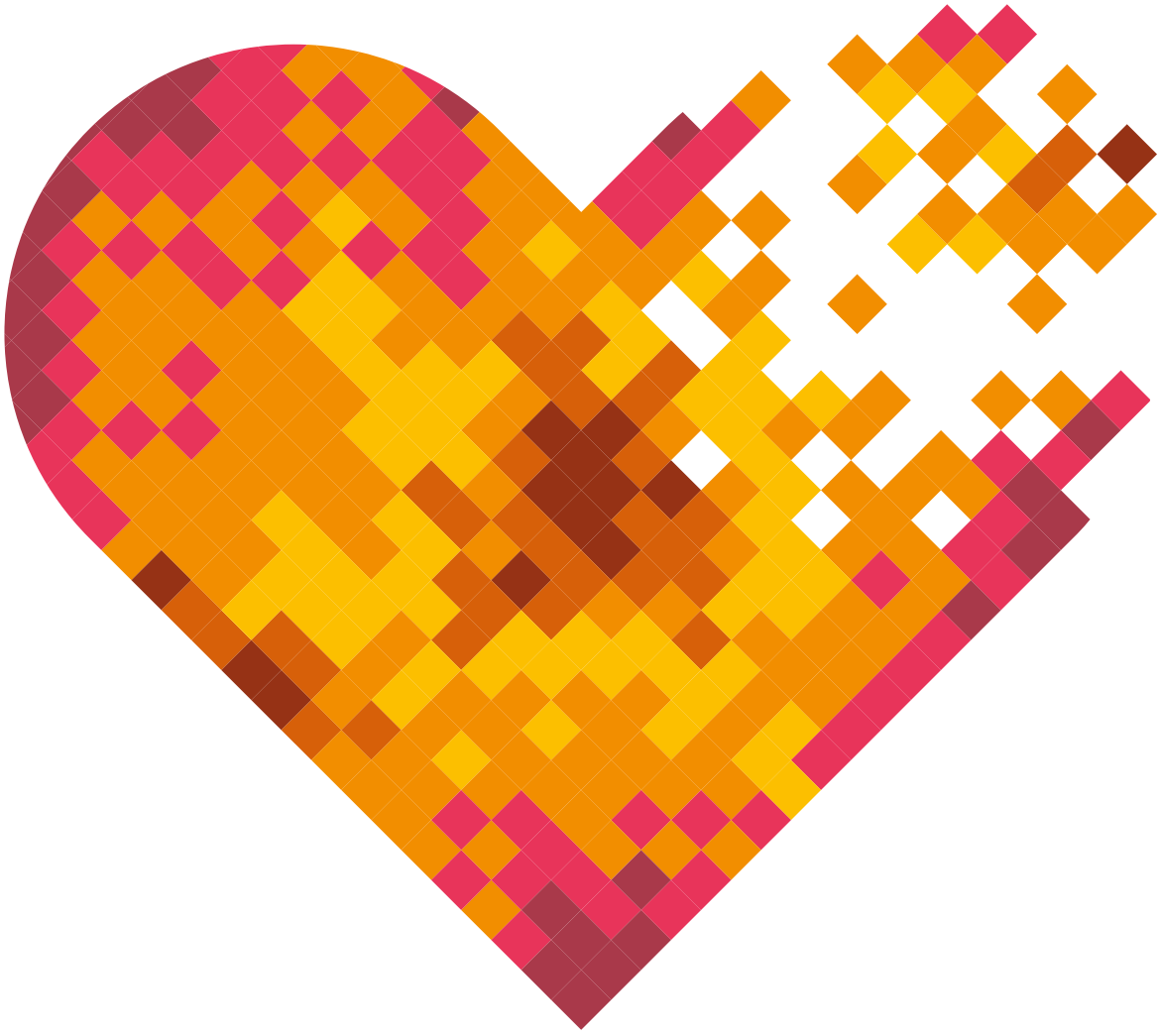
Health: a matter of the heart

PwC survey on gender medicine with a focus on cardiovascular diseases in women



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Inclusive use of language

We value inclusive language. We therefore use gender-neutral terms wherever possible. Where we speak specifically about women or men, we refer to biological sex.

Foreword

Getting to the heart of the matter

Dear Reader,

Hand on heart: did you know that in Switzerland, more women die from cardiovascular diseases than men? Or that women suffer different symptoms than men during a heart attack?

These facts form the starting point for this survey on gender medicine with a focus on cardiovascular diseases. We surveyed 1,573 people aged between 18 and 79 from German-speaking and French-speaking Switzerland in order to analyse awareness of this issue among the Swiss population. We'd like to take this opportunity to thank everyone who took part in the survey. In order to refine the quantitative results, we conducted personal interviews with various internal and external experts. Two of these interviews can be found here in full.

Very few of the survey participants knew what gender medicine means. Cardiovascular diseases are considered a typically male condition, even though more women actually die from them. Despite the fact that more women than men know that a heart attack can present differently depending on a person's gender, the gender-specific symptoms are unknown to a large majority.

There are many reasons for this lack of awareness. The findings from gender-specific research are inadequately reflected in the training of healthcare professionals and barely filter through into medical care. Clinical studies aren't always designed to reveal gender-specific differences and therefore have only limited suitability for gender-specific treatment. Although gender-sensitive information on cardiovascular diseases is available, it's rarely applied to patients in a targeted way. It's only in recent years that gender medicine research has started to come into its own. And lastly, there's a stigma attached to heart diseases as they're associated with certain lifestyle traits.

