



female governor of your chapter. I know that can be a little difficult with the Mexican or Latino culture that sometimes has a preference for men just because of history and it is difficult at times to be a woman and try to confront all of that discrimination or just the whole history that

so on. This also had a serious impact on the mortality figures that we had and the number of people that we had with COVID complications, so it has been a very difficult situation because of the pandemic. Let's say it is an epidemic that we have here, this combination of obesity with diabetes, because in other countries people can have obesity and not necessarily become diabetic. Here in Mexico, people with obesity generally, due to a genetic disposition, tend to be diabetic more often so that has an impact on everyone. impact on health, the economy, mortality, and diabetes is our cause of death in Mexico. It's obesity and diabetes.

[Loretta] Wow, that's very shocking. In your experience do you think it's connected to cultural beliefs and social norms towards obesity and patient care in Mexico, and a very big culture obesity with



Mexico from a health point of view. From an economic point of view, it is also a great economic burden for families and for the system.

[Lorett] Yes, yes, for me it's that there are ways to prevent it and there is medicine to treat the symptoms, but there are a lot of people that maybe don't have access to all of that and since they don't focus on preventing it- and when it's something like diabetes and you're feeling all the symptoms, it's too late to get back to health sometimes. I can say that it happened to my grandfather who passed away because he had diabetes and he had access to medications, but he decided not to take them because he was very traditional and he did not understand well that he should take these medications and he died of diabetes at the age of fifty-four and it was completely preventable and I hope that many more people are educated on this because it is a very big issue. Thank you for your information on this, Doctor. Now I want to shift focus to your interests and what you are doing. Tell us what aspects of medicine you have focused on throughout your career.

[Dr. Ceja-Martínez]



of in all of Mexico, we don't reach 350. It has been growing a lot in the last three, four years in the community of medical students, so there's another thousand. It has grown a lot, but we don't have the possibility of holding a conference ourselves because there are very few of us, right? When it comes down to it, there are very few of us and that doesn't allow us to hold a, let's say, a conference like the meetings that are held in the United States. Yes, we participate with other schools, for example, with the College of Internal Medicine, when they have their events, we participate with symposiums or we have participated with the National Academy of Surgery which has a lot of renown here in Mexico, with the national academy of medicine, with general practitioners and national councils of general practitioners. And so, we participate locally, regionally, with other schools or participate with other universities in their events. Well, for one, making known what ACP is and also, in some way, participating in everything, right? For example, we had the international medical course. It was here in June, in Guadalajara. And well, we had ambassadors come, Dr. Douglas Powell came who is from the United States from the Seattle area, and he talked to us about medical integration, about medical myths. Dr. George Jacob came, for example, as an ACP ambassador, he gave us a leadership talk. So, we





man will support and give what he has to give for those children. And this becomes financial violence, "ah, you don't want me anymore, I won't give you money anymore, keep the children and see how bad it goes for you." And this also has a serious impact on health. So, right now, a lot of what I'm doing within ACP is to create our own gender equality committee to look at all these kinds of things and also to make the situation of this imbalance very public, which is what is so important, as doctors, how we're taking care of our male patients and how we're caring for our female patients.

that's why they didn't let women in the United States take it. But that also has a big effect on medical studies to prevent birth defects of babies, but it also has an effect on the way women were viewed in the eyes of science, from a scientific perspective. And that's not good either, that women didn't count in that.

[Dr. Ceja-Martínez] Yes, I mean, and that was the way the studies were done, how they've been carried out, how many things have been done. And we're not the same. We are not the same from the point of view of microbiota, of hormones, of how we relate, of how lupus can be expressed in a woman or in a man, these are different. And for many diseases, it is very different how it manifests itself and also how it should be treated. And also let's go back to the same thing in the case of diabetes. We know that how diabetes presents is very different in men and women. There are even medications that men have a better response to than women. And this has to do, you see, with microbiota, hormones and biology. There's nowhere to go [there's no choice]. And we have to know this so that we don't go around recommending things to women that don't work on men or the other way around. Now, this not only happens, I mean, it's not discrimination, I was telling you, because it also happens, for example, with osteoporosis. The elderly also fall and break their hips and die from a hip fracture. However, we aren't carrying out campaigns to search for osteoporosis in men here in Mexico. Whereas women are at greater risk of depression, men are most at risk of suicide. And there are no campaigns for depression in men. And many times no one asks men in the consultation room whether he is depressed or not. So a lot of things also have to do with the way we have practiced medicine or the ideas we have from the point of view of gender. Here in Mexico, men die from accidents. Young men die a lot when they are healthy from accidents or acts of violence and it has to do with this idea that men should take risks. They have to be risky. So they take unnecessary risks and many times they die in accidents because they are driving at high speeds, or they're under the influence, etc.

[Lorett] How sad is that. Honestly, that doesn't come as a shock to me. I'm not surprised by that. I believe it and I can see it a lot in Mexican culture, but hopefully that will improve and thank you for educating us about all this, I think it is very necessary for other doctors in Mexico to educate themselves on these social problems and also that our audience in America also learns from this because it is always very important to learn from other countries and the culture that affects medicine. We talked to another doctor from Panama and he was talking about similar things and how culture affects both medicine and the way doctors treat their patients and with good intentions, but you just have to know all the aspects, all levels of a culture and how many things really affect a patient's health.

[Dr. Ceja-Martínez] That's right, that's right. And that's why we also have all these pseudosciences that

situation of anxiety that's when there's a flare-up, right? And our mental health, our emotional health, our social health, has a lot to do with our physical health, doesn't it? That is, with, with how this affects our body and maybe this is what they talk about, emotionally, right? Of eating out of anguish, of eating out of anxiety and it's very real, isn't it? So, yes, it's very important. And in the United States there's a lot of, not only Mexicans, but Latin Americans in many parts of the United States. And I think that the, it's important for doctors to understand a little bit more about the culture of the patients they are seeing.

[Lorett] Yes, yes, that's very true, and I completely agree with you. I think that's all the time we have for today. I want to thank you very much, Dr. Irma. You have shared so much information and all your knowledge has helped me to have a better perspective of Mexico and the medical