



Women in medicine - navigating a complex world

Sucheta Tiwari, MD, MRCPsych

Specialty Doctor, Camden and Islington Trust, London

Corresponding Author:

Dr Sucheta Tiwari

Camden and Islington Trust, London, UK

Email: sucheta dot tiwari at gmail dot com

Received: 22-JUL-2020

Accepted: 24-SEP-2020

Published: 29-SEP-2020

Abstract: Widely publicised allegations of sexual abuse have thrown light on the issue of gender-based discrimination women face in many industries. Workplaces are now being redesigned to suit women's needs. Medicine has a bidirectional relation with society. It is shaped by society, and its ideas often shape society in return. This article attempts to explore the relationship medicine has with women. It assesses how traditional gender roles were defined by medicine as desirable ideals of health. It looks at historical gender-based biases inherent in the study and practice of medicine. It attempts to view women's health beyond their reproductive function. And lastly, it explores gender biases within medicine as a profession, in the hope of initiating a conversation and bringing about positive change in the field. The author acknowledges that gender has been treated as binary in this article, and admits that the decision was made to simplify the narrative.

Keywords: Discrimination; Gender; Physicians, women; Women in medicine

Introduction

The legacy of a social movement is hard to predict at its inception. 'Me Too' is one such movement. Tarana Burke, an American activist, first coined the phrase in 2006, to raise awareness about sexual harassment. [1] She couldn't have known that more than a decade later it would define a cultural shift in Hollywood. Sexual assault allegations against Harvey Weinstein fuelled the 'Me Too' movement in 2017, and helped address greater biases against women in the industry, including an appalling pay gap. [2] In India, a year before Tanushree Dutta called out sexism in Bollywood, academic Raya

Sarkar created #LoSHA: List of Sexual Harassers in Academia. [3,4] While it was the first list from India which named sexual harassers, it failed to gather large scale momentum. This raises the important question of whether all professional spheres are prepared to acknowledge the issue of harassment and discrimination against working women within their groups.

The four National Family Health Surveys conducted in India have found that working women are at a higher risk of experiencing violence. [5] The medical profession, among many other fields, is yet to begin

Cite this article as: Tiwari S. Women in medicine - navigating a complex world. RHIME. 2020;7:196-9.

conversations surrounding gender-based discrimination. It is widely acknowledged that sexual harassment is the tip of the iceberg of systemic sexism. This article explores sexism within medical education and medical practice in the hope of initiating change.

The treatment of gender in medicine

Medicine is not isolated from the society in which it thrives. It shapes our views of our world, and is in turn shaped by wider society. Traditional gender roles were reinforced by medicine as biological “norms” for health. Deviations from traditional roles of wife and mother were pathologized, and the ‘science’ of early western medicine resorted to procedures such as lobectomies and oophorectomies to cure women of such illnesses.[6]

These outdated ideas of pathologies may no longer hold true, but women’s healthcare still primarily focusses on reproductive issues. This occurs despite the fact that women are increasingly likely to suffer from chronic physical illnesses, mental illness and addiction.[7,8] In fact, reproductive health research also seems preoccupied with the age-old role for women as breeders, with greater advances in infertility treatment than for dysmenorrhea and endometriosis.[9]

Considering the prestige that medicine holds in society, its deeply held sexist ideas are especially dangerous. Gender bias in medicine is evident in the early years of medical education. The language of medical texts tends to be gendered: it includes the use of masculine terms as generic and, thus, generally limits life experiences for one gender while permitting them for another. It is widely recognised that the use of gendered language reinforces discrimination of the underprivileged sex.[10] Textbooks of

psychological medicine place dogmatic Freudian concepts of psychosexual development on the same footing as modern understanding of development. Books on development establish normative gender-roles as the desirable outcome for all children. For most of its history, medicine has helped traditional gender norms thrive. Unfortunately, its own ranks have suffered as a result.

