Introduction

Every doctor, as well as any other medical professionals, is obliged to help a human being who need of medical help. It makes it humanistic. In the abstract of this paper, noted that there is a branch of medicine where the situation is little different. It is gynecology. The meaning of part of the sentence “where the situation is little different” does not refer to the fact that doctors, but also other medical professionals, do not want to provide medical assistance to women. That part of the sentence refers to - female patients. Since gynecology deals with the treatment of the most intimate parts of a woman’s body, it is understandable that female patients are uncomfortable talk about them. Especially in situations where a woman is an elderly patient and a doctor is a younger age. This is one of the reasons why women are more likely to be entrusted to female doctors. Diana Hamilton-Fairley, MD [1], says how about 70% of women prefer to be looked after by women doctors. This is understandable and if staff ratios allow, this should be attended to.

Health care

How is the health care of special importance for the community and society, the state government usually administrative, legislative and economic measures regulating relations between citizens-insured and health care workers, especially in matters of market relations, so that the most frequently speaks of directed oil market [2]. Health care must be continuous which implies a continuing health care for all ages. In this system of health activities should be coordinated with each other and connected [3]. It is very important in the health care of children because it is precisely in this segment of protection can be seen that only one form of protection can make a positive shift. The improvement of health care involves a number of medical disciplines and sectors to ensure the comprehensiveness of health care for all citizens of the state.

Health

Health, as well as socio-economic categories, includes in itself the interests of individuals and the interests of society. The relationship of the individual and society towards health history is changing. The nearby village of past health, its protection and improvement were considered individual care and private interests of the individual. Today, however, about the health of almost all over the world speaking as an important public interest, a significant factor of economic and social security and the essential components of economic and social wellbeing. The right to health is programmed as one of the fundamental human rights. This evolution of understanding and treatment of health is a reflection of changed social and economic relations in the modern world [4]. Therefore, here it must be emphasized that in every country health legislation reflects social conditions, general legislation and current health policy and also provide guidance for the organization and management of health services [5]. On the other hand the state of public health and health care directly affected by many other laws except those in the field of health.

With technical progress in medicine on the one hand and extending health insurance to all levels of society on the other hand are connected to the rising cost of maintaining an efficient health care system. Limiting the fixed assets and increased economic responsibility of medical professionals impose relation doctor-patient model contract. Doctor
ensuring of arbitrary interpretation of its responsibility, and
the patient becomes aware of the limits of service that gets
the contract. Notwithstanding the necessity of restructuring in
health care, the most painful part of the financial reduction,
especially in the Croatian health care, that the administrative
procedures reduces the time devoted to patient doctor. You
can professionally and morally to be a good doctor and have
an innate sense of communication with patients, i. e. be
charismatic doctor, but if the patient does not dedicate enough
time, you become anonymous authority, creating uncertainty
and mistrust of the patient. This course has a detrimental
effect on the very doctor because gets the feeling that forced
becomes superficial and insensitive [6].

It should be noted that each patient or the patient has
certain rights under the Law of Protection of Patients’ Rights in
accordance with which it is obliged to act all medical staff [7].
This law, in fact, talk about the possibilities that the disposal
of each patient, related to its decision on the method and
progress of treatment. For the implementation of a patient’s
desire to keep in mind the cultural differences. The biggest
problem that can occur, and it relates to cultural specificities,
refers to the impossibility of discussing death, i. e., talk about
death in certain cultures taboo, and this issue is avoided. And
although cultural differences may be highly expressed in some
patients, to avoid over-generalization. The case of each patient
refers to the impossibility of discussing death, i. e., talk about
death in certain cultures taboo, and this issue is avoided. And
although cultural differences may be highly expressed in some
patients, to avoid over-generalization. The case of each patient

Contraception

In the world exist several models of contraception, and
their application depends, above all, on the choice of women.
The ideal contraceptive would be 100% effective, free of all
side effects, completely reversible, and independent of sexual
intercourse [9]. It would also be inexpensive and easily available
without the need for medical or nursing involvement. No such
contraceptive yet exists and all the currently available methods
involve some degree of compromise. For some couples, the
prevention of a pregnancy may not be the most important
consideration and they may therefore be content to use a
less effective contraceptive that has the advantage of fewer
side effects. It should also be remembered that some forms of
contraception may not be acceptable because of cultural or
religious beliefs.

Reproductive health

Reproductive health is a state of complete physical, mental
and social well-being and not merely the absence of disease
or infertility, in all matters relating to the reproductive system
and to its functions and processes [10]. Reproductive health
therefore implies that people are able to have a satisfying and
safe sex life and that they have the capability to reproduce and
the freedom to decide if, when and how often to do so.
Implicit in this last condition are the right of men and women
to be informed and to have access to safe, effective, affordable
and acceptable methods of family planning of their choice, as
well as other methods of their choice for regulation of fertility
which are not against the law, and the right of access to
appropriate health-care services that will enable women to go
safely through pregnancy and childbirth and provide couples
with the best chance of having a healthy infant.