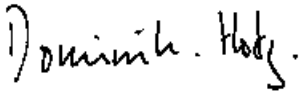
At PwC, we're convinced that we can work with you to address this problem together. If we join forces, we can strengthen society's trust in our institutions and tackle the problem constructively. We can do this by talking about the topic openly and developing farsighted approaches and networking activities at national level or – even better – beyond our national borders.

With our deep sense of responsibility towards our employees and our expertise in various areas of healthcare, we lead by example. Through this survey, we aim to draw attention to the lack of awareness about gender medicine, stimulate discussion, drive the issue forward and encourage women in particular to talk openly about heart disease. After all, when it comes to the health of people in Switzerland, we should unite to form a community of solution-makers. Because a healthy Switzerland is something that's close to all our hearts.

In the meantime, we hope you find the survey an inspiring read.



Andreas Staubli
CEO
PwC Switzerland



Dominik Hotz
Health Industries Leader
PwC Switzerland

Short and sweet

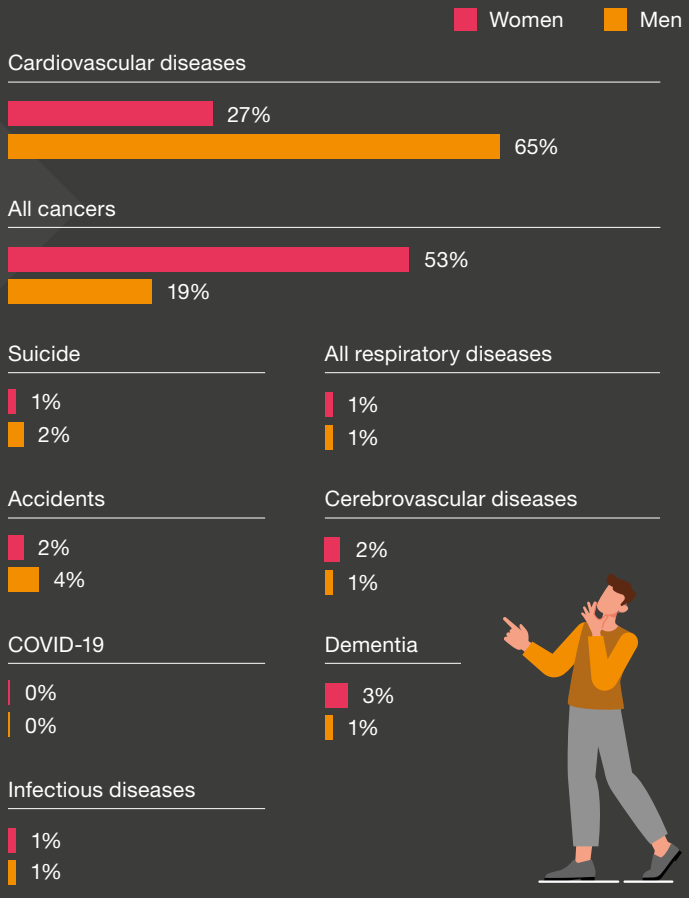
The facts say it all

Half of the survey participants didn't know what gender medicine means.



The participants in the survey thought that cancer is the number one cause of death among women in Switzerland. It is, in fact, cardiovascular diseases.

Survey question: What do you think is currently the most common cause of death among women/men in Switzerland?





85%

of the survey participants believed that men die from heart diseases more frequently than women. In fact, it's the other way around.





More than half of those surveyed weren't aware that women and men display different symptoms during a heart attack.



60%

of female respondents believed that there's insufficient information and guidance available on how to prevent cardiovascular diseases.

We’re all the same at heart – aren’t we?

The term ‘gender medicine’ isn’t widely known. Although gender medicine is represented in the healthcare system, it’s hardly ever incorporated into medical care. This is because there’s a lack of data and therefore knowledge about the characteristics and manifestations of women’s health outside gynaecology in general, and women’s heart disease in particular. This can have fatal consequences for those affected.





A brief definition

Gender medicine deals with the gender-specific differences in relation to human health and diseases. It investigates how biological differences between the sexes can influence the prevention, diagnosis and treatment of diseases. Gender medicine includes social, cultural and environmental factors that affect human health.

The term ‘gender medicine’ remains virtually unknown

39% of the survey participants had heard the term gender medicine before and 11% were familiar with the topic (see Figure 1). This means that one in every two people has no idea what gender medicine means. When asked for the correct definition of the term, 20% of respondents equated gender medicine with the medical diagnosis and treatment of social gender, i.e. with the role and identity of women and men.



Survey question:

Do you know what the expression ‘gender medicine’ means?

- Yes, I’m familiar with this topic
- Yes, I’ve heard the term before
- No
- Don’t know/no answer

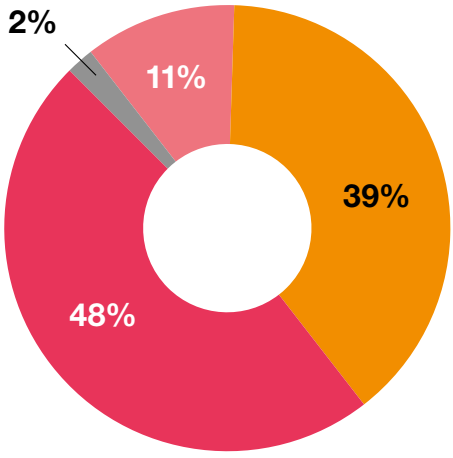


Figure 1: Almost half of the survey participants weren’t familiar with the term ‘gender medicine’



For the benefit of all genders

The comprehensive approach of gender medicine recognises that gender-sensitive differences have a significant impact on people's health and well-being. For example, a woman reacts to the same illness with different symptoms than a man. Women are exposed to different risk factors and respond differently to medications and treatments.

