

Hysterectomy and female castration: Popular choices for women in affluent societies

Charmaine Saunders

International Feminist Summit, Townsville AUSTRALIA



17 - 20 July 2007 - Southbank Convention Centre

"Women of Ideas: Feminist Thinking for a New Era"

This feminist event is for all women who denounce the escalating violence and oppression that mark the 21st Century, who rage against the continued exclusion and silencing of women throughout the world, and who are convinced that a strong feminist response is essential for the creation of a fairer future.

Hysterectomy and female castration: Popular choices for women in affluent societies

Charmaine Saunders

Why is hysterectomy the most popular elective surgery for women in Australia? Every year in Australia around 35,000 women elect to have their female organs surgically removed.

Hello and thank you for giving me the opportunity to talk to you about hysterectomy. I have entitled my paper:

Hysterectomy and female castration: Popular choices for women in affluent societies.

Before I get too far into my talk though, I want to explain a few of the words in the title of my paper.

Those words are:

“Hysterectomy”: Hysterectomy is the surgical removal of a woman’s uterus.

“Female Castration” is the removal of a woman’s ovaries. Surgeons usually remove the ovaries and fallopian tubes and the cervix at the same time they remove the uterus. This is a standard gynecological practice often referred to as the “total pelvic clean out”.

“Popular choices”: I used these words because the numbers indicate that more and more women every year in Australia are choosing to have their female organs surgically removed.

As I said in my opening, in Australia around 35,000 hysterectomies are performed each year. Around one in four New Zealand women will have had a hysterectomy by the age of 50. In Canada, nearly 40% of women over 60 have had a hysterectomy. In the UK, around 100,000 hysterectomies are performed every year. In France there are 60,000 every year.

In the USA, the numbers are of alarming and epidemic proportions. Around 620,000 hysterectomies are performed in the United States each year. For those of you who are interested in these sorts of numbers, that equates to over 1 hysterectomy every minute.

And yet, even at the highest estimates conceded by gynecologists themselves, only around 25% of these hysterectomies have a medical necessity.

The generally accepted figure in Australia is that less than 10% of the 30,000 plus elective hysterectomies performed every year are necessitated by a serious or life threatening condition such as cancer.

And finally the word: Affluent.

Affluence is the common denominator in why so many women in Australia choose hysterectomy.

How much medical insurance you can afford is a major factor in the decision about whether to have a hysterectomy.

There are very clear contrasts in the numbers of elective hysterectomies being performed in affluent western societies where there are high levels of private medical insurance, and in those countries, where there are publicly funded health care systems.

In countries like Australia or the USA, where high levels of private medical insurance have fostered a strong profit motive for gynecologists, hysterectomy is now considered to be a normal rite of passage for women past childbearing.

Well, it is for the women with private medical insurance anyway. For women without private medical insurance, hysterectomy is rarely performed for any reason other than to prevent a life threatening medical emergency.

So do men commonly elect to have their reproductive organs removed for no medical reason?

The answer is, of course, "No they don't."

Women are around 400 times more likely than men to consent to surgical castration.

In the USA each year, nearly 400,000 women who don't have ovarian cancer have their ovaries removed. In stark contrast, only 1000 men have their testicles removed; and then only for confirmed testicular cancer.

But the fact is women are no more subject to diseases of their reproductive organs than men are.

So why don't women value their reproductive organs, the way men apparently care about theirs?

The prevailing belief that drives the hysterectomy industry is that a woman's uterus and ovaries are not vital organs and have no purpose other than childbearing.

The uterus is generally regarded as a useless, bleeding, potentially cancer-bearing organ and as such; as being quite superfluous and disposable.

Stopping heavy menstrual bleeding is the number one commonly reported reason for having a hysterectomy.

For most women, heavy periods are usually associated with benign growths called fibroids. Fibroids are very common in women of childbearing age and in most cases, they cause no serious or life endangering symptoms. Fibroids usually shrink after menopause. There are many alternative and proven successful treatments for fibroids. But more often than not, hysterectomy is presented to women as the only available and suitable treatment option.