The female reproductive system

A woman’s contribution to reproduction begins with her
eggs (ova), which are contained within her ovaries, two small
organs on either side of the lower pelvis [11]. A woman’s ovaries
are formed while she is still a fetus, during her mother’s first
trimester of pregnancy. The ovaries of a six-month-old fetus
already contain millions of potential eggs, known as germ cells.
Some of these germ cells will eventually develop into eggs;
others will dissolve and be absorbed back into the body. A baby
girl has 2 to 4 million germ cells in her ovaries; a girl at puberty
has fewer than half a million. A woman who never becomes
pregnant and has regular periods until she reaches menopause
will have produced 300 to 400 eggs over her lifetime. The rest
of the germ cells will be reabsorbed into her body.

The desire for parenthood

While a number of couples use different methods to limit
their fertility and prevent new life, on the other hand a number
of them - and it is constantly growing - has only one desire: to
acquire own child [12]. To accomplish this desire them no price
is too high. Own desires, social pressures, as well as scientific-
technical optimism and promises of reproductive medicine
encourage them to constantly new attempts. The results do not
remotely monitor all efforts, suffering and expenses incurred.
Some of today’s conventional medical methods are, morally
speaking, problematic and contrary to human dignity.

The acceptance of the technical capabilities may at first
glance mean relief and re-gaining control over the problem
of infertility and their own bodies, and thus of life plans. In
reality, such a decision is an admission of its own helplessness;
control over the body entrusted to experts. For the person it
means subjecting extensive tests, the control of hormones,
the daily blood tests, ultrasound scans, hospital stays for
taking eggs or expressed words of one directly affected
person, “… the constant hopes and fears and in
infinitely many disappointments”. This regime shall be subject to the overall
life of the person concerned, and often the spouse. So much
investment of time to solve the problem of infertility is lack
of time for other areas of life, profession and social relations,
even among the married and cohabiting partners.

Medically Assisted Insemination

Medically assisted insemination means biomedical
procedures to heal proven infertility of one or both partners
and the application of modern, scientifically proven biomedical
achievements enables connection of male and female gametes
to achieve pregnancy and childbirth [13]. Methods of medically
assisted insemination is now treated 70 – 80 % of all causes
of infertility. Apply only when all other methods of infertility treatment proved unsuccessful.

The right to medically assisted insemination are of legal age and legal capacity of women and men who are married or in common-law and that due to the age and general health condition capable of parenting a child [14]. The right to medically assisted insemination has adult, legally capable woman who does not live in marriage, common-law or same-sex unions, whose previous fertility treatment proves unsuccessful or hopeless, and that is due to the age and general health condition capable of parenting a child. The right to medically assisted insemination and the person who has the decision on deprivation of legal capacity is not restricted to making statements concerning personal status. The right to medically assisted insemination at the expense of the Croatian Institute for Health Insurance has a wife normally until they reach 42 years of age. The doctor who performed the procedure medically assisted reproduction, for particularly justified for health reasons may allow the right to medically assisted insemination and a woman older than 42 years of age.

Abortion

In many jurisdictions, abortion has been, or continues to be, prohibited unless legal exceptions apply [15]. A notable exception to this approach can be found in the United States, where women have a constitutional right to privacy that encompasses the right to terminate a pregnancy (at least until viability, when the state's interest becomes compelling). However, in many jurisdictions where no such right is recognized, lawful abortion has historically been tethered to assessments of the danger posed by the pregnancy to the life or health of the woman. Although this “maternal health” exception has been interpreted as broad enough to encompass abortion for serious fetal abnormalities, some jurisdictions have created a distinct exception to permit abortion to avoid the risk of “serious handicap.” The impetus for such an exception has resulted from the tremendous recent advances in prenatal diagnosis. Although such advances have enabled these abortions to take place earlier in pregnancy, they have also enabled doctors to detect serious conditions only diagnosable later in pregnancy. Because these abortions sometimes occur after viability, arguments about “serious handicap” as a regulatory concept tend to converge upon arguments about the status of the fetus as birth approaches.

Legally induced abortion represents a medical service that, for example, in the Republic of Croatia provides in health institutions within the national public health system, and in private medical institutions which provide their services on the market of medical services [16]. Whether there is a medical institution of the state system or a private institution, the cost of a medical procedure abortions are not covered by health insurance, but they should be paid from personal funds. This fact clearly shows that this is a medical service that was provided to women for financial compensation and therefore falls within the scope of legislation regulating relations in the market.

Citation: Franjić S (2018) Woman as a gynecological patient. J Gynecol Res Obstet 4(1): 001-004. DOI: http://dx.doi.org/10.17352/jgro.000047

Woman as a patient

The patient is a person who need of medical assistance [17].

