

15 Conclusion

This secondary analysis of the BEACH data has provided the first national description of general practice encounters with male patients, their reasons for encounter, problems managed and treatment provided. Further, it has demonstrated a number of comparative differences in the characteristics of general practice encounters with male and female patients. The additional subanalyses of the management of work-related problems and age-related morbidity have provided insight into specific areas of interest or concern in the health of male patients.

The results of this study, such as the male rates of obesity/overweight, smoking, and alcohol consumption, indicate that there is reason to be concerned about the health of males in the population, especially in the younger age groups. Adolescence and young adulthood has been shown to be the period in which health behaviours are formed and general practitioners (GPs) are the health service they access, especially GPs they know and trust. The lower attendance rates of younger males suggest that when these young men do attend, GPs should try to develop a trusting relationship and use the contact to inquire about health risk behaviours. General practice provides an ideal environment in which to collect such health information, because patients expect routine questioning by GPs about health-related behaviour such as smoking habits and alcohol consumption.

Additional research is needed to determine why GPs are not better utilised by males in the community. This research could explore the extent to which cost, availability of GPs and the general practice environment influence men's use of GPs. Further, health research and policy development should not aim to equalise the attendance rates of males and females, but should determine if and why men do not use GPs for the correct reasons, at the most appropriate time for health intervention.

The relatively high proportion of male problems that were work-related is of concern especially because many of these problems are not counted in workers compensation data and would not be counted elsewhere. Further research is needed on the causes of work-related conditions not claimed through workers compensation and on the development of appropriate preventive interventions.

The study provided evidence to suggest that GPs spent less time with male patients. Hence, they are likely to miss out on the provision of preventive care. Since male patients have fewer problems managed, GPs may need to spend more time with male patients to allow for further health discussion, especially relating to risk factors.

Conducting a longitudinal study in the future would determine the long-term health effects of areas of concern raised in this study – in particular, the low GP attendance rates of males and the high levels of obesity/overweight, smoking and alcohol consumption in male patients. Such a study could also investigate the long term impact of other variables not measured by BEACH (such as diet, exercise level, stress and socioeconomic disadvantage) on the health of males. This has previously been recommended for males.

The study findings suggest that future health strategies targeting men, especially young men, should not use the GP setting as the primary place of health education and intervention because males have low attendance rates and short consultations. Places where males are more comfortable could provide a more effective venue for health information delivery. One such relevant place would be the work environment because most males work and because of health concerns raised by the numbers of male encounters associated with

work-related conditions. If men can be better educated to attend general practice on a more regular basis, particularly in their younger years, attention could then be focused on the GP-patient relationship and the provision of more regular health education and prevention.

It is widely understood that health is influenced by multiple factors. The BEACH data are unable to capture the influence of all these factors on the health of men. The literature suggests that research needs to be conducted to determine the effects of these factors, particularly the extent to which the high rates of at-risk alcohol consumption, smoking and illicit drug use in young men shown in this study are caused by psychological problems (i.e. substance use disorders) and masculinity roles. Further research also needs to be conducted to determine the influence of the masculinity role and socioeconomic status on the health of all men.

There is potential to increase life expectancy and decrease death rates for Australian males by targeting the health risk behaviours, increasing their contact with GPs, and examining the social constructs which form such male behaviours. In the future, BEACH will provide a measure of the effectiveness of any strategies introduced to improve the attendance and morbidity of male patients in general practice.