Medical care must take these differences into account. Expertise in gender medicine enables gender-related prevention and education campaigns to be designed in a more targeted way, so that different health needs can be better addressed.

Historical data gap

Medical care is based on the findings of medical research and the subsequent creation of data and insights. Those responsible, such as hospital management, clinic management and the medical professionals, ultimately make decisions and take action based on this data. This is where the 'gender data gap' comes into play.

The historical data for diagnosis, treatment and prevention of most diseases is based on studies in which women are or have been frequently under-represented. In the past, for example, women of childbearing age were excluded from clinical trials. Despite this, the trial findings are typically applied equally to women and men.



Equal treatment, yet potentially fatal

The fact is, women and men get sick differently. This has been recognised through experimental and clinical research since the 1990s. Nevertheless, for a long time there was little discussion in medical teaching about the extent to which healthcare professionals need to take the differences between men and women into account during examinations and in drug therapy, and how they provide gender-sensitive information to patients. As a result, women continue to be disadvantaged in the development of medications and in the prevention, diagnosis and treatment of disease.

For example, underdiagnosis or misdiagnosis may occur in medical care and the women affected may be treated too late or receive inappropriate care. This can have not only tragic individual consequences, but also overall economic repercussions as it can lead to costly follow-up treatments and liability risks. It's therefore not surprising that 82% of respondents thought it made sense to diagnose and treat a disease differently depending on gender (see Figure 2).

An issue in waiting

Various players in the Swiss healthcare sector have taken up the subject of gender medicine. Websites of some pharmaceutical companies, universities, health insurers and hospitals feature discussion topics, blog posts and brochures. In January 2024, the University of Zurich established Switzerland's first-ever professorship for gender medicine. The aim is to expand gender-specific and interdisciplinary research and teaching in collaboration with the university hospitals.

The public sector has also recognised the relevance of the topic and has allocated a budget of CHF 11 million for the National Research Programme 'Gender Medicine' (NRP 83). The aim is to create a knowledge base for the inclusion of sex and gender aspects in medical research, medicine and healthcare in Switzerland. These are all steps in the right direction, but they still lack overarching guidance.

Survey question:

Do you think it makes sense to diagnose and treat a disease differently depending on gender?

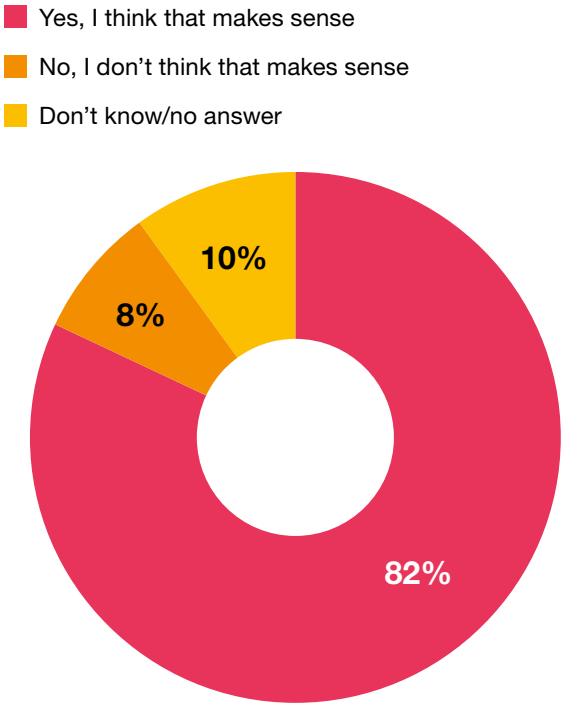


Figure 2: A large majority thought that gender-based medical care makes sense



Getting to the heart of cardiovascular disease

A look at cardiovascular diseases in Switzerland reveals some heart-wrenching facts. Yet the perceived situation paints a different picture in which the general population – regardless of gender – is misinformed and insufficiently educated on this topic. This means that things often take far too long in an emergency.



Perception vs. reality

In 2022, 10,951 women and 9,512 men died from cardiovascular disease. This group of diseases is the number one cause of death in Switzerland at 27.5%, followed by cancer at 23.1%. Analysis by gender shows that 29% of women and 26% of men die from cardiovascular diseases (see Figure 3). It's the same picture internationally. The general population isn't aware of this reality. 85% of our survey participants believed that more men die from cardiovascular disease than women.

53% believed that the most common cause of death in women is cancer (see Figure 4). Only 27% cited cardiovascular diseases as the most common cause of death. In fact, in 2022, cancer was the cause of death in 21% of women and 26% of men.[1] This shift in perception may be due in part to the fact that broad-based prevention campaigns are conducted for breast cancer, for example, but not for heart disease in women.