With this definition does not require additional explanation, but it should be told that every person has the right to health care and the prospect of achieving the highest possible level of health in accordance with the provisions of the health law's. Here is a particular emphasis on the principle of availability of healthcare, which say that medical professionals should be treated equally to all patients who need medical assistance.

Patient in fear of his health, concerned about the outcomes of his illness, is often afraid to ask any questions to a doctor, even though he wants to know everything. Everyone in the illness is expected to communicate the truth in an appropriate manner and offer the possibility of another opinion before making the decision and giving his consent for some medical operation or medical procedure.

In order to be able to decide and actively participate in making a decision and to give consent or to refuse a procedure, the female patient must be fully informed of her health status. The doctor must inform her in an understandable way about the available options for the necessary examinations, about the possible ways of treatment as well as about a possible outcome. The doctor must inform her with all the benefits of the offered opportunities and with all the risks of the examination and the procedure, and with all the possible difficulties if the patient give up of the proposed examinations and interventions.

Conclusion

Contraception, the desire for parenthood, medically assisted insemination, abortion are just some of the important issues in the area of gynecology that women are reluctant to talk about because they are extremely personal issues that sometimes overwhelm their intimacy. Health, but also reproductive health, are important issues not only for women but for society as a whole. Because of this, they have become the subject of studying a series of scientific disciplines that are, each in their own way, related to medicine and gynecology. These are law, sociology, philosophy, ethics and others. A woman as a gynecological patient on these issues should be discussed first and foremost with her gynecologist because she will receive a professional health advice on further treatment for the preservation of her reproductive health. Modern medicine has made a huge contribution to addressing these issues because today's most modern scientific cognitions is in using. When considering the social and humanistic aspects of this issues, it is also important to emphasize the existence of a religious component that has a significant influence on society. The attitudes of the church are not negligible, but should be said to be unequal, which means that different confessions also have different views on these issues.

References

1. Hamilton FD (2004) Lecture notes on obstetrics and gynaecology, Second edition, Blackwell Publishing, Malden, Oxford. Link: https://goo.gl/9bt2mN
2. Jakšić, Želimir; Kovačić, Luka (2000) i suradnici: Medicinska naklada, Zagreb, 2000. Link: https://goo.gl/rR2DNS

3. Šveš, Ivo; Grgurić, Josip: Školska knjiga, Zagreb, 1996, pp. 9. Link: https://goo.gl/hs3kzc

4. Jakšić, Želimir (1989): (Practicum II), Medicinski fakultet Sveučilišta u Zagrebu, Zagreb.

5. Kovačić, Luka (2003) Medicinska naklada, Zagreb, 2003.

6. Talanga J (2006) Bogoslovska smotra 76.

7. Sinisa Franjic (2015) Medicine, Health and Bioethics Today and Tomorrow. International Journal of Biomedical Science and Engineering. Special Issue: Medical Law, Health Law and Bioethics as an Imperative for a Better Tomorrow. Link: https://goo.gl/6oJi1h

8. Šamija, Mirko; Nemet, Damir (2010) Medicinska naklada, Hrvatsko društvo za hematologiju i transfuzijsku medicinu, Hrvatsko onkološko društvo, Zaklada Onkologija, Zagreb.

9. Dutt, Trevor P (1999) Matthews, Margaret P.: Cavendish Publishing Limited, London.

10. Dickens BM; Cook Rebecca J., Kismondi E. (2003) Reproductive Health – Case Studies with Ethical Commentary. UNESCO Chair in Bioethics, Faculty of Law, University of Haifa, Haifa, Israel.

11. Kranz Rachel (2002) Reproductive Rights and Technology, Facts on File, New York. Link: https://goo.gl/hs3kzc

12. Aničić, Miljenko (2007) Marital infertility and its options 77: 181–216. Link: https://goo.gl/PxcN2z

13. Franjić S (2017) European Legal view on Termination of Pregnancy. J Gynecol Res Obstet 3: 051-055. Link: https://goo.gl/dp3hx8

14. Franjić S (2016) Medically Assisted Insemination. J Androl Gynaecol.

15. Karpin Isabel, Savell Kristin (2012) Perfecting Pregnancy - Law, Disability, and the Future of Reproduction", Cambridge University Press 106-107. Link: https://goo.gl/Twn5M3

16. Franjić S (2017) Could Termination of Pregnancy Become a Criminal Act? M J Gyne. Link: https://goo.gl/sRAvU7

17. Sinisa Franjic (2015) Basic Terms of Medical Law and Health Law. International Journal of Biomedical Science and Engineering. Special Issue: Medical Law, Health Law and Bioethics as an Imperative for a Better Tomorrow. Link: https://goo.gl/3RSqCJ