidence in our screening programme. It is about ensuring that respect, for women and for all patients, becomes the daily reality of their experience across the whole health care system.

Cervical Cancer

At the centre of the cervical check scandal is a paternalistic and neglectful approach to women health where information was routinely withheld from women around the results of audits of their smear test results.

We are calling for the full implementation of the recommendations of the comprehensive Scally report and for funding for this to be immediately ring-fenced.

In order to ensure a scenario like the Cervical Check scandal never happens again, we need to ensure that there is true accountability within the Cervical Check programme. Since 2010, Cervical Check has been without a Head of Cervical Screening. The Labour Party believes that there needs to be an overall Head of Cervical Screening, who takes responsibility for the delivery of the Cervical Screening programme. In addition, we condemn those spreading inaccurate information around the cervical cancer vaccine

resulting in lives being lost and call for the extension of the HPV vaccination program to boys as well as girls. In October 2018, the United States of America's Food and Drug Administration agency approved the administration of the HPV vaccine to women and men aged 27-45. The HPRA should look to a similar arrangement in Ireland.

Australia is on the verge of virtually eradicating cervical cancer within a generation through the provision of a comprehensive screening program for cervical cancer as well as a world leading HPV vaccination program for children. Ireland could and should do the same.

Uterine and Ovarian Cancers

Ovarian Cancer is the fourth most common cancer in women in Ireland, the risk of developing ovarian cancer up to the age of 74 was 1 in 71. Known as the 'silent killer', its more severe symptoms usually present when the cancer is advanced. More education is required on its early symptoms, which can be confused with other illnesses. We call for the provision of ultrasound services in some of the Primary Care Centres to provide a screening check for women for these types of cancers. Ovarian cancer rates in Ireland are 24% higher than the EU average, and more than 15 of every 100,000 women will develop the disease in Ireland each year. This is approximately 340 women of whom approximately 272 die. More is needed to learn from international best practice to bring survival rates in Ireland at least up to the EU average, and further to the levels achieved in the best achieving countries. This requires sufficient funding and priority to be given to these cancers, which obviously only affect women.

Gynaecological Services

Gynaecological services are often the poor relation of the health service and are frequently defunded due to budget over runs in hospitals. Women in some parts of the country are waiting two years or more for the diagnosis and treatment of serious gynaecological disorders such as uterine prolapse and endometriosis. Endometriosis alone is thought to affect approximately 100,000 people in Ireland. The Labour Party are calling for an end to the common practice of reallocating funds for obstetric and gynaecological services to compensate for overspend in other areas of hospital groups.

Women and Hidden Epidemics

We are calling on a gendered approach to health care with increased awareness of differences in how women can present to ensure appropriate diagnosis and treatment. For example, heart disease and stroke are among the biggest killers of women in Ireland today. Some 5000 women a year in Ireland lose their lives to this type of disease and many of these deaths are preventable. Many women received later treatment than men due to erroneous assumptions that their symptoms were psychological rather than physical in nature. This phenomenon is also often observed in other areas of healthcare such as chronic pain and gynaecological services.

Myalgic encephalomyelitis (ME) affects approximately 12,000 people and is a complicated illness that mainly affects women. There is no agreed clinical guidelines for the diagnosis of the disease in Ireland, with little education on the disorder for clinicians and little or no service provision. This is in spite of ME being recognized as a neurological illness by the WHO in the international classification of diseases (ICD10). Women with ME in this country are ignored in relation to their condition, despite the fact that some of them are bedbound and very seriously ill. As a consequence of a lack of service provision, these women have difficulty accessing an Invalidity Pension, sickness benefit or Home Help services.

Ending Period Poverty

According to PLAN International Ireland, over 50% of young women aged 12-19 have experienced problems around the affordability of sanitary products. To tackle the challenge of period poverty in Scotland, the Scottish Government have begun to provide free sanitary products in secondary schools and higher education institutions. We know anecdotally that some schools and teachers provide sanitary products to students, however, this is often done on an ad hoc basis with no real structure. The Government should seek to follow Scotland's lead and provide free sanitary products to all schools and college.

