ease. The patients who are better suited than average for surgery and those who are better suited for angioplasty can be identified at the time their initial therapy is selected.

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Access to Health Care for Women

To the Editor: Miles and Parker (Jan. 16 issue)[1] show that women's access to health care depends crucially on their intimate and political relationships with men. Adequate access to health care for women requires that they be married to men who do not abuse them or that they have well-paying jobs, hold public office, or occupy other positions of power, access to which is impeded by institutional biases in favor of men.

Among the many ways in which men are unfairly favored by public and private health insurance companies is the practice of charging women substantially more for individual coverage because of the "extra" costs incurred by their use of obstetrical care, primary care, and mental health care. Insurers, like many others, tend to treat the male body as the norm and, hence, the basis for policy.[2] Women's bodies are treated as the exception. This approach explains, in part, why most health maintenance organizations do not consider obstetrical and gynecologic care to be primary care. As a consequence, women are required to get a referral to a specialist (i.e., an obstetrician-gynecologist) for what constitutes primary care for women. And because the copayments for primary care are generally lower than those for care provided by specialists, women's out-of-pocket costs for routine services by obstetrician-gynecologists tend to be higher than men's costs for comparable primary care provided by internists.

The medical research community has been accused of taking the male body as the norm by excluding women as subjects in medical studies.[3,4] The response was to enroll more women in clinical trials, but there has not been much effort to attract more women to the field of medical research so that they can help set the research agenda. Not only must more women be insured adequately, as urged by Miles and Parker, they must also be recruited to participate at the upper levels of health policy making. Until then, this depressing state of affairs can be expected to continue.

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