Most common causes of death according to the Federal Statistical Office

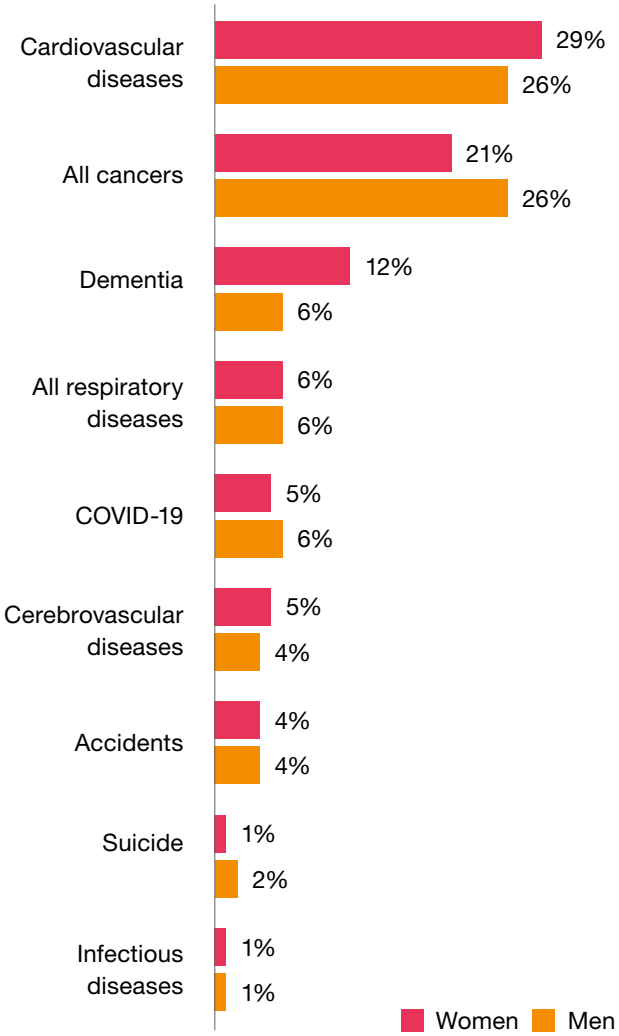


Figure 3: In Switzerland, more women die from heart disease than men

Source: Federal Statistical Office, 2022

Survey question:

In your opinion, what is currently the most common cause of death among women in Switzerland?

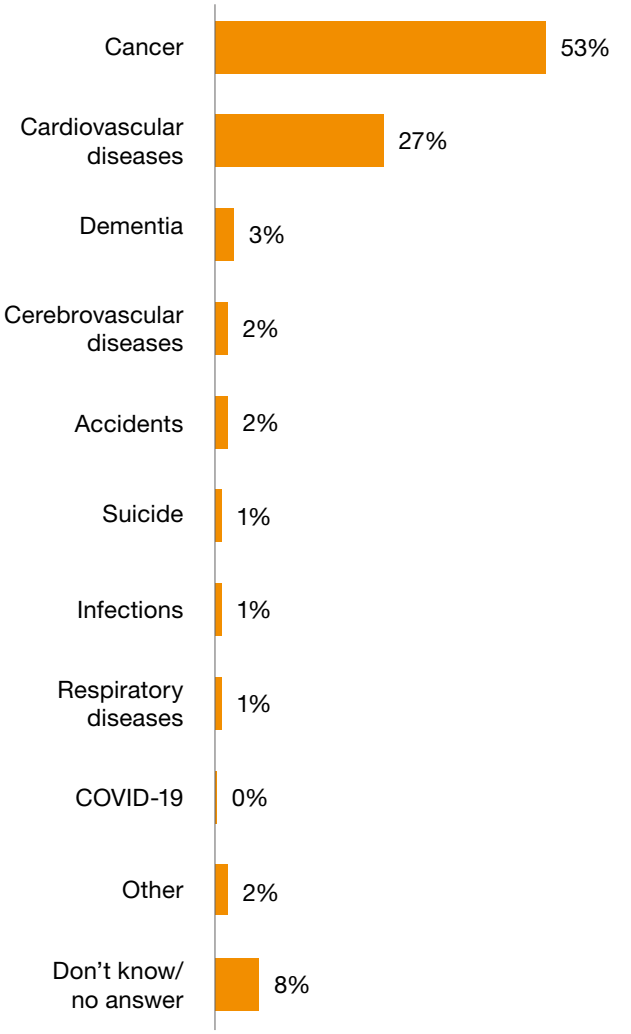


Figure 4: Perceptions about the most common causes of death in women are at variance with the actual data

[1] See also Specific causes of death, https://www.bfs.admin.ch/bfs/en/home/statistics/health/state-health/mortality-causes-death/specific.html, Federal Statistical Office, 2022.

Lack of awareness of women's symptoms

62% of female respondents knew that women don't have the same symptoms as men when they suffer a heart attack. Only 33% of male respondents knew this. When asked about known heart attack symptoms, both genders most frequently mentioned chest pain and shortness of breath, which are perceived as typical male symptoms (see Figure 5). Women often display other symptoms at the same time, such as back or abdominal pain, nausea or vomiting, which makes diagnosis more difficult. However, respondents had very little awareness of these symptoms.

Survey question:

To your knowledge, which of the following symptoms are signs of a heart attack?