Women who are not interested in having children, or whose families are complete are told that we can easily stop our messy and inconvenient monthly bleeding forever by having a hysterectomy.

Women are told that with no more cursed periods, we will feel much better and become more reliable at work. We will have no more teary and emotional PMS episodes. No more menstrual cramping and pain. We will save a fortune on sanitary pads and tampons and feel free and be available at all times for sexual intercourse.

However, what women are not told about when they agree to be castrated is that the loss of their uterus and ovaries will almost certainly catapult them into surgical menopause.

Whereas most women go through a natural gradual menopause over a number of years, for women who lose their ovaries through surgery, it is an abrupt onset with dramatically increased severity of symptoms including depression and fatigue.

Rather than feeling better and improving their performance at work, one US study found that 58% of all women who had a hysterectomy were unable to return to previous work activities and 43% were unable to return to work at all.

Use of anti-depressants and pain killers is rife among women who have had hysterectomies. As are weight gain and bowel and bladder problems.

Women who have had a hysterectomy are more than five times more likely to be using hormone replacement treatments than women who go through a natural menopause.

Not only are hysterectomised women at a higher risk of heart disease and stroke, they are also more likely to suffer from osteoporosis and incontinence than women who retain their wombs and their ovaries into menopause.

However, this information is not provided to women by our doctors and so; many of us learn too late that our supposedly useless uterus and ovaries did in fact play a vital role in our health.

The ovaries are vital to the healthy functioning of a woman's body even after she has been thorough menopause. Their loss accelerates the aging process.

The ovaries continue to produce vital hormones including estrogen and progesterone throughout a woman's life. They do not shrivel up and die as we get old.

Nor do our uteruses hang uselessly taking up valuable space in our pelvic regions. The uterus is an essential part of a woman's anatomy. It is held in place by four bands of ligaments which provide essential strength and support to the abdominal and pelvic muscles and the back.

The uterus produces the hormone, prostacyclin which protects women from heart disease. Since prostacyclin cannot be synthetically manufactured, the removal of the uterus will ensure its production will cease forever.

Other women find that although a hysterectomy stops the inconvenient and unsexy business of menstrual bleeding, it can also result in loss of libido, loss of vaginal sensation and decreased intensity of orgasm. Women who have their cervix removed as part of hysterectomy, commonly report pain during sexual intercourse due to the shortening of the vagina.

Besides ending the normal female functions of ovulation and menstrual bleeding, the other reason so many women willingly undergo hysterectomy and castration is to prevent cancer.

So called "prophylactic castration" is now a widely accepted and unquestioned practice among gynecologists. They contend that they must castrate us in order to protect us from the terrible cancers that will grow unseen and unknown inside our mysterious female bodies.

This is despite the fact that there is no logical argument to support prophylactic castration and there is a very low risk of women contracting ovarian cancer during her lifetime. A woman with no family history of ovarian cancer has about a 1% lifetime risk of contracting the disease. Even a woman with multiple close family members with a history of ovarian cancer has a 5% risk of developing the disease during her lifetime.

In complete contrast to the 620,000 hysterectomies performed in the USA each year, there are in fact, only around 24,000 deaths each year from ovarian, cervical and uterine cancers combined. It should be noted here that the majority of these deaths occur in women in their 70s and 80s, not in women in their 30s and 40s when they are most likely to undergo a hysterectomy.

So then, why are doctors lying to us and telling us that they need to perform wholesale hysterectomies on relatively young women to prevent cancer?

As mentioned before, there is a profit motive. Gynecology is a lucrative industry in westernised societies. It is also predominantly practiced by males.

In the USA, it is estimated that gynecologists, hospitals and drug companies make more than 4 billion dollars a year from the business of hysterectomy and castration.

Medications such as anti-depressants and hormone replacement treatment have also grown as market leaders in the women's health business as hysterectomy rates have risen.

Australian obstetricians and gynecologists perform a lot of surgery and earn higher incomes than other surgeons or medical practitioners. According to figures from the early 1990s, most gynecologists even then, earned in excess of half a million dollars a year.

