# NHS backlog and medical misogyny deepen crisis for women with endometriosis and chronic illness



Zainab Kaleemullah, a 36-year-old woman battling severe endometriosis and adenomyosis, endures debilitating pain almost daily, having spent 14 years navigating a healthcare system that often dismisses her suffering. Her journey to a diagnosis was fraught with misdiagnoses, including irritable bowel syndrome and depression, underscoring the pervasive challenges faced by those with chronic conditions. Even post-diagnosis, the wait for necessary surgery stretched another two years, reflecting a troubling reality in the NHS where 7.5 million people with long-term health conditions lack adequate support. These issues are not isolated; they resonate with the experiences of millions across England grappling with conditions such as cystic fibrosis, epilepsy, and diabetes.

A recent report by the charity National Voices and think tank Future Health revealed that those suffering from chronic illnesses account for 70% of all GP appointments and 50% of hospital visits. Yet, a staggering 11.5 million patients do not have a tailored NHS management plan to address their needs. Richard Sloggett, programme director for Future Health, highlighted the urgent necessity for the NHS to prioritise the real experiences of patients rather than becoming entangled in bureaucracy. He stated, “The report highlights the challenges millions of patients with long-term conditions are facing in accessing high-quality NHS services and support.”

This systemic oversight poses grave repercussions, particularly in the realm of gynaecological healthcare. With average waiting times for an endometriosis diagnosis nearing nine years, as outlined by a Financial Times report, many women find themselves compelled to seek private medical assistance. Campaigners note that about 755,000 women are currently waiting for NHS gynaecology appointments, exacerbating their struggles with undiagnosed conditions. Critics point to a culture of 'medical misogyny' that often sidelines women's health issues, echoing a sentiment that these systemic biases must be reformed to improve care and service accessibility.

Even after surgery, Kaleemullah articulates continuing frustrations, asserting that healthcare professionals fail to understand endometriosis as a complex and pervasive condition. “I can have very debilitating pelvic pain, and it feels almost like my insides have been set alight,” she explained. The physical toll of endometriosis affects not only her health but also her quality of life and ability to engage with the world around her. Studies indicate that women with the condition often face significant emotional challenges, including increased isolation and poor mental health, emphasising the need for compassionate health care responses.

Similarly, Mary Saunders from Southport navigates her own struggle with hypothyroidism, a condition that necessitates lifelong medication. Saunders endured 16 years to receive the correct diagnosis, and her challenges continued as she fought for access to an alternative medication, liothyronine, which is not routinely provided by the NHS due to cost concerns. She recounted, “It’s like saying to patients, you're gonna be ill for six weeks now, because you're not gonna have what you need, the life-giving medication that supports your body.” This scenario highlights the pressing need for healthcare systems to acknowledge the diverse and specific needs of patients in managing their chronic conditions.

The Department of Health and Social Care is aware of these challenges, with a spokesperson stating that the government has inherited a “broken NHS.” The 10 Year Health Plan aims to reform healthcare, shifting from hospital-based to community-centric models, digitising services, and emphasising preventive care. However, achieving these ambitious goals requires not only infrastructure changes but also a fundamental cultural shift within the NHS to better support patients like Kaleemullah and Saunders.

While initiatives such as the Ryeqo pill have been introduced as treatment options, advocates stress that comprehensive strategies addressing awareness, workplace accommodations, and empathetic patient care are vital for improving the lives of those affected by endometriosis and other chronic conditions. As the conversation evolves, the focus must return to genuine patient experiences, fostering an environment where individuals feel validated in their health journeys.

## Reference Map:

* Paragraph 1 – [[1]](https://www.independent.co.uk/news/health/endometriosis-pain-chronic-illness-nhs-b2759899.html), [[2]](https://www.ft.com/content/d5f8306b-d5e5-4583-ba5b-aefff4d44cab)
* Paragraph 2 – [[3]](https://www.nationalvoices.org.uk/publication/ask-how-i-am/), [[4]](https://www.nhs.uk/conditions/endometriosis/)
* Paragraph 3 – [[2]](https://www.ft.com/content/d5f8306b-d5e5-4583-ba5b-aefff4d44cab), [[6]](https://healthmanagement.co.uk/our-insights/articles/endometriosis-insight/)
* Paragraph 4 – [[5]](https://www.who.int/news-room/fact-sheets/detail/endometriosis%E2%81%A0), [[7]](https://pmc.ncbi.nlm.nih.gov/articles/PMC7800443/)