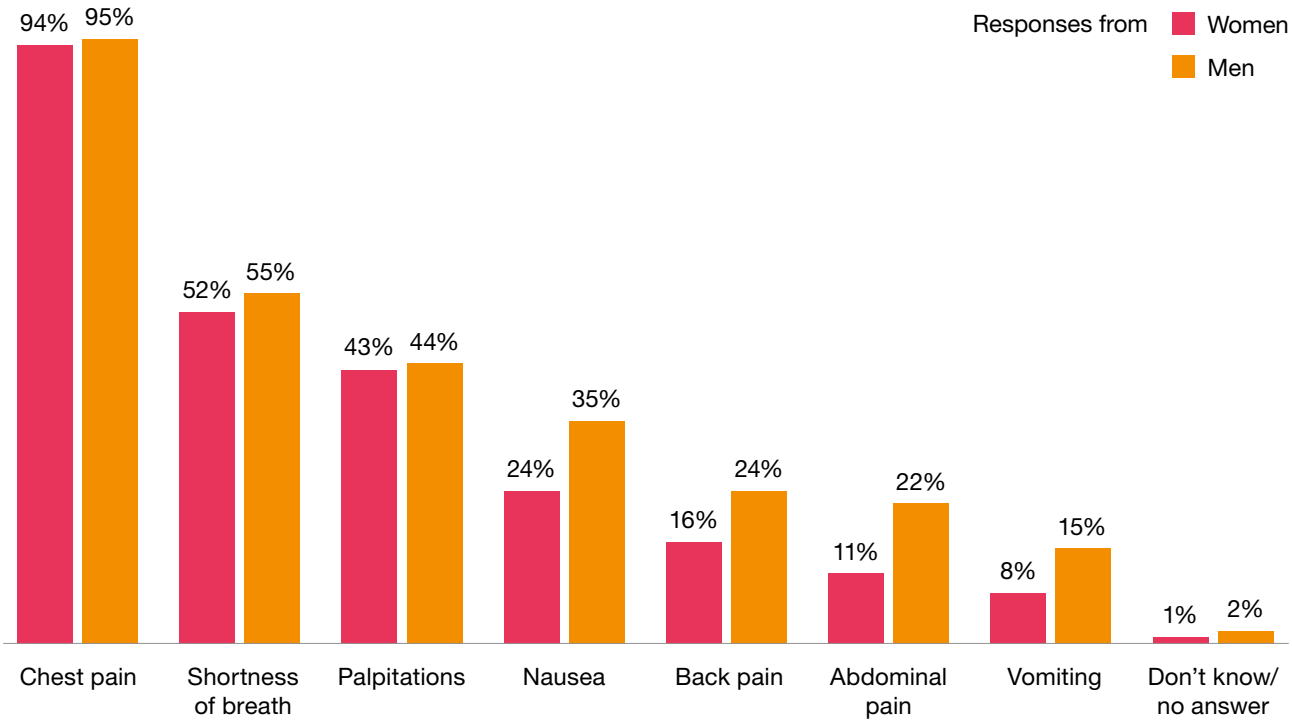


Figure 5: Heart attack symptoms that occur more frequently in women than in men are generally poorly recognised

The stigma of heart disease

In practice, the lack of awareness of gender-related symptoms often means that women delay seeking medical treatment. In the event of a heart attack, such hesitancy can be fatal or can lead to permanent heart damage.[2] Heart attacks are also seen as conditions that typically affect 'male executives', or indicate a lack of resilience and/or an unhealthy lifestyle. According to experts, this stigma also contributes to the fact that women who suffer a heart attack are less likely to share their experience publicly than women with breast cancer, for example. After all, they don't want to be the voice of a risk group to which they feel they don't belong.

Too little information

55% of respondents believed that insufficient information and guidance is available on how to prevent cardiovascular diseases. 61% of females surveyed, who considered themselves to be at-risk patients, stated that their doctor hadn't explained the symptoms of cardiovascular diseases to them. For male participants, this figure is 48%. Women are apparently less likely to be informed about the combination of symptoms of cardiovascular disease that are typical for women. Lack of awareness is the main reason why women often inadvertently delay seeking urgently needed treatment.

[2] See also Why women are more likely to die from a heart attack, https://www.nghs.com/2021/02/26/why-women-are-more-likely-to-die-from-a-heart-attack, Northeast Georgia Health System, 2021.



Interview with

Prof. Dr Catherine Gebhard

Prof. Dr Catherine Gebhard is a researcher and interventional cardiologist. Through her passionate commitment to research and medical care, she battles for heart patients every day – and fights for their survival. She talks to PwC about the causes and consequences of ignorance surrounding cardiovascular disease. And she tells us how the situation could be improved through a harmonised approach to gender-sensitive medicine throughout Switzerland.



PwC: According to our survey, 85% of respondents believed that cardiovascular diseases are typically male illnesses, even though more women in Switzerland actually die from them. Why do you think that is?

Prof. Dr Catherine Gebhard: The historical misconception runs deep. Heart attacks are firmly entrenched in literature, teaching and in people's minds as a typical 'executive disease' and 'male disease' involving lots of stress, an unhealthy diet and emotional pressure. There's a great deal of stigma surrounding this condition. That's why many women go to the doctor far too late, and certainly don't go public with it. Why would any woman want to have an illness that's seen as 'typically male' or be seen as having poor coping skills?

62% of the women we surveyed knew that the symptoms experienced by women during a heart attack can differ from those shown by men. But they didn't know which symptoms occur specifically in women. 66% of men were unaware of the differences in symptoms. What's your opinion on this?

These are shocking figures, but they're in line with my experience in practice. In women, the autonomic nervous system is more active during a heart attack. As a result, they often have symptoms such as abdominal pain, nausea and vomiting in addition to the well-known chest pain and shortness of breath. Understanding the risk factors for a heart attack is also particularly important.

“We healthcare professionals should join forces”

Hardly anyone knows – and I include doctors in this – that high blood pressure readings at the upper end of the normal range may be harmful in a woman, whereas they aren’t in a man. There are also risk factors for a heart attack later in life that only affect women, such as high blood pressure or diabetes during pregnancy as well as early menopause. If these factors were more widely known and better treated, many heart attacks in women could be prevented.