The curious case of missing women

Men and women join medical colleges in comparable numbers in India. It is curious then that women constitute an abysmal minority among practicing physicians. This drop starts just after medical school, with women being only about a third of postgraduate trainees.[11] An even smaller proportion of women physicians occupy leadership roles. In 2015, of eleven premier institutions for medical education in India, only one had a female director.[12] Medical specialties that demand long and unpredictable hours remain male dominated, and women choose what are considered ‘soft specialisations’.[13] Women in medicine tend to specialise in branches such as biochemistry, pathology, or anatomy, with less severe demands on time, possibly because - like most women in India - women physicians have to take on a greater share of domestic responsibilities.[13]

The reverse is true for nursing, which grapples with issues of its own. It remains a female-dominated field in India; men face barriers to entry into nursing schools and jobs. This lack of gender diversity can stunt development of organizations and are signs of systemic biases built into these disciplines. Unfortunately in India, even for a field brimming with women, leadership positions are frequently held by men.[14]

Violence by any other name: financial, physical, and sexual harassment in healthcare

The gender pay-gap extends to medical careers across the world.[15] It may stem from poorly-drawn contracts reflecting systemic biases within healthcare systems; it could also be that lucrative specialties, like surgical branches, function as 'boys clubs', demanding gruelling hours and rewarding machismo, and, thus, keeping women out.

Discrimination against women is not just financial. It frequently turns violent, threatening life, limb, and dignity. It is widely accepted by women in medicine that violence at work is commonplace. Aruna Shanbaug's death bears testimony to this fact.[16] A culture of silence against harassment not only prevents women from speaking up, but there is also a fear that implication may lead to fewer opportunities for them since it is the men who usually hold mentorship positions.

Serious interventions are required to make medical training more humane. Long work hours, lack of personal space and of work-life balance have been extensively written about; however, the culture of abuse, not necessarily gender-based, that is frequently accepted as an inherent part of training by junior doctors needs to be addressed.[13] For women, these add to the stress of not being taken seriously by patients or other hospital staff, having to work odd hours in

demanding environments, and having to share living space with male colleagues who are themselves entrenched in gender stereotypes. Maternity leaves are frowned upon - this harks back to the inherent culture in medicine which looks at any time away from work as time wasted - complicated further by the belief that motherhood is incompatible with a career in medicine.

Becoming better

Initiatives that embolden women to reclaim spaces, such as #ILookLikeASurgeon on Twitter, can help to change public perception of professional roles suitable for women. More such initiatives in formal workspaces, such as mentoring programmes for female employees, family-friendly work setups, and robust institutional arrangements to address grievances are needed. There is sufficient evidence that flexible, less daunting training does not negatively affect skills or patient health outcomes.[17] Modifications in the training of physicians which allow for a balanced lifestyle must take place.

Women have been forced to waste precious time in creating spaces for themselves, time which could have been better used to further human progress. We must acknowledge that women are as integral a part of our workforce as men, and that men should be able to care for their families as much as women. Men at the top must make room for women, hear our voices, shape our stories, and help medicine create a fairer world.

References

1. Biography: Tarana Burke. New York: A&E Television Networks, LLC. 2020 Jun 19 [cited 2020 Sep 20]. Available from <https://www.biography.com/activist/tarana-burke>
2. North A. 7 positive changes that have come from the #MeToo movement. Vox. 2019 Oct 04 [cited 2020 Sep 20]. Available from <https://www.vox.com/identities/2019/10/4/20852639/me-too-movement-sexual-harassment-law-2019>

3. Bhowal T. Tanushree Dutta, Who Triggered India's #MeToo, Says "Hopeful I Will Get Justice". New Delhi: NDTV. 2018 Oct 23 [cited 2020 Sep 20]. Available from <https://www.ndtv.com/entertainment/tanushree-dutta-who-triggered->

indias-metoo-says-hopeful-she-will-get-justice-1936494

4. Dasgupta P. #MeToo In India: 75 Professors, 30 Institutes, What Happened To Raya Sarkar's List Of Sexual Harassers? HuffPost India [Internet]. 2018 Oct 27 [cited 2020 Sep 20]. Available from https://www.huffingtonpost.in/2018/10/25/metoo-in-india-75-professors-30-institutes-what-happened-to-raya-sarkar-s-list-of-sexual-harassers_a_23571422/