City and County Councils also have a role to play in reducing period poverty. We are calling for an extension of the pilot scheme pioneered by Labour Councillor Rebecca Moynihan providing sanitary products free of charge in Dublin City Council facilities such as libraries and leisure centres.

Supports for Breastfeeding Mothers

The benefits of breastfeeding are well accepted. We recommend the support and development of services for breastfeeding mothers, which both encourage and support mothers to breastfeed, aiming to increase the breastfeeding rates in Ireland in line with Labour's published policy. Many new mothers report that they need more supports to be able to make breastfeeding a viable option.

The type of supports required include: increasing their number of trained lactation consultants in hospitals; more midwives to spend the time required with mum and baby to learn the skill in the early days of returning home; one extra GP visit for pregnant women to inform them about and to encourage breastfeeding; consistent information and data; better access to breast pumps; measures to limit the promotion of breastmilk substitutes; and initiatives to encourage a more accepting culture among the general public.

The issue of the milk bank for Ireland and the funding cut in respect of the Breastfeeding Friendly Hospital Initiative also needs to be addressed. The slow/non-implementation of existing plans is unacceptable. The long-term health and emotional benefits of breastfeeding are well established. Labour believes that political will is required to make the necessary improvements.

Maternity Services

The National Maternity strategy outlines a suite of comprehensive changes necessary to bring our maternity services into the 21st century. Two years later little progress has been made towards implementing the strategy and many pregnant women in Ireland remain without access to important facilities such as ultrasound facilities, mental health services, safe ratios of staff to birthing women, and choice around appropriate types of maternity care including home or community birth centres, midwife-led units and obstetric-led care. We are calling for renewed focus on the implementation of the National Maternity Strategy and review of the national consent policy to reflect the repeal of the 8th amendment (under which women's right to refuse informed consent in pregnancy was eroded).

Termination of Pregnancy

The Constitution of Ireland now states that "Provision may be made by law for the regulation of termination of pregnancy." And that's thanks to many activists in Labour. After a 32-year struggle to repeal the 8th Amendment and a longer struggle to promote reproductive rights, the next step on this journey is to ensure that the legislation is introduced without delay so that access to safe medical termination becomes a reality for those women who have need of it. We call for the development of abortion services in line with proposed legislation.

Health and Wellbeing

Achieving better health outcomes is not just about health care services. Many factors impact on health outcomes and wellbeing. Much of what Labour fought for during the 20th century was not just an improvement to people's economic conditions, but a holistic improvement to their material wellbeing which is reflected in greatly improved health outcomes: better hygiene standards; food safety standards; health and safety at work; limits on daily and weekly working time, and the provision of paid holidays; better house build quality and home heating; improvements in families' real incomes, with all that implies for improved diet and other comforts.

So when we look to the future of women's health, we also have to consider the social and economic factors that affect health outcomes such as housing, working conditions, the lack of affordable childcare, the distribution of care duties, and simply income poverty and material deprivation. These and many other factors affect men as well as women, but women have a particular experience of these factors.

For example, we know that almost all of the lone parent families currently experiencing homelessness are led by women. We know from time-use surveys that women – regardless of whether they are in paid work or not – typically carry out a much larger share of domestic work in the home. We also know that women are much more often the lead parent rearing children. And while the primary question is about the duty of fathers to play their part, there is also a question for all of society about ensuring childcare is affordable, so that all parents, all women, have the option of working full-time and pursuing a professional career, if they so choose. Women are also more likely than men to become carers for elderly relatives or those with a disability.

We know that women are more often than men in low paid work, and part-time work. We also know that women are paid 14% less than men, up from 12% in 2014, according to CSO figures. The gender pay gap is also accompanied by a gender-bias in a social welfare system designed on the basis of a 'male breadwinner' model. Domestic abuse and sexual violence are also gendered issues, as a large proportion of victims are women.

All of these many factors affect not only women's economic status, but also their health and wellbeing. Labour's vision of for the future of women's health is a holistic vision based on the goal of eliminating all of the inequalities between women and men, which should result in better health outcomes as well.

