# UK healthcare fails women with endometriosis by perpetuating myths and dismissing symptoms



When Tiffany Summerfield was just 19, she sought medical help for crippling pain that would come to define her life. Instead of receiving compassionate care or thorough investigation, she was dismissed with advice that left her reeling: “Get a boyfriend and get pregnant.” This blunt recommendation, reportedly given by a doctor, reflected a troubling pattern across the UK healthcare system in dealing with endometriosis — a chronic condition affecting roughly one in ten women in the country.

Endometriosis occurs when the uterine lining cells grow outside the uterus, causing monthly build-up and bleeding with no escape route, resulting in severe pain, heavy periods, fatigue, and fertility difficulties. Despite its prevalence, often cited as affecting around 1.5 million women in the UK, awareness and understanding remain poor among healthcare professionals. Tiffany’s story is one among many highlighting the emotional and physical toll of this misunderstood disease, along with the systemic failings in how it is managed.

From her early diagnosis, Tiffany was bombarded with pressure to prioritize her fertility, a burden that overshadowed her youth and personal aspirations. "I felt like a walking, ticking time bomb," she told the Daily Mail. This pressure has long been pervasive. A recent investigation by Metro and Endometriosis UK found that over three-quarters of women with the condition have been advised by doctors to conceive as a form of treatment, despite there being no clinical evidence supporting pregnancy as a cure.

Joanne Hanley, Specialist Advisor at Endometriosis UK, stresses that such advice is “both inaccurate and misleading.” While pregnancy may temporarily halt symptoms due to the absence of menstruation, pain can persist or even continue during pregnancy, often resurfacing postpartum. Hanley calls for urgent improvements in healthcare education to ensure practitioners—GPs, nurses, pharmacists, and emergency staff alike—can provide informed, sensitive care, rather than perpetuating myths or pressuring patients.

Tiffany’s experience encapsulates the wider struggle. She suffered multiple surgeries, including the removal of an ovary and fallopian tube, grappling not only with debilitating physical symptoms but also with the mental burden precipitated by misunderstanding and stigma. She recalls being told repeatedly to “think about fertility,” an echo of a healthcare environment that focuses disproportionately on reproduction rather than quality of life or personal choice. “Women want to have children because they want to have children, not to fix a medical condition,” she emphasises.

Lynsey Turner, another woman living with endometriosis, shares a similar experience. Diagnosed at 26 after fertility struggles, she was told pregnancy might resolve her symptoms, a promise unfulfilled as her painful periods and complications persisted even after childbirth. Lynsey describes endometriosis as a "whole body condition" that requires ongoing management rather than a one-time fix. She also highlights the severe impact of the condition on daily life, such as extreme bleeding episodes, and criticises the limited treatment options focused mainly on pain mitigation, advocating instead for better funding and research.

The dismissal and minimisation of symptoms are not isolated cases. Ashita Landge, diagnosed at 29, recalls decades of pain that was often belittled or misjudged by healthcare professionals. She notes the anxiety induced by early fertility warnings, compounded by inconsistent medical advice. Like Tiffany and Lynsey, Ashita has faced workplace challenges due to her condition, describing an experience she says reflects a broader misogyny in healthcare, where women’s pain is frequently discounted.

Patient advocacy groups and healthcare bodies are calling for reform. Endometriosis UK campaigns for mandatory training on menstrual health conditions for all health professionals, aiming to end the "shocking" lack of awareness and improve early diagnosis and appropriate treatment pathways. The Human Fertilisation and Embryology Authority (HFEA) also stresses the need to dispel myths, emphasising that while many women with endometriosis will conceive naturally, the condition’s impact on fertility varies and should be managed without unnecessary pressure.