5. Golder S, Agrawal N, Bhogal RK, Tada PR, Menon RR, Thekkudan J, Thomas M, Laddha R. Measurement of Domestic Violence in NFHS Surveys and Some Evidence. New Delhi: Oxfam India. 2016 Aug 23 [cited 2020 Sep 20]. Available from <https://www.oxfamindia.org/sites/default/files/2018-10/WP-Measurement-of-Domestic-Violence-in-National-Family-Health-Survey-surveys-and-Some-Evidence-EN.pdf>

6. Levinson R. Sexism in Medicine. *Am J Nurs*. 1976;76(3):426–31.

7. Temmerman M, Khosla R, Laski L, Mathews Z, Say L. Women's health priorities and interventions. *BMJ*. 2015;351:h4147.

8. Armstrong G, Vijayakumar L. Suicide in India: a complex public health tragedy in need of a plan. *Lancet Public Health*. 2018;3(10):e459–60.

9. Goldhill O. Period pain can be “almost as bad as a heart attack.” Why aren't we researching how to treat it? New York: Quartz. 2016 Feb 18 [cited 2020 Sep 20]. Available from <https://qz.com/611774/period-pain-can-be-as-bad-as-a-heart-attack-so-why-arent-we-researching-how-to-treat-it/>

10. Shute S. Sexist Language and Sexism. In: Vetterling-Braggin M, editor. *Sexist Language: A Modern Philosophical Analysis*. New Jersey: Littlefield, Adams and Co.; 1981. p. 23–33.

11. Nagarajan R. More women study medicine,

but few practise. New Delhi: The Times of India. 2016 Jan 11 [cited 2020 Sep 20]. Available from <https://timesofindia.indiatimes.com/india/More-women-study-medicine-but-few-practise/articleshow/50525799.cms>

12. Anant Bhan: Gender gap in medical education leadership in India. London :The BMJ Opinion. 2015 Jul 31 [cited 2020 Sep 20]. Available from <https://blogs.bmj.com/bmj/2015/07/31/anant-bhan-gender-gap-in-medical-education-leadership-in-india/>

13. Bhadra M. Indian Women in Medicine: An Enquiry Since 1880. *Indian Anthropol*. 2011;41(1): 17–43.

14. Gill R. Gender stereotypes: a history of nursing in India. *Social Action*. 2018;68:43-55.

15. British Medical Association. Review of the gender pay gap in medicine. London: BMA. 2020 Sep 07 [cited 2020 Sep 28]. Available from <https://www.bma.org.uk/pay-and-contracts/pay/how-doctors-pay-is-decided/review-of-the-gender-pay-gap-in-medicine>

16. Sharma NC. India slips four ranks on World Economic Forum's Global Gender Gap Index 2020. New Delhi: Mint. 2019 Dec 17 [cited 2020 Sep 28]. Available from <https://www.livemint.com/news/india/india-slips-four-ranks-on-world-economic-forum-s-global-gender-gap-index-2020-11576574974188.html>

17. Mukherjee A. What is rape victim Aruna Shanbaug's real story?. Hong Kong: Asia Times. 2015 May 19 [cited 2020 Sep 20]. Available from <http://www.atimes.com/article/what-is-rape-victim-aruna-shanbaugs-real-story/>

18. Australian Medical Association. Flexibility in Medical Work and Training Practices - 2005. Revised 2015. 2015 Nov 24 [cited 2018 Oct 31]. Available from <https://ama.com.au/position-statement/flexibility-medical-work-and-training-practices>

Acknowledgement: with gratitude to Dr Anant Bhan for suggesting women's experiences with medicine as a potential topic for an article in 2018.