Unsurprisingly, gynecologists do not think there are too many unnecessary hysterectomies being performed.

In fact, quite the opposite. They refute entirely any claims that women are injured by unnecessary hysterectomies.

If we are depressed, they say it's because we were depressed before they took out our uterus.

Loss of libido? Nothing to do with the loss of our female organs. Orgasm and sexual pleasure is all in our heads anyway.

Hormonal problems? They insist that synthetic hormones should be able to replace anything that we lose when our uterus and ovaries are removed.

Gynecologists claim that women are grateful to be castrated. And why wouldn't doctors want to continue and defend this very lucrative industry by insisting that women will feel a lot better after our nasty and useless uterus is removed?

One woman I know who is happy with her hysterectomy told me that her gynecologist delighted her when he said that because she had had a couple of kids, he would slip in a few extra stitches to tighten up her vagina for her husband.

The high rates of unnecessary hysterectomy and castration and other gynecological interventions like vagina tightening surely tells us that gynecologists are misleading women to believe that our bodies are defective by nature.

If only we had been made right to begin with, we wouldn't have to have these doctors poking around inside of us looking for diseases in our supposedly useless and malfunctioning female organs.

If we made right to start with, if we weren't born as defective women, we would have painless births and eternally tight vaginas and large, firm breasts, tiny waists, flat tummies and slim thighs. We are born wrong but it seems that surgeons confidently believe that they can readily correct Mother Nature's mistakes by remodelling and redesigning our female anatomy.

The concept of the defective natural woman is now accepted without question by the medical profession, as is being evidenced by the fact that the high rate of unnecessary hysterectomies in Australia is matched only by the rapidly increasing rate of caesarean births.

Forty percent of all births in Australia are caesareans and some medical experts believe they will soon become the norm; even suggesting that 90% of births will be

via caesarean within the next two decades. How can it be that so many strong young healthy women are now unable to safely give birth without surgical intervention?

I don't have time now to properly explore the idea that many women in westernised societies have been conned by a greedy misogynistic medical industry to believe that our bodies are naturally defective and require surgical correction but I ask you to consider that following. Nearly 11 million cosmetic plastic surgery procedures were performed in the United States in 2006 and women represent 90% of all cosmetic surgery patients.

In addition to facelifts, breast enlargements and liposuction, new surgical procedures, which are quickly gaining in popularity include "vaginal rejuvenation" and what is called the "the mommy makeover" which apparently includes breast augmentation, tummy tuck and buttocks lift.

Could the alarming rates of hysterectomy, female castration, caesarean births and cosmetic surgeries to inflate breasts, tuck tummies and tighten vaginas be an indication of how women in affluent societies are fast losing touch with what is truly natural about being a woman. Is this an indication of how little value we place on our feminine mystique?

Before I finish, I want to acknowledge the HERS Foundation. HERS stands for Hysterectomy Educational Resources and Services. The HERS Foundation is an independent non-profit international women's organisation, which advocates that hysterectomy should be an informed choice; and provides accurate information about hysterectomy, its adverse effects and alternative treatments. I encourage each and every one of you to take a look at their website. www.hersfoundation.org

Thank you for listening.

References:

Australian Hospital Statistics 2001 – 2002 - Australian Institute of Health and Welfare (AIHW)

Hysterectomy – Not Clear Cut! - Proceedings of Women's Health Victoria's Forum - July 2001

Hysterectomy - Women's Centre for Health Matters Fact Sheet - August 2003

Female Anatomy: The Functions of the Female Organs – HERS Foundation

HERS Newsletter – Vol. V No. II

Far Too Many Hysterectomies Still Being Performed - Robert Bazell – February 2000

Push or pull - Jane Martin – Sunday Telegraph - March 2007

Fish can't see water: [The need to humanize birth in Australia](#) - Marsden Wagner -November 2000.

11 Million Cosmetic Plastic Surgery Procedures in 2006 - Up 7% - American Society of Plastic Surgeons (ASPS) - March 2007