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Comment

For men's problems, we need a women's approach: equality in treatment care planning

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The recent COVID pandemic has revealed some hard truths about where some of the men's health's problems stand in the 'pecking order' of government priorities.

With the threat of our health system being overwhelmed, strict elective surgical restrictions were enacted to help preserve precious personal protective equipment (PPE), limit exposure of patients and staff to potential infection, and ensure that intensive care unit beds were not being used for non-urgent cases.

The above measures, coupled with social distancing measures, allowed our health system and our population in general to manage the pandemic that was causing havoc around the world. About 3 weeks after the tight restrictions were passed, the government began to allow certain category 3 procedures to be undertaken [1]. There were only seven types of category 3 procedures mentioned, two of which specifically had a female bias. The first was allowing *in vitro* fertilization (IVF) procedures and the second was post-cancer reconstruction, with a specific example given of breast reconstruction. The authors are urologists from every state in Australia, who often deal with serious quality-of-life-related problems in men, and we felt there was a notable absence with respect to male-related problems in the government media release.

We believe that allowing patients to undergo IVF procedures is important and we support this measure by the government. In 50% of infertile couples, a male factor is the main cause or a significant contributor to the couple's infertility – a fact *not* commonly known – especially amongst policy makers [2]. Therefore it is important to realize that various sperm retrieval procedures are frequently performed as an adjunct to the IVF process. Similarly, a vasectomy reversal may allow a couple to avoid IVF altogether and may be more cost-effective too [3]. There are many steps to the IVF process, often including multiple procedures for the woman, and significant cost factors to be considered for the couple. Each of these procedures involves PPE usage and exposing the patient multiple times to healthcare facilities and to healthcare workers. The vasectomy reversal is a one-off day-case procedure and potentially allows a couple to conceive naturally without the other medical risks (be they small) to mother and child that may be associated with an IVF cycle. On this note, it would have been more appropriate for the government to have stated that *reproductive services* are allowed, including IVF-related procedures *as well as vasectomy reversals*. Whilst many health services and hospitals interpreted the policy in this way, i.e. reproductive services for both genders, and did allow vasectomy reversals to take place, the process was often very involved and time-consuming to allow this to occur. Furthermore, even the IVF procedures related to men, such as sperm retrieval, were not automatically accepted by some health services.

Akin to the IVF procedures being more appropriately categorized as 'reproductive procedures' to encompass both genders, the examples given for post-cancer reconstruction should have also included male-related cancer reconstruction operations. Instead of just using 'breast reconstruction' as the stated example, urinary incontinence devices such as slings, artificial sphincters and penile implants for erectile dysfunction post-cancer treatment should have been stated too. Although urologists and most health services appreciated that these procedures did fall under the banner of post-cancer reconstruction, the process for these types of operation to be undertaken was far from streamlined, which we are sure was not the case for breast reconstruction operations as these were clearly stated as permitted by the government.

We fully support the notion of cancer survivorship – maximizing quality of life for all patients who have been diagnosed and treated for cancer – including women and men. But in fact more men than women are diagnosed and die from cancer in Australia [4]. While treatments for cancers continue to improve both in efficacy and in limitation of side effects, certain cancers by their nature and location can cause major impacts on a patient's quality of life as they need radical treatment.

It is important for governments to realize that loss of sexual function is not uncommon in men following pelvic cancer surgery or radiation, which may lead to significant deterioration in quality of life in some men. There is no tangible government recognition of this. Even pre-COVID, no funding existed for any type of sexual therapies – not even

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for simple medicines such as phosphodiesterase-5 inhibitors [5]. From a surgical perspective, for men with erectile dysfunction who do not respond to medical therapy, penile implants remain a valid and effective treatment option which can dramatically improve a patient's and indeed a couple's quality of life [6]. Similarly, urinary dysfunction, including bothersome stress urinary incontinence, although significantly improved after treatments such as pelvic floor physiotherapy, may remain in a small yet significant percentage of men, with no medical therapy available.

When it comes to health promotion and advocacy of these problems, however, we really do need to learn some lessons from our breast cancer colleagues and fight harder for equal access to functional reconstructive surgery. For instance, more than 10 years ago, the Breast Cancer Network Australia successfully lobbied the government to introduce an External Breast Prostheses Reimbursement Programme for women who have had breast surgery as a result of breast cancer.

We acknowledge the tremendous work of many organizations in Australia and New Zealand that have raised the profile of cancer care in men. However, we feel a more coordinated approach towards the quality-of-life-related issues that many cancer survivors face is needed to ensure that the significant problems that men face are given the equal level of advocacy they deserve. Some men may feel that a focus on women's survivorship issues may mean that men's post-cancer problems are 'not as important', further compounding mental stress and suffering.

Men, in general, have higher morbidity and disease burden, with greater vulnerability due to poorer access to healthcare services and lower health-seeking behaviour compared to women [7]. Perhaps this media release related to elective surgery from the government was a 'call to action' from those involved with all aspects of men's health to publicize and advocate for these important male cancer survivorship problems. The goal should be that whenever there is consideration for funding, waiting list priorities or similar, male and female sides of the survivorship equation should be considered, promoted and advanced equally.

Conflict of Interest

Dr Love reports financial support from Coloplast P/L, not included in the submitted work. All other authors have nothing to disclose.

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