So the response is too slow at the moment?

That’s right. Unfortunately, women wait too long before they seek medical help. This can be fatal or result in residual damage to the heart muscle, in which case the affected person has to live with heart failure.

How can we change things?

Many cardiovascular diseases could be prevented or successfully treated by recognising the risk factors early on. For example, women who have high blood pressure during pregnancy have a higher risk of suffering a heart attack later on. Pregnancy is therefore one of the first points in time for preventive preparations, as it gives us a glimpse into a woman’s future cardiovascular health. If such risk groups were specifically educated and regularly monitored from a very early stage, many heart attacks could be prevented.

According to our survey, half of the respondents weren’t familiar with the term ‘gender medicine’. Are you surprised by this?

No. The term ‘gender medicine’ is often associated with the use of non-gender-specific language, unisex toilets or or matters related to gender identity. That’s why I personally prefer to talk about gender-sensitive medicine.

How has awareness of gender medicine developed in recent years?

Younger generations in particular can usually relate to the term. Gender-sensitive medicine is slowly being incorporated into medical degree programmes. A lot has already happened at the universities. For example, the first Chair of Gender Medicine in Switzerland was established at the University of Zurich this year. Through this professorship, the University of Zurich aims to anchor knowledge of gender-sensitive medicine in teaching and research.

In order for knowledge of gender medicine to be incorporated into everyday healthcare, doctors need to be trained and educated accordingly.

What’s the current situation in hospitals and GP surgeries?

Unfortunately, the topic is still barely addressed in medical care. It’s been known for decades that there are differences between men and women in the development and progression of diseases. Yet women are still not treated appropriately in cardiology. They’re under-represented in medical studies and female-specific aspects aren’t taken into account in treatment. Young women suffering from cardiovascular disease, for example, are less likely to be intensively examined and treated. What’s more, they’re admitted to an intensive care unit less frequently than men, even if they’re just as seriously ill. The risk of misdiagnosing a heart attack is many times higher in a young woman than in a man of the same age. Although we’ve set up further training programmes for gender medicine in Switzerland in recent years, we’re barely even reaching GPs in particular. They simply don’t have the time. So the little knowledge that’s available isn’t being put into practice.

You mentioned medical studies as being a weak point. In June 2023, the federal government launched the new National Research Programme ‘Gender Medicine and Health’ (NRP 83) with a budget of CHF 11 million. Is that not enough?

No. In medical research, CHF 11 million is a drop in the ocean. It means that large-scale drug trials aren’t possible. Mainly, it will enable the formation of a network of those responsible and the creation of an infrastructure for conducting basic, gender-specific research.

Where do you think the problem lies in Switzerland?

There are numerous valuable, individual initiatives here. But these aren't networked with each other. Gender-sensitive medicine isn't a national health issue in Switzerland, as it is in Canada or the USA, for example. There's also no large-scale awareness-raising on the subject, such as the American Heart Association's 'Go red for women' campaign or the global 'Movember' movement to combat suicide and testicular and prostate cancer in men. Both campaigns are equally supported by politics, business, academia and society.

What could be done to improve the situation? After all, cardiovascular diseases are the number one cause of death.

Firstly, Switzerland is very cautious about anything new. This can be an advantage, but in terms of gender medicine it's a great shame. Because, as a nation, we're so small that we could network effectively. Secondly, prevention plays a key role. A lot more awareness-raising work is needed, as well as training and further education programmes that address the issue.

We need an interdisciplinary approach in which all stakeholders pull in the same, preventative direction. This includes service providers, health insurers, pharmaceutical companies, universities, employers and, ultimately, the patients themselves.

What might an overarching approach look like in practice?

It would have to involve several key players. The pharmaceutical industry would need to examine how it could close the gender data gaps in clinical studies. In order to recruit more women, it could, for example, dispel their safety concerns, provide childcare, reimburse travel expenses and extend the recruitment phase, or invest more money overall in the survey period.

A first approach might also be to mention – in package leaflets, at least – what gender-specific information is available on the medication. Those responsible in hospitals should try to make sure that their employees close the gaps in their knowledge of gender medicine and allow time for appropriate further training. Health insurers could better inform their policyholders about the topic through targeted selection and provide more financial support for prevention programmes.

The government should create further programmes to promote research, teaching and awareness-raising of gender medicine among the general public. As I said, NRP 83 of the Swiss National Science Foundation is just the beginning.

43% of survey participants saw more opportunities than risks in the use of generative artificial intelligence in medical research. What are your thoughts on this?

We shouldn't close our minds to the use of generative artificial intelligence in medicine. But we must be aware of the dangers that it entails. After all, AI is only fed with data from the past. This means that its algorithms can't spit out anything new. So the gender data gap would persist.

What motivates you to advocate for gender-sensitive medicine in research and practice on a daily basis?

As a researcher, I'm interested in gaining an in-depth understanding of the complex mechanisms and causes of gender differences in medicine. As a doctor, I'm convinced that gender medicine saves lives and that we should make every effort to implement it in everyday clinical practice.



Personal background

Prof. Dr. med. Dr. sc. nat. Catherine Gebhard is Senior Physician and Head of Preventive Cardiology and the Women's Heart Centre at the University Hospital Inselspital Bern. She is also Head of the Gebhard Lab in Zurich. Prior to this, she worked for several years as an SNSF professor/senior physician at the University Hospital Zurich and Vienna General Hospital. She completed her specialist training in interventional cardiology at the Montreal Heart Institute in Canada and at the University Heart Centre, Freiburg-Bad Krozingen.



