'Women's pain is often put down to hysteria'

London. 'There's a cultural tradition that regards women as unreliable witnesses. In this environment, pain can become normalised. Women know periods and sex can be painful. It sets a precedent, and an acceptance that for some, pain is unavoidable.'

This difference is more profound for woman of colour. People from ethnic minorities admitted to hospital in the UK report much poorer experiences than white patients. The risk of dying in childbirth is also seven times higher for black women than those who are white and British born. Candice Brathwaite believes she was a victim of racial bias when she gave birth to her first child. The influencer and co-founder of Make Motherhood Diverse developed sepsis following a caesarean in 2013, and almost died after she was told her pain was normal and sent home. 'I felt the white women were listened to more – the midwives would be reassuring to them, but sigh when I complained about my pain,' says Brathwaite, 31. 'And when I was wheeled into theatre, the surgeon said, "Can we hurry this one up? I was supposed to be home an hour ago." I can't help putting his attitude and developing sepsis together. It felt like there was a racial bias there.'

'A lot of medicine is a case of deciding if pain is "serious" or "not serious",' says Dr Adam Kay, author of *This Is Going To Hurt*. 'Obviously, anyone who has been dismissed as "not serious" and ended up in need of medical help is absolutely right to have grievances. Sadly, I suspect women suffer from this more. Monthly abdominal pain being a normal feature of their lives gives doctors an easy way to brush things off,' he adds. 'But it's also because they sometimes subconsciously (and wrongly) think women have a lower pain threshold, and take pain more seriously in men.' It's no wonder we all cheered at Kristin Scott Thomas's speech in *Fleabag*: 'Women are born with pain built in... We carry it within ourselves throughout our lives. Men don't.'

Studies have also found that medical professionals have less desire to help overweight people, and less patience when they do. Author and mental-health activist Natasha Devon MBE nearly died when her pain was overlooked – partly, she believes, because she was a size 20. 'I woke up unable to move, with shooting pains in my stomach and shoulder,' the 38-year-old explains. 'I called a friend, who dialled 999, but after asking if I was pregnant they decided my case wasn't urgent. It took 90 minutes for an ambulance to arrive.' In hospital, Devon was asked to rate her pain from one to ten. 'I said nine and was sent to the waiting room. When I eventually saw a doctor, he said, "You're quite a big girl. Do you eat a lot of spicy food?" He diagnosed indigestion, offered me Gaviscon, and said come back in 24 hours if I didn't feel better. If I'd followed his advice, I'd have died.'

Realising Natasha's pain wasn't normal, her friend insisted on a second opinion. Another doctor agreed she should be kept under observation, and also gave the option of exploratory surgery. The procedure should have taken half an hour. Instead, she woke up after five hours with a 30cm scar from her pelvis to her chest. Surgeons had found 1.5 litres of internal bleeding from a ruptured spleen. 'This is usually caused by something like a car accident, and there was a million to one chance of it happening by itself,' says Devon. 'But if my friend hadn't been vocal about my pain, the outcome could have been very different. People have this idea that men are more stoic, so if they say they're in pain, it must be severe. With women, it's felt a degree of exaggeration has been applied. Now, I know you have to be prepared to fight your corner.'

One factor widening the gender pain gap is that male bodies have been the focus of medical research and drug testing. But huge pressures on staff also mean that mistakes are inevitable – a 2018 survey of NHS staff by the British Medical Association revealed that most are worried about making potentially life-threatening mistakes due to a lack of funding and staff shortages. In some cases, those mistakes are disproportionately hitting women: a third of people in England and Wales are given the wrong diagnosis after a heart attack, with women at a 50 per cent greater risk of being misdiagnosed than men.

Things are gradually improving though. The National Institutes of Health in the US issued fresh guidelines in 2017 on the inclusion of women in clinical research, which will impact global understanding of how women's bodies respond to pain and medication. Thanks in part to female voices, medical professionals are also becoming more aware of the gap. 'I always taught doctors to err on the side of caution and compassion,' says Dr Kay.

Fowles, who writes about living with endometriosis at livingwithflare.online, suggests we stay vigilant. 'Our pain is often put down to hysteria,' she says. 'But if you feel something is wrong, keep pushing.' ■

If you're in pain, find advice and support at painuk.org

WHEN TO TAKE PAIN SERIOUSLY

Dr Claire Rushton, vice chairperson of the Family Doctor Association (family-doctor.org.uk), advises when to seek help, no matter what your level of pain

LOW-LEVEL: If you're suffering from a new pain you can't explain – and that lasts for three or four days – you should get it checked out, especially if it doesn't respond to painkillers. If your pain is associated with other symptoms, too – for example, pelvic pain with discharge or weight loss, or leg pain with swelling – see your GP immediately.

CHRONIC: If this isn't being controlled by your current medication and keeps escalating, you might need an updated treatment plan.

SEVERE: This usually needs to be treated immediately. A sudden, very bad headache may be a sign of a bleed on the brain, and if you're experiencing pain that's keeping you up at night, see your GP or call 111 for out-of-hours advice.