EDITOR'S CHOICE

Men's sheds, women's vaccines

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Des Spence unwittingly sets the scene in his column on "the gender agenda" (doi:10.1136/bmj.d7753). In a swift paragraph he summarises much of the burden of a big report on men's health in the European Union: men die younger and don't consult doctors much. He then goes on to argue that much of women's higher use of healthcare results from iatrogenic harm, cynically promoted by medical corporations: "Although women live longer, women's health is being eroded every day by modern healthcare. The equality agenda is superficial and simplistic."

The big report on men's health in the EU, summarised in this week's Analysis article by Alan White and colleagues, is far from superficial or simplistic (doi:10.1136/bmj.d7379). The authors rehearse the familiar problems of earlier deaths, unhealthy lifestyles, and low uptake of services. But they show that the health gap between men and women varies widely (being worse in eastern Europe and among men in poorer social conditions), which suggests that the differences are not immutable. The authors want action in schools to challenge harmful gender stereotypes and describe initiatives in workplaces that help men access health services. In his accompanying editorial Gregory Malcher also commends work as a place for health services that men are likely to use—and the usefulness of "men's sheds," community based places for men to learn health literacy alongside practical skills (doi:10.1136/bmj.d7054).

Another editorial reminds us that the same concepts of "masculinity" that damage men's health also damage women's (doi:10.1136/bmj.d5712). Janice Du Mont and Deborah White cite the billion women worldwide who have been beaten, coerced into sex, or otherwise abused in their lifetime. Taking

their cue from a book by two American journalists, they argue for a moral and political campaign to end such oppression: "the focus should not be solely on women as victims ... but also on cultures of masculinity through which the unjust balance of power is generated."

On a much smaller scale, Phil Hammond outlines how such campaigns can work in his account of trying to get the NHS to use a different human papillomavirus vaccine (doi:10.1136/bmj.d7779). The campaign has just succeeded: the NHS is switching to Gardasil (which protects against both HPV types 16 and 18 and genital warts) from Cervarix (which didn't cover genital warts) (doi:10.1136/bmj.d7694). Hammond describes the telling facts (63% of sexual health professionals with teenage daughters had paid privately for the multipurpose vaccine instead of accepting the free single purpose one) and the emerging evidence (Australia, which adopted Gardasil from the outset, has seen a dramatic fall in genital warts). So he's pleased about the NHS's change of policy—and now wants the vaccine extended to young homosexual men.

Finally, we have a campaign of our own to support. This year's *BMJ* Christmas appeal is for the charity Lifebox, which aims to make surgery safer by getting a pulse oximeter in every operating theatre in the world (doi:10.1136/bmj.d7773). Atul Gawande, chairman of the Lifebox foundation, explains how the charity grew out of his work on the WHO surgical safety checklist; how it commissioned a cheap reliable oximeter costing £160; and how it is distributing it (in some cases along with training) to developing countries.

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