Despite advancements in diagnosis methods such as laparoscopy and improved surgical techniques, comprehensive care remains elusive for many. Treatment must balance pain management, fertility concerns, and mental health support, respecting individual choices and timelines rather than forcing life decisions based on outdated assumptions. The narratives of Tiffany, Lynsey, and Ashita underscore the urgent need for a more empathetic and evidence-based approach to endometriosis within the UK healthcare system, ensuring women are neither dismissed nor pressured but genuinely supported.

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* Paragraph 1 – [[1]](https://www.dailymail.co.uk/femail/article-15122309/When-19-went-doctor-crippling-pain-told-pregnant-thousands-women-similar-stories-me.html?ns_mchannel=rss&ns_campaign=1490&ito=1490)
* Paragraph 2 – [[1]](https://www.dailymail.co.uk/femail/article-15122309/When-19-went-doctor-crippling-pain-told-pregnant-thousands-women-similar-stories-me.html?ns_mchannel=rss&ns_campaign=1490&ito=1490), [[7]](https://www.nhs.uk/conditions/endometriosis/)
* Paragraph 3 – [[1]](https://www.dailymail.co.uk/femail/article-15122309/When-19-went-doctor-crippling-pain-told-pregnant-thousands-women-similar-stories-me.html?ns_mchannel=rss&ns_campaign=1490&ito=1490), [[2]](https://www.endometriosis-uk.org/endometriosis-uk-team-metro-news-end-myth-pregnancy-can-cure-endometriosis)
* Paragraph 4 – [[1]](https://www.dailymail.co.uk/femail/article-15122309/When-19-went-doctor-crippling-pain-told-pregnant-thousands-women-similar-stories-me.html?ns_mchannel=rss&ns_campaign=1490&ito=1490), [[2]](https://www.endometriosis-uk.org/endometriosis-uk-team-metro-news-end-myth-pregnancy-can-cure-endometriosis)
* Paragraph 5 – [[1]](https://www.dailymail.co.uk/femail/article-15122309/When-19-went-doctor-crippling-pain-told-pregnant-thousands-women-similar-stories-me.html?ns_mchannel=rss&ns_campaign=1490&ito=1490)
* Paragraph 6 – [[1]](https://www.dailymail.co.uk/femail/article-15122309/When-19-went-doctor-crippling-pain-told-pregnant-thousands-women-similar-stories-me.html?ns_mchannel=rss&ns_campaign=1490&ito=1490)
* Paragraph 7 – [[1]](https://www.dailymail.co.uk/femail/article-15122309/When-19-went-doctor-crippling-pain-told-pregnant-thousands-women-similar-stories-me.html?ns_mchannel=rss&ns_campaign=1490&ito=1490)
* Paragraph 8 – [[1]](https://www.dailymail.co.uk/femail/article-15122309/When-19-went-doctor-crippling-pain-told-pregnant-thousands-women-similar-stories-me.html?ns_mchannel=rss&ns_campaign=1490&ito=1490)
* Paragraph 9 – [[1]](https://www.dailymail.co.uk/femail/article-15122309/When-19-went-doctor-crippling-pain-told-pregnant-thousands-women-similar-stories-me.html?ns_mchannel=rss&ns_campaign=1490&ito=1490)
* Paragraph 10 – [[1]](https://www.dailymail.co.uk/femail/article-15122309/When-19-went-doctor-crippling-pain-told-pregnant-thousands-women-similar-stories-me.html?ns_mchannel=rss&ns_campaign=1490&ito=1490)
* Paragraph 11 – [[1]](https://www.dailymail.co.uk/femail/article-15122309/When-19-went-doctor-crippling-pain-told-pregnant-thousands-women-similar-stories-me.html?ns_mchannel=rss&ns_campaign=1490&ito=1490)
* Paragraph 12 – [[1]](https://www.dailymail.co.uk/femail/article-15122309/When-19-went-doctor-crippling-pain-told-pregnant-thousands-women-similar-stories-me.html?ns_mchannel=rss&ns_campaign=1490&ito=1490), [[2]](https://www.endometriosis-uk.org/endometriosis-uk-team-metro-news-end-myth-pregnancy-can-cure-endometriosis), [[4]](https://www.hfea.gov.uk/about-us/our-blog/endometriosis-action-month-do-not-give-up-on-your-diagnosis-and-access-to-treatment/), [[5]](https://www.endometriosis-uk.org/endometriosis-fertility-and-pregnancy), [[6]](https://www.hfea.gov.uk/about-us/our-blog/breaking-the-myths-about-endometriosis/)