A quick look at generative artificial intelligence (AI)

Everything your heart desires? Not yet...

Generative AI is increasingly finding its way into medicine. It helps to speed up processes and – on the basis of big data – make more targeted diagnoses or develop effective and individualised treatment methods faster. But this emerging technology has a major challenge that makes its use in gender medicine difficult – at least for the time being.



Answers wanted

66% of Swiss CEOs from the healthcare industry (including pharma) believe that generative AI will substantially change their company's value creation in the next three years.[3] The benefits of generative AI are promising. For example, simple, repetitive tasks can be carried out easily and cost-effectively. This saves money, relieves staff, frees up resources for more demanding tasks and increases productivity. In view of the challenging tasks facing players in the healthcare industry, with exploding costs and a rapidly growing shortage of skilled nursing staff,[4] the integration of new technologies like generative AI inevitably belongs on the strategic agenda of such players, be they pharmaceutical or life science companies, healthcare institutions or health insurers.

Opportunities outweigh risks

Public sentiment on this topic is positive. 43% of survey participants saw more opportunities than risks with regard to the use of generative AI in medical research. Only one fifth felt that it poses more of a danger. For 26%, the opportunities and risks are in balance. Those who saw more opportunities expect the use of generative AI to lead primarily to more precise research and diagnostic results based on comprehensive data volumes, research into very rare diseases and a higher quality of treatment. The most frequently cited danger is undesirable developments due to incorrect conclusions.

Beware of one-sided training

The main concerns of the survey participants cast the spotlight on the biggest disadvantage of generative AI in the context of gender medicine – namely that generative AI is trained using data from the past. As explained, such data predominantly relate to males (see 'Gender medicine' chapter starting on page 6). The algorithms of an AI application therefore extrapolate current findings from the sickness behaviour of men for women, and may insufficiently take into account the gender-specific needs of women with a particular condition. This situation will not change until results from gender-sensitive studies are available as training data.

[3] See also the Swiss edition of the 27th Annual Swiss CEO Survey, https://www.pwc.ch/en/insights/ceo-survey/2024.html, PwC Switzerland, 2024.

[4] See also CNO Barometer, https://www.pwc.ch/de/insights/gesundheitswesen/cno-barometer-2023.html, PwC Schweiz und Swiss Nurse Leaders (SNL), 2023 (not available in English).



Interview with

Petronela Sandulache



Petronela Sandulache founded the Cordifio Women Health Association after her mother's fatal heart attack. She's using this platform to raise awareness of heart disease in women worldwide. In an interview with PwC, she explains why she's campaigning for women's cardiac health. And what else Switzerland as a nation could do to achieve this.

PwC: Ms Sandulache, how did Cordifio Health come about?

Petronela Sandulache: Five years ago, my mother died of a misdiagnosed heart attack that could easily have been avoided. She'd been suffering from abdominal pain and nausea for a few days. The doctor said it was probably due to something she'd eaten. The next day I received a phone call to say that she was in intensive care. I was abroad on business at the time and I arrived just in time to see her briefly. She died a few hours later.

I wanted to know how someone in relatively good health can simply pass away like that. So I delved into the field of gender medicine and discovered some astonishing facts about women's cardiac health – not just women of a certain age, but also younger women under 50. I just had to do something to help, so that more women don't lose their lives unnecessarily through lack of knowledge. That's why I founded Cordifio. Through the organisation, we want to raise awareness of the potential for misdiagnosis of heart disease in women. Female patients often display different symptoms than men.

What are you aiming to achieve?

Much loved mothers, wives, daughters, sisters, acquaintances, work colleagues, neighbours and friends should no longer be torn from our lives unnecessarily. Our motto is "Let's make hearts beat longer! One heart at a time!". We want a healthcare system in which everyone has equal rights and is taken seriously. This means medical care in which diagnoses and treatments are tailored to gender-specific differences. Our drive and our hopes are based on the realisation that 80% of premature heart attacks and strokes are preventable.

What exactly do you do at Cordifio?

We don't need to reinvent the wheel, we just need to ensure that the focus is correctly directed towards female-specific symptoms and risk factors. Our long-term vision is to develop a digital health platform that focuses specifically on women's cardiac health. This is the only way we can advance prevention and precision medicine, at least at the population level. The general public doesn't know enough about this huge problem. That's why Cordifio offers education and awareness-raising events in the form of presentations, webinars and workshops. Our vision is to effectively educate not only the population in general, but also companies and their employees about atypical symptoms and risk factors that are specific to women. In this way, we can prevent misdiagnoses and save lives. After all, knowledge is power. To this end, we bring together experts from different disciplines and allow survivors to talk about their experiences. This provides interested parties with validated medical information and first-hand experience.

Why is the lack of knowledge so widespread?

Because far too little money is invested in prevention, awareness-raising and, ultimately, in research into cardiovascular diseases in women. When we talk to survivors, they can't understand that there are huge gaps in knowledge, even in the medical field. Heart disease costs more lives each year than all types of cancer combined. Not enough information is being shared. Many have only survived because there happened to be someone present who knew something about gender medicine. There's a substantial lack of corresponding studies and data sets on gender-specific disease progression and medication.

What do you think education and knowledge sharing can achieve?

