When women rule half the Earth...

“You’d think doctors of all people would understand human biology. You can’t change the facts, so why are they in denial about it? They can say it’s unfair, but it’s a basic fact that it’s women who have to be pregnant if a couple want babies and it’s women who have to breastfeed them and nurture them. That’s not some archaic sexist convention: it’s the inescapable reality. It is unavoidably going to cause them to interrupt their careers and it is unavoidably going to distract them in other ways: sleepless nights, worrying about their welfare, organizing the school run and what have you. They should accept that and commit to a decision. It’s not fair on their children and their husbands, and it’s not fair on their colleagues and the patients if they’re trying to have it both ways.”

That was a character in a crime thriller a friend gave me to read while I was on vacation in Ireland in June. (The novel, Black Widow by Chris Brookmyre, concerns a surgeon who writes a blog about the issues women in medicine face. She receives the above email from a male surgeon and quotes it in her blog, illustrating, she says, “the blindness of entrenched privilege”.)

I love how, maybe as I get older, everything seems connected: a friend randomly gives me a novel to read on a road trip and it relates to the subject of our cover story. It was only a few months ago that Emily Hughes—just finishing her second year of medical school at the University of Toronto—reached out to us here at the Medical Post about wanting to work on a writing project this summer. This led to us surveying, with questions developed by Hughes, more than 400 Canadian doctors online for the Gender Equity in Medicine Survey. I think our coverage (starting on page 8) touches on some deep stuff about how physicians are thinking about gender these days.

55% women someday

In the 1980s and early 1990s, the percentage of women in Canada’s medical schools was rising through the 40s. In 1995/96, women first made up more than 50% of medical students and VMATAS on page 6) and since then the percentage of women physicians-in-training has levelled out at about 55%. So, it has been two decades since we reached gender parity for students in faculties of medicine—but are we catching up to half of the leadership positions in medicine?

Certainly when you look at the well-defined world of academic medicine (deans, associate deans, full professors), both in Canada and the U.S., male doctors hold the vast majority of such positions (see page 8). We did look for gender statistics in other areas where physicians rise into leader- ship—hospitals, NGOs, politics, business—but perhaps because “leader” is a bit nebulous, such data in Canada are in short supply.

Gender differences

Dr. Genevieve Moineau is the president and CEO of the Association of Faculties of Medicine of Canada (AFMC), which represents Canada’s 17 faculties of medicine. She’s not only the first woman to run the AFMC (founded in 1979) but she cares passionately about equality between the genders when it comes to leadership in academic medicine. When we chatted by phone she said Canada’s faculties of medicine are aware of the issue and are working on it “but obviously they haven’t been fully effective yet. So there needs to be constant effort at the top to promote diversity. Here obviously we’re talking about gender diversity—but we’re also talking about diversity generally.”

Dr. Moineau also said there are differences between men and women in how they want to mentorship, the importance of a peer community and that mentorship, the importance of a peer community and that—women are more likely to work part-time for family reasons for a period? Perhaps this creates brief gaps in their productivity at a key time in the traditional promotion chain in academic medicine?

Well, children are important and wealthy, and it’s a decision which ambitious women doctors to lose out on leadership opportunities because of it. Not just because our institutions are better off when women are fully at the leadership table but also for simple reasons of fairness. Do we need to make sure women are well-represented on selection committees? Of course. But we also need to examine whether the very structures that decide which doctors become leaders need to change. MP

Smart and ambitious

I’m not really sure how true and how often the assertions in that way doctors get promoted in academic medicine to write papers that get published and write grant proposals that are successful. Our survey found women doctors are more likely to take a parental leave than men. What if they also are more likely to work part-time for family reasons for a period? Perhaps this creates brief gaps in their productivity at a key time in the traditional promotion chain in academic medicine?

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Both genders can accomplish wonderful things but the constr- uct is a little bit different.