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## Bibliography

1. <https://www.dailymail.co.uk/femail/article-15122309/When-19-went-doctor-crippling-pain-told-pregnant-thousands-women-similar-stories-me.html?ns_mchannel=rss&ns_campaign=1490&ito=1490> - Please view link - unable to able to access data
2. <https://www.endometriosis-uk.org/endometriosis-uk-team-metro-news-end-myth-pregnancy-can-cure-endometriosis> - Endometriosis UK collaborated with Metro News to dispel the myth that pregnancy can cure endometriosis. A survey revealed that 79% of participants had been advised to get pregnant to alleviate symptoms. Specialist Advisor Joanne Hanley emphasized that pregnancy does not eliminate endometriosis, and pain may return after childbirth. Dr. Sue Mann, NHS England's national clinical director for women's health, stated that recommending pregnancy as a treatment is unacceptable and should only be a personal choice.
3. <https://www.nct.org.uk/pregnancy/worries-and-discomforts/pregnancy-related-conditions/endometriosis-short-guide> - The National Childbirth Trust (NCT) provides a comprehensive guide on endometriosis, a condition affecting approximately two million women in the UK. It explains that endometriosis occurs when tissue similar to the womb's lining grows outside it, leading to symptoms like severe period pain, heavy periods, and pain during sex. The guide also discusses the impact on fertility, noting that while many women with endometriosis can conceive naturally, some may face challenges due to damage to the fallopian tubes or ovaries.
4. <https://www.hfea.gov.uk/about-us/our-blog/endometriosis-action-month-do-not-give-up-on-your-diagnosis-and-access-to-treatment/> - The Human Fertilisation and Embryology Authority (HFEA) highlights the importance of not giving up on diagnosis and treatment during Endometriosis Action Month. Nadine, a member of their Patient Engagement Forum, shares her journey of being diagnosed at 20 after years of misdiagnosis. She emphasizes the significance of seeking a second opinion and not giving up on accessing treatment, as it can lead to successful outcomes like surrogacy and motherhood.
5. <https://www.endometriosis-uk.org/endometriosis-fertility-and-pregnancy> - Endometriosis UK addresses concerns about fertility and pregnancy for those diagnosed with endometriosis. While the condition can be associated with fertility problems, it does not necessarily cause infertility. The organization notes that 60-70% of individuals with endometriosis can conceive naturally. They also discuss fertility support available through the NHS, including NICE guidelines that recommend earlier referrals for specialist consultation for those with endometriosis and fertility concerns.
6. <https://www.hfea.gov.uk/about-us/our-blog/breaking-the-myths-about-endometriosis/> - The HFEA discusses common myths about endometriosis, including the misconception that pregnancy can cure the condition. They highlight the importance of accurate diagnosis and treatment, noting that severe period pain is not normal and should not be dismissed. The blog also addresses issues like the lack of fertility preservation options for young women and the need for better understanding and management of endometriosis.
7. <https://www.nhs.uk/conditions/endometriosis/> - The NHS provides detailed information on endometriosis, a condition where tissue similar to the womb's lining grows elsewhere in the body. Symptoms include severe period pain, heavy periods, and pain during sex. The NHS outlines diagnostic procedures, such as pelvic examinations, ultrasounds, and laparoscopy. Treatment options include painkillers, hormone therapies, and surgery. The NHS also discusses the impact on fertility, noting that many individuals with endometriosis can conceive naturally, but some may face challenges.