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Editorial

Closing the gap: Women in Medicine- Where have we been, where are we going and how do we get there?

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Instead of teaching your daughters to wear glass slippers, teach them to shatter glass ceilings. Nearly two centuries ago in 1849, Elizabeth Blackwell, after shattering the ultimate glass ceiling, became the first female to earn a Medical Doctor (MD) degree, and opened endless possibilities for thousands of women following in her footsteps. Little is it known that Dr. Blackwell had the doors closed on her by multiple medical schools before one gave her the chance she needed, that we all needed, to succeed. That single open door changed the entire field of medicine, arguably for the better. How far we have come. But where are we now, two centuries later? Would Dr. Blackwell be satisfied?

According to the American Association of Medical Colleges (AAMC), it was not until 1970 that women comprised more than 10% of students in a medical school class [1]. Finally, in 2019, 170 years after Dr. Blackwell earned her MD degree, women comprised the majority (50.5%) of medical students in the United States [2]. Naturally, as more women matriculate from medical school, female physicians should be increasingly represented across the medical field. Is this true for all fields of medicine? Does this mean we have succeeded in closing the gaps? We have a ways to go.

In preparing this article, I did a quick Google search- "women in surgery". I was disheartened to see the third hit- "Can women be surgeons?" As a female in a procedural subspecialty in 2021, I often do not think about the gaps in my daily work, as I have become immune to the occasional patient who mistakes me for a nurse as I graciously thank them for the compliment. But in brief moments like this, the gaps are all too salient. According to AAMC faculty data, as of 2019, the majority of practicing physicians were male (64.1%). Within academic medicine, the disparities were even greater, with only 25.6% of women holding full professorships [3]. Even larger gender differences exist within the medical specialties. Residency training programs with a female predominance are those that tend to care for women and children- obstetrics and gynecology (83.4%) and pediatrics (72.1%). Women are the minority in other fields- orthopedic surgery (15.4%) and neurological surgery (17.5%) [4]. Only 19.2% of American surgeons are women [5]. Internal medicine procedural subspecialties demonstrate just as much gender disparity. 82.4% of all gastroenterologists are men, with only 25-30% of current trainee positions occupied by women [6]. There are likely a host of reasons why women choose to pursue certain fields of medicine.

Mentors are critical for the success of any physician's career. They support a physician's personal and professional development. Due to the significantly lower census of female physicians in surgery and other procedurally oriented fields, there remains a lack of female physician mentors considering the growing rate of women enrolling in medical school. Considering all specialties, women are underrepresented in academic medicine with even more disparity in leadership roles. Women are more likely to leave careers in academic medicine. Not surprising, considering the conspicuous inequalities in compensation and promotion compared to their male counterparts [7]. Although mentorship has proven to be beneficial, especially in academic medicine, female physicians are less likely to have mentors. The mentor-mentee relationship often develops spontaneously through similar interests and experiences. Mentees often seek a more senior faculty member who they find relatable and approachable. Notably, a gender concordance is not mandatory for the successful mentorship of a female physician [8]. This is critical given the rising enrollment of female medical students yet stagnant low numbers of female physicians in leadership roles. Trainees are more likely to choose a medical subspecialty if they have identified positive role model in that field. This holds true for women in unrepresented medical specialties.

Even with improved mentoring, we must find a way to remedy the sparsity of women physicians in leadership roles. Mentorship

is not sponsorship. A mentor advises while a sponsor promotes. A physician can have countless mentors but without one sponsor, she will struggle to climb the rungs of the professional ladder. Women in medicine must be promoted by their senior colleagues as their male counterparts are. Perhaps even more importantly women must promote other women and be strong advocates for one another. Women face unconscious bias limiting their ascent into leadership roles. Several studies in the business world have proven that women who support other women are more successful and women tend to form tight, trustworthy inner circles among their colleagues allowing them to overcome some hurdles [9]. Mentors give perspectives but sponsors give opportunities. Women must seek and accept these opportunities. Women must advocate for themselves. Arguably, before we can successfully promote the successes of others, we must come to recognize, celebrate, and advertise our own achievements. It has been observed that men are better at self-promotion. Individuals comfortable with self-promotion tend to advance further or faster in their career. We must be proactive in making our achievements visible.

September is women in medicine month. We have much to celebrate. Hundreds of years of progress and evolution. However, we mustn't settle, nor remain stagnant. We must continue to work towards equality in medicine and we must continue to foster positive relationships with our mentees and colleagues to fortify the future of women in medicine. Our future is bright but it is reliant on our ability to self-sustain and, willingly, to increase the presence of women in all fields of medicine. As Ruth Bader Ginsburg said, "Women will have achieved true equality when men share with them the responsibility of bringing up the next generation." This is our responsibility to the future of medicine. Perhaps more astutely, Justice Ginsburg stated, "Women belong in all places where decisions are being made." It is through the trust, promotion and sponsorship of ourselves and one another that we ensure we are in those places.

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