

Episode: *Author Interview: “Using Policy and Law to Help Reduce Endometriosis Diagnostic Delay”*

Guest: Scott J. Schweikart, JD, MBE

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Transcript: Cheryl Green

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[bright theme music]

[00:00:03] TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Scott Schweikart, a senior policy analyst at the American Medical Association in Chicago, Illinois, where he's also a contributing editor for the *AMA Journal of Ethics*. He's here to discuss his article, coauthored with Annika Penzer, “Using Policy and Law to Help Reduce Endometriosis Diagnostic Delay,” in the February 2025 issue of the Journal, [Pain Management in Non-labor and Delivery OBGYN Procedures](#). Scott, thank you so much for being on the podcast. [music fades]

SCOTT SCHWEIKART: Absolutely. Glad to be here. Thank you.

[00:00:50] HOFF: So, what's the main ethics point that you and Annika are making?

SCHWEIKART: I think one of the main ethics point is that, as the article describes, there's a big diagnostic delay for endometriosis in the US and around the world. It's on average like a seven-year delay from when women start getting symptoms. And so, looking at, from an ethics standpoint, that delay is really impacting quality of care. So looking at say, for instance, the *Code of Medical Ethics*, we have an opinion about quality of care. And one of the things the *Code* says is that physicians need to keep current with the best care practices and maintaining professional competence.

And I think one of the things we kind of discuss is that there's different reasons for this delay. But one of which is just there's not, certain, physicians, if they're not OB/GYN specialists, they're not trained on necessarily spotting these symptoms, so there's kind of less awareness. That's one factor that's causing these delays. So we're just saying that since these delays are out there and it's such a big disparity, it is impacting the quality of care, which is an ethical issue there. So, physicians really need to become better, I would say, educated and aware of how to spot these symptoms to reduce the disparity.

[00:02:15] HOFF: And what should health professions students and trainees at the beginnings of their careers be taking from this article?

SCHWEIKART: I think one of the big things is looking at this issue of the social factors that cause diagnostic delays. So in our article, we kind of flesh out that there's three big

reasons why there is this diagnostic delay in spotting endometriosis. And one of which is financial factors. There's not as much research into these issues, into some female-oriented, let's say, diseases and issues. And so, there's a disparity of research. There's also clinical factors. The symptoms oftentimes can look like other things, so it's hard to diagnose, actually. So that's another reason.

But the third reason, which is interesting, is social factors. Which is that there's kind of a big gender bias here, where oftentimes there's a gender bias in medicine, where women are more likely than men to have their pain and symptoms dismissed as psychological. That's been very historical in American medicine and medicine around the world. And another social factor is that there's just not enough training among health care professionals in thinking about endometriosis as a possibility when they encounter these symptoms. We see a lot of training more recently, like in, say, specialist OB-GYNs are trained for it. But training across the board among specialties is kind of lacking. And so, sometimes physicians, if they're not a specialist, someone will come in with these possible symptoms, and they think it's something else.

[00:04:01] And so, I would say for students in training and medical students today is just really think about how social factors can impact these diagnostic delays, especially gender bias in medicine. This is really a prime example. There's all this anecdotal evidence of women who just have had pain for years and have just their physicians had thought about it, thought about endometriosis as a possibility, this pain could've been alleviated a long time ago. So, I just think it's a good example of gender bias in medicine. And it's just for something for trainees to think about when they encounter something that maybe this is something that's influenced by a gender bias. So that's one thing I would really tell people to think about.

[00:04:49] HOFF: And finally, if you could add a point to your article that you didn't have the time or space to fully explore, what would that be?

SCHWEIKART: Well, I think one thing is we approach this as kind of like a health law, health policy article in terms of how the law can solve these problems of diagnostic delay. And when we went into it, we were thinking, well, maybe the law can just mandate these screening tools and just mandate physicians to think about endometriosis. And we kind of realized harsh legal mandates are probably not the solution. So, we kind of took a tact of looking at maybe policy proposals, like policy incentives for physicians to use screening tools, screening tools, screening questionnaires to help improve diagnosis. And we realized maybe a harsh legal mandate of what physicians should do in their practice is not really the best way to solve this problem.

But one thing that really stuck out is that sometimes the law has an appropriate place in terms of solving medical problems, but sometimes it has to be a little bit more subtle and not maybe such, you know, kind of maybe carrot as opposed to the stick analogy that sometimes you kind of maybe persuade and produce incentives. But just mandating physicians use these questionnaires, it's not really a good solution because

it's really kind of intruding in terms of the practice of medicine. [theme music returns]
And that causes a whole nother couple of issues that are problematic.

[00:06:23] HOFF: Scott, thank you so much for your time on the podcast today.

SCHWEIKART: Sure!

HOFF: And thanks to you and your coauthor for your contribution to the Journal this month.

SCHWEIKART: Sure, absolutely. Glad to join. Thank you.

HOFF: To read the full article, as well as the rest of this month's issue for free, visit our site, journalofethics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.