



# When Care Becomes a Burden: A Personal Reflection on Women's Health and Systemic Gaps

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## Introduction

Access to healthcare is often framed in terms of availability, insurance, or proximity. However, for many women, access is also shaped by how care is delivered, coordinated, and experienced. My experience navigating gynecological care reveals broader systemic failures in women's healthcare, including poor care coordination, delayed access, and the minimization of women's pain are issues that disproportionately affect marginalized populations.

In 2021, I sought what should have been a routine procedure: removal and replacement of an intrauterine device (IUD). The first attempt was unsuccessful. I was asked to return for an ultrasound to determine its position. A second attempt also failed. Ultimately, I underwent a third procedure under anesthesia, where a camera was used to guide removal. What should have been a straightforward visit became a prolonged process involving multiple appointments, repeated pain, financial strain, and lost time.

At the time, I was a student with limited insurance coverage. Each visit required additional costs, transportation, and time away from other responsibilities. More concerning than the difficulty of the procedure itself was the lack of coordinated care. If complications were possible, why were the necessary tools and expertise not available at the initial visit? Fragmented care placed the burden on me, the patient to navigate a system that should have been designed to support me.

Research has shown that women's pain is often underestimated and undertreated in clinical settings [1]. Additionally, racial and ethnic disparities continue to influence how patients are perceived and treated, with Black and African patients frequently receiving less adequate care [2]. As an African woman living with a chronic

disease, I cannot ignore how these broader patterns may intersect with my own experience.

A year later, after relocating for work, I encountered another barrier: difficulty accessing consistent primary care. I was scheduled for an appointment three months out, only for it to be canceled days before. This happened twice. After repeated cancellations, I disengaged from the healthcare system for nearly three years, despite having a condition that requires regular monitoring. By the time I sought care again, my health had declined significantly, requiring multiple referrals, including to a kidney specialist.

This raises an important question: when patients disengage from care, is it truly a matter of personal responsibility, or a reflection of systemic failure?

In 2026, I again attempted to replace my IUD. Despite explaining my previous complications, I was scheduled for separate appointments rather than a comprehensive plan. A provider attempted removal unsuccessfully and referred me for an ultrasound weeks later. Due to scheduling delays, travel distances, and logistical challenges, I experienced multiple missed or rescheduled appointments. At one point, I was directed to the emergency room, where I waited for hours only to be told my case was not urgent.

Ultimately, when I saw a physician, the IUD was removed without difficulty in a single visit. I was told the earlier provider may not have felt comfortable proceeding without supervision. While caution is important, this explanation highlights a deeper issue: why was care initiated without appropriate support in place? Over the span of three months, I underwent multiple invasive procedures, often without adequate communication, preparation, or pain management.

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These experiences are not isolated incidents; they reflect systemic gaps in healthcare delivery. Women, particularly those from marginalized backgrounds, often face dismissal, delays, and unnecessary burdens when seeking care. The system frequently fails to account for the realities of patients' lives, including work schedules, financial limitations, and family responsibilities.

Healthcare systems must move toward more coordinated, patient-centered care. This includes ensuring that providers have the necessary resources and supervision available, reducing unnecessary repeat visits, improving communication, and addressing implicit bias in patient treatment. Patients should not have to endure repeated pain, logistical challenges, and financial strain to receive basic care.

As someone already managing a chronic condition, the additional burden of navigating inefficient gynecological care is not just frustrating. It is exhausting. Women carry enough physical and emotional demands related to their health; the system should not amplify that burden.

Sharing this experience is not simply about recounting frustration. It is about advocating for change, raising awareness, and pushing for a healthcare system that is more responsive, equitable, and humane. Until healthcare systems prioritize coordinated and equitable care, experiences like mine will remain far too common. Women deserve better, not only in health outcomes, but in how care is delivered.

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