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Over the last decade researchers and physicians have begun to recognize that the standard of the 70-kg male patient does not adequately represent the health care needs and clinical presentations of women. But, although we have made good progress in understanding the implications of gender differences for the delivery of care, we also need to ensure that any model we apply to women's health takes into account the rich diversity of our society.

Many kinds of descriptors — ethnicity, culture, sexuality, disability, age, socioeconomic status, etc. — provide a window onto that diversity. Although such characteristics can never give a full account of a person, they have a profound impact on his or her interactions with the rest of society — the health care system not least. The intersection of gender issues with other aspects of diversity is especially complex, and much of the work in exploring the meaning of diversity and testing its boundaries and stereotypes is being done in the field of women's health, the focus of this special issue of *CMAJ*.

The articles presented here represent a broad spectrum of interests and experience. Anna Day (page 346) examines how body image relates to the presentation and treatment of common pulmonary diseases in women. Elizabeth Whynot (page 355) describes how the culture of injection drug use is different for women than for men. Rosemary Basson (page 359) reminds us to pay attention to the sexual health of disabled women, and Elaine Carty (page 363) shares her experience caring for disabled women during pregnancy. Ruth Simkin (page 370) gives practical insights into the needs and perspectives of lesbian patients.

The scope of our reports “From the front lines” (pages 376 to 391) ex-

tends from the health care accessibility problems of immigrant women (described by Mano Murty, page 385) to the use of audio teleconferencing to provide peer support for women with breast cancer living in remote communities of Newfoundland and Labrador (described by Vernon Curran and Jon Church, page 379).

We also take a look at how the exclusion of women's health issues from the medical agenda extends to research. Paula Rochon and colleagues (page 321) reviewed in detail the reports of 43 clinical trials of drug therapy for myocardial infarction published in 5 leading medical journals and found that, although heart disease is one of the most common conditions affecting women, only 17% of the trial participants were women. Even when women were included, the results were rarely presented separately for men and women, despite the fact that men and women respond differently to many medications.

The issues that arise from our diversity as a society will continue to challenge health care providers to break new ground. We hope that this special edition of *CMAJ* will help point the way toward new ways of thinking about and responding to that challenge.

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