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## Bibliography

1. <https://www.independent.co.uk/news/health/endometriosis-pain-chronic-illness-nhs-b2759899.html> - Please view link - unable to able to access data
2. <https://www.ft.com/content/d5f8306b-d5e5-4583-ba5b-aefff4d44cab> - An article from the Financial Times reports that the average waiting time for an endometriosis diagnosis in the UK has reached nearly nine years, highlighting severe delays in gynaecological healthcare and raising concerns of 'medical misogyny'. Affecting approximately 1.5 million UK women, endometriosis is a chronic condition where endometrial-like tissue grows outside the uterus, causing debilitating pain, fertility issues, and fatigue. Women like Lauren Cole have had to endure lengthy delays for diagnosis and treatment, often turning to private healthcare after waiting over a year on NHS lists. The lack of biomarkers and the variable nature of the disease make diagnosis challenging, typically requiring laparoscopic surgery. Critics argue systemic negligence and prejudice against women’s health persist in healthcare, education, and the workplace. With over 755,000 women currently awaiting NHS gynaecology appointments, campaigners and MPs are urging reforms to reduce delays, improve awareness, and offer better workplace support. The UK trails other nations like Australia, which has implemented a national endometriosis strategy. Although treatments like the Ryeqo pill have been introduced, they are expected to benefit only a fraction of patients. Advocates stress the need for flexible work accommodations and equal recognition of endometriosis alongside other chronic illnesses.
3. <https://www.nationalvoices.org.uk/publication/ask-how-i-am/> - The 'Ask How I Am' report by National Voices and the Centre for Mental Health explores the emotional health of individuals living with long-term conditions. It reveals that people with long-term physical conditions are twice as likely to experience poor mental health compared to those without such conditions. The report highlights the impact of long-term illnesses on personal relationships and employment, noting that many individuals feel increasingly isolated in managing their health needs. It calls for healthcare professionals to engage in compassionate conversations with patients and for system leaders to implement necessary service changes to support the emotional well-being of those with long-term conditions.
4. <https://www.nhs.uk/conditions/endometriosis/> - The NHS provides comprehensive information on endometriosis, a condition where tissue similar to the lining of the womb grows outside the uterus. It affects approximately 1 in 10 women and can cause symptoms such as severe period pain, heavy periods, pain during sex, and difficulty getting pregnant. The NHS outlines the causes, symptoms, diagnosis, and treatment options for endometriosis, including medications and surgical procedures. It also offers guidance on managing the condition and provides support resources for those affected.
5. <https://www.who.int/news-room/fact-sheets/detail/endometriosis%E2%81%A0> - The World Health Organization's fact sheet on endometriosis provides key facts about the condition, stating that it affects roughly 10% (190 million) of reproductive-age women and girls globally. Endometriosis is associated with severe, life-impacting pain during periods, sexual intercourse, bowel movements, and/or urination, chronic pelvic pain, abdominal bloating, nausea, fatigue, and sometimes depression, anxiety, and infertility. The fact sheet notes that there is currently no known cure for endometriosis, and treatment is usually aimed at controlling symptoms. It also highlights the importance of early diagnosis and effective treatment, which are limited in many settings, including low- and middle-income countries.
6. <https://healthmanagement.co.uk/our-insights/articles/endometriosis-insight/> - An article from Health Management provides insights into endometriosis, a condition where tissue similar to that which lines the womb begins to grow in other places, such as the ovaries and fallopian tubes. It affects an estimated one in ten women during their reproductive years, equating to approximately 176 million women worldwide. The article discusses the impact of endometriosis on life, noting that it can be a difficult condition to deal with both physically and emotionally. It also highlights the challenges endometriosis poses in the workplace, affecting productivity and causing absence from work. The article emphasizes the need for workplace adjustments to help individuals remain in work and be productive.
7. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7800443/> - A narrative review published in the National Library of Medicine examines the impact of endometriosis on various aspects of life. It identifies that a high proportion of women with endometriosis report impairment in social functioning as a result of their condition. The review discusses how decreased social interaction and withdrawal from social activities may be reactions to pain, bleeding, fatigue, depression, feelings of isolation, dissatisfaction with body appearance, low self-esteem, or lack of self-confidence. It underscores the role of pain in social withdrawal and highlights the importance of social support in managing the condition.