# Bias in medical research still sidelines women despite progress



# The Guardian View on Bias in Medical Research: Disregarding Women's Health Belongs in the Past

Six years after Caroline Criado Perez’s bestselling book, *Invisible Women*, illuminated the systemic bias in medical research regarding women's health, it is alarming that significant underrepresentation persists in clinical trials. An analysis conducted by The Guardian of data sourced for a recent study reveals a troubling trend: between 2019 and 2023, 282 clinical trials focusing exclusively on male subjects received regulatory approval in the UK, while only 169 trials targeted women's health issues. This stark contrast highlights an ongoing disregard for women's health and underscores a pressing need for change.

The issue of health inequality is also multifaceted, encompassing socioeconomic factors that contribute to disparities in life expectancy and infant mortality, alongside racial inequalities present in maternity and mental health outcomes. For instance, Black and minority ethnic mothers in the UK face disproportionately higher risks during pregnancy. While women typically live longer than men, they have higher incidences of specific health issues, including dementia and certain cancers, with survival rates that can differ significantly between the sexes. Such nuances further complicate the discourse on health outcomes and necessitate a re-evaluation of how medical research prioritises various populations.

The study, carried out by the University of Liverpool in collaboration with the Medicines and Healthcare products Regulatory Agency (MHRA), suggests that the data collected over this five-year period, while not necessarily representative of all funding practices, illustrates a concerning trend. The 67% greater volume of trials investigating men’s health compared to those on women's issues indicates an imbalance that could likely lead to adverse health outcomes for women in the long run. This gap in research seems to contribute to the persistent disparities observed in medical treatment efficacy and safety.

Despite some progress made in recent years towards addressing women’s exclusion from clinical research, the statistics reveal a need for further action. Historical practices often favoured male subjects due to perceived complications linked with the female reproductive system. However, experts now contest these outdated notions. Regulatory bodies are beginning to respond. In a positive shift, 90% of UK trials cited in the MHRA analysis included participants of all genders. This contrasts sharply with past methodologies, highlighting a growing recognition of how different sexes can respond variably to medications and treatments.

The Covid-19 pandemic accentuated the critical gap in research involving pregnant women, many of whom were left unvaccinated and faced severe health risks. This reluctance to include pregnant women in clinical trials is often rooted in historical precedents, such as the thalidomide scandal, which devastated thousands of lives in the 1960s. However, the landscape of women’s health research is evolving. Initiatives in both the United States and the UK are paving the way for more inclusive approaches. In 2016, the National Institutes of Health mandated that sex be considered as a variable in research studies, while the Medical Research Council in the UK has made strides toward ensuring that women, pregnant or not, are adequately represented in health trials.

Innovative strides are being made, as highlighted by the introduction of diagnostic tools such as the FDA-approved Q-Pad, which uses menstrual blood to assess women's health markers. Such advancements aim to empower women and bridge the substantial gender data gap in health studies. Furthermore, advocacy groups like Women’s Health Access Matters (WHAM), led by Carolee Lee, are championing the cause for improved representation in clinical trials, particularly for underserved communities. These efforts underscore the economic and health-related benefits of a more gender-inclusive research paradigm.

In light of these developments, the imperative for systemic change is clearer than ever. As the government considers measures to enhance women's health studies through improved data collection and funding allocations, there remains a collective responsibility among ministers, funders, healthcare providers, and the pharmaceutical industry. The ongoing neglect of women's health in medical research cannot be justified, and it is time that bias belongs in the past.

## Reference Map:

* Paragraph 1 – [[1]](https://www.theguardian.com/commentisfree/2025/may/07/the-guardian-view-on-bias-in-medical-research-disregard-for-womens-health-belongs-in-the-past), [[2]](https://www.ft.com/content/ce9895f9-8ead-4b43-b473-874aebabc0e6)
* Paragraph 2 – [[1]](https://www.theguardian.com/commentisfree/2025/may/07/the-guardian-view-on-bias-in-medical-research-disregard-for-womens-health-belongs-in-the-past), [[3]](https://time.com/7171341/gender-gap-medical-research/), [[7]](https://www.ft.com/content/031bb23c-5c2d-41be-8f72-570fe94a711b)
* Paragraph 3 – [[1]](https://www.theguardian.com/commentisfree/2025/may/07/the-guardian-view-on-bias-in-medical-research-disregard-for-womens-health-belongs-in-the-past), [[5]](https://time.com/6968414/carolee-lee-1/)
* Paragraph 4 – [[1]](https://www.theguardian.com/commentisfree/2025/may/07/the-guardian-view-on-bias-in-medical-research-disregard-for-womens-health-belongs-in-the-past), [[6]](https://apnews.com/article/0b6ac1fb1d6f041a4e24b70d2e50d5c2)
* Paragraph 5 – [[4]](https://www.axios.com/2024/03/07/menstruation-period-blood-cramp-pain-diagnostic)

Source: [Noah Wire Services](https://www.noahwire.com)

## Bibliography

1. <https://www.theguardian.com/commentisfree/2025/may/07/the-guardian-view-on-bias-in-medical-research-disregard-for-womens-health-belongs-in-the-past> - Please view link - unable to able to access data
2. <https://www.ft.com/content/ce9895f9-8ead-4b43-b473-874aebabc0e6> - An article discussing how medical research has historically overlooked women's health needs, leading to less effective and sometimes unsafe treatments. It highlights the underrepresentation of women in clinical trials and the consequences of this bias, emphasizing the need for gender-inclusive research to improve health outcomes for women.
3. <https://time.com/7171341/gender-gap-medical-research/> - This piece examines the persistent gender gap in medical research, noting that women are often underrepresented in clinical trials. It discusses the implications of this disparity on health outcomes and the importance of including women in research to ensure treatments are effective for all genders.
4. <https://www.axios.com/2024/03/07/menstruation-period-blood-cramp-pain-diagnostic> - An article featuring Dr. Sara Naseri, who is redefining menstrual blood as a diagnostic tool. It highlights innovations in women's health research, such as the development of the Q-Pad, an FDA-approved diagnostic menstrual pad that tests for various health markers, aiming to empower women and bridge gender data gaps.
5. <https://time.com/6968414/carolee-lee-1/> - This article profiles Carolee Lee, founder of Women's Health Access Matters (WHAM), who advocates for more inclusive research in women's health. It discusses the economic benefits of studying women's health and WHAM's efforts to improve representation in clinical trials, particularly in underserved communities.
6. <https://apnews.com/article/0b6ac1fb1d6f041a4e24b70d2e50d5c2> - An article reporting on President Joe Biden's executive order to advance women's health studies by improving data collection and funding biomedical research. It emphasizes the administration's focus on closing research gaps in areas like heart disease, Alzheimer's, and menopausal symptoms.
7. <https://www.ft.com/content/031bb23c-5c2d-41be-8f72-570fe94a711b> - This piece discusses the 'gender health gap,' where women are more likely to experience severe and chronic pain but often receive substandard treatment compared to men. It highlights the economic impact of this disparity and the need for better diagnosis and research that includes female patients.