



**Millennia2015 International
seminar 2011
Séminaire international 2011 de
Millennia2015**

**Foresight analysis of the 37
variables of Millennia2015 +
Session Women and eHealth
Analyse prospective des 37
variables de Millennia2015 +
Session Femmes et eSanté**

21 November 2011 - 9h00-17h30
Salle Vendôme, Ecole des Mines - Paris

Processus de
recherche
prospective et
conférences
internationales

Liège 2008
Paris 2012
New York 2015

***WeHealth session: Women and Telemedecine
Arletty Pinel - CEO Genos Global (Draft)***

Arletty Pinel is a researcher on eHealth and telemedicine at the University of Panama.

I was laughing with Mateja for something about being surrounded by all these males because I started my career in a urology department and my responsibility was to advise the urologist when to cut and when not to cut off a penis.

I think that is probably called karma nut in all the companies where I worked I have always been surrounded by male and I started working on sexuality but with HIV/AIDS. All this is tended to be a very interesting dichotomy, on one hand most of the healthcare professionals was female but they were in lesser positions, they were considered as the nurses, the nurses aid the mothers who caring the children. On the other hand, there were the doctors. There was a different power relation over the rest of the health workforce.

I think this first element made me start thinking really young about what is so different about education? Even in countries in Latin America where you have many women coming into the medical field, you still have a very distinct gender relation not equitable. I started working with education very early young. I got more interested in technologies thanks to the training sessions about HIV/SIDA that I was giving to teachers. At that time, we didn't have internet but videos cassette, we have the national television and other things.

Education, a top priority for eHealth

15 years ago I was working in an organization in Washington DC and I wanted to use the African virtual university that was starting to deliver 8 programs at a worldwide level. And my boss who comes from Ghana tells me I was totally crazy. Of course, yes that is true but my craziness for him was that you couldn't download one page because the internet was too slow so how was I going to think about satellite based trainings? That's precisely a gap to jump. You have to be bold and jump certain things. Of course that never happened and when I had the liberty to be able to do this I was looking at

two things: one of them is education, going back to the idea of most of the healthcare professional being female and yet most women do not participate in technology so how in the world do we think that we can successfully implement telemedicine, eHealth, programs targeting people in the healthcare unit if most women do not have access to learning and teaching about technology? Nevertheless, once they have access to appropriated technologies, women are the ones who learn the most rapidly.

So what is it? I think that a couple of things are preventing them. One of the things is our own prejudice, our own values that are actually not being able to promote the values of technology among women, as part of the values of a woman and just recognize certain things that women do very well.

Another thing is about the learning that we use. Looking at the bunch of courses you can see that it is about learning architecture about eHealth, medical mathematics and whatever and what the common points in those courses are: firstly, they are designed for male brains, they are not designed for female brains. Everything is like black and white, black and white, black white, there is no grey, no blue, no green. They are very straightforward, very concrete; they are not very user-friendly, not very applicable.

Another thing that I see is in the delivery of these courses: many of the delivery of these courses are very male oriented; you sit down in the class in front of the computer, you do the exercise but who cares that you have a child you have to pick up at school. So the timing of this formal delivery is not very women oriented. And that is something I see along the line. I see it in Latin America, in US, in Africa or in Europe.

A couple of other things have also attracted my attention. When technology really picks up, when eHealth really picks up, it picks up because you are building a social capital. Technology in itself cannot do it, you need a human network, and I think that that was mentioned before, so you need to use technology to create social capital, to strengthen social capital, to recreate social capital and this is skills that women can have distinctively. Looking at women in the healthcare industry you see in relationships nurses have with their patients the social is essential. They create a social capital with the patient, with the family, with the workplace usually a feminine one. We need to bring the social capital in the front; it needs to be taken as a serious element in the health workforce development because it must not be an appendix.

And there is a last thing I would like to talk about but just before let me evoke the beautiful example that you (Marie-Anne Delahaut) have talked about this morning and about which I have been twitted: you were talking about intergenerational learning and the way that you phrased it and the emotion tone used to talk about intergenerational transmission was so beautiful and this was because a woman was talking with a mixture of the intellectual and emotional elements, it about caring for the next generation not just that giving the next generation knowledge.

Legal and ethic aspects of eHealth

And the last thing I would like to say is about legal and ethic aspects of eHealth. I was fascinating about Mateja story in the Amazon since I lived 18 years in Brazil but I was going to ask you about the legal element of you being a non registered physician in Brazil providing medical care and I love to think about what we do in healthcare and that is promoted by eHealth because it a global element.

Regarding the issue of legal and ethical grounds of eHealth and who is accountable, when something goes wrong and all these things, that is an element that needs more attention from a gender perspective. Health that is a predominately populated by the male way of thinking, technology that is predominately populated by the male way of thinking and legal and ethics are predominantely populated by a male way of thinking but in order to be able to really advance in women and eHealth, I think we have to take gender and really shake it up to build a strong and practical force.

Transcription: Coumba Sylla