A time advantage. If you recognise risk factors and signs and interpret them correctly, you can react promptly – and save your own life or the lives of others. There's still a lot of catching up to do, even in medical circles. Worldwide, up to 50% of women who suffer a heart attack are misdiagnosed. It's a fatal irony that, even though heart problems tend to be labelled as a 'male disease', women are more than twice as likely to die from a heart attack.[5]

You've travelled a lot and had a multicultural upbringing. What could we in Switzerland learn from other countries?

How to generate nationwide awareness of an issue. For example, National Wear Red Day 2024 took place on 2 February 2024 in the UK and the USA, and on 13 February 2024 in Canada. On that day, women and men across the country literally took their awareness of the importance of cardiac health among women to the outside world. In those countries, numerous prominent personalities are lending their voices to the cause and donating huge sums of money so that more research can be carried out. Campaigns like these trigger a valuable viral reaction with a corresponding domino effect.

What other ideas could be put into practice here in Switzerland?

Employers could integrate the issue of heart attacks and strokes into their management courses and further training programmes. Or they could organise a 'Wear Red Day' to raise awareness of the issue among their employees. Especially in globally active companies, the message would multiply and reach the people who need to understand it: the middle-aged population. After all, female employees are a hugely important resource for companies and they want to look after them. Schools could also organise a Women's Heart Day and could set up a first-aid course and practise emergency scenarios.

Children and young people are generally more sensitive to change and often recognise the first signs of threatening situations earlier than we do as adults. And why not introduce a Women's Heart Day in Switzerland?

What has Cordifio changed in your life?

Everything. After the loss in my own family, I asked myself some big 'why' questions. Why are we here? Why are we given a life and what do we do with it? I used to focus mainly on my career: interesting jobs, business trips around the world, lots of responsibility. These days, I'm more concerned that my work has meaning and that I make a positive contribution to society. And I always try to see the good side, because after all, optimism is good for the heart isn't it? And, while we're being optimistic, I'd like to invite you to support our project with words and deeds so that we can save lives together – One Heart at a Time!

"Even though heart problems are considered a 'male condition', women are more than twice as likely to die from a heart attack."

Personal background

Petronela Sandulache is the founder of the Cordifio Women Health Association, a nonprofit organisation with a clear mission: to promote equality in the healthcare system. Through early detection, education and prevention of heart disease, Cordifio aims to raise awareness among women and men and motivate them to help themselves. Petronela Sandulache holds a degree in Business Administration and a Masters in International Management from the University of Sydney and the London School of Economics. She recently completed the Entrepreneurial Leadership and Technology Ventures programme at ETH Zurich. Before founding Cordifio, she worked as Head of Innovation Predevelopment in the automotive industry in Germany and as Innovation & Disruption Strategy Manager at PwC Australia.

[5] See also Women more likely to die after heart attack than men, https://www.escardio.org/The-ESC/Press-Office/Press-releases/Women-more-likely-to-die-after-heart-attack-than-men, European Society of Cardiology (ESC), 22 May 2023.


Caregiver Lounge
Down to 3N
Restrooms

Female Leaders in Health and Pharma

With the ‘Female Leaders in Health and Pharma’ network platform for female managers, at PwC Switzerland we want to strengthen the position of women in the healthcare industry. We bring together female leaders from various healthcare professions, the pharmaceutical industry, life sciences and the insurance industry – both digitally and in person – so they can exchange ideas and network.

We do this because the interdisciplinary interaction of all healthcare industries creates an understanding of common challenges and provides impetus for integrated solutions. In this way, we’re committed to a strong future for the Swiss healthcare system.

More at: **www.pwc.ch/female-leaders**



Looking ahead

Into the future with hand on heart

Healthcare professionals know that gender-sensitive differences exist within various diseases. Fortunately, they're already doing a lot to address the challenge that this presents. Researchers and the pharmaceutical industry are adapting their study designs and increasingly closing the gender gaps that exist. Universities are setting up professorships for gender medicine. By doing so, they're driving forward the integration of gender-specific aspects into medical training. Both those responsible for medical care in hospitals and doctors in private practices are strengthening their own understanding in order to provide gender-specific treatment. And health insurers are increasingly offering their policyholders gender-segregated services or addressing gender medicine as a topic area.

However, this rethink remains very much in its infancy and there's still a lot for the players in the healthcare sector to do, such as addressing gender medicine topics more consistently in specialist training and education. Further training courses on gender medicine could be made compulsory for (general) practitioners. What's more, healthcare stakeholders should focus more on prevention. After all, more knowledge could help when it comes to recognising risk factors earlier on, addressing them in a targeted manner and preventing illness. At PwC, we contribute to finding solutions. In order to help close the gaps in gender medicine data, we're developing AI-based applications that standardise health data, identify patterns of gender-sensitive differences and make these findings usable for medical care.

Finally, more work is needed in the area of education. Gender-specific prevention and awareness measures could reduce disease rates and save healthcare costs. Large-scale campaigns should appeal to everyone: patients, healthcare professionals, pharmaceutical companies, researchers, health insurers and, ultimately, the general public. They can all help to make sure that the healthcare system takes greater account of biological, social and cultural differences between the sexes. However, this will only succeed if political changes take place at the same time.





Survey design

The data for this survey was collected in January 2024 using an online questionnaire. A total of 1,573 people aged between 18 and 79 in German-speaking and French-speaking Switzerland were surveyed, of whom 1,050 were women and 523 were men. The survey participants were recruited by telephone from a panel of 115,000 active members. The results were weighted according to age group, gender and region in order to reflect the actual ratios in the population.



Thank you!

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