

Women in Medicine—A Living History

The following is a testimonial given to honor Dr Ellen Killebrew (pictured below) on the occasion of her retirement.

We gather here tonight to celebrate and to honor Dr Ellen Killebrew during this major transition in her life. Ellen's leaving also marks a major transition in each of our lives. The impressive number of women doctors assembled here attests to her impact on us. How often does any occasion draw so many of us from our busy professional and personal lives?

Historical Context

Within a broader historical context, Ellen also embodies something compelling for all of us. When we look around this room, we see an intergenerational group of women doctors who span the period of the last half-century of American medical history. Some of the women sitting at these tables have recently completed their medical residencies. In 1968, when Ellen finished hers at Colorado General Hospital, no other women sat at the commencement table. In 1983, when I completed my own residency in Chicago, my residency group included a total of six other women; at our commencement ceremony, we were "treated" to a female striptease dancer as the main entertainment. As we embark on a new millennium, it is fitting that we honor Ellen Killebrew, both for her stellar individual accomplishments and for her obstinate insistence on being a physician. Each time Ellen challenged the barriers excluding women from medicine, she made things easier for the next group of women who came up against these barriers.

Career Facts and Barriers

The "official and usual" facts of Ellen's career are these: Tonight we celebrate an outstanding clinician and teacher, a gifted cardiologist, a Clinical Professor of Medicine at the University of California at San Francisco, a long-standing officer of the American Heart Association, a published author of medical works, and a respected colleague who has worked 28 years for Kaiser Permanente.

However, as always, the facts are never simple, and they are inherently thin. What expands the facts of Ellen's career into an experience that has affected each of us is the particular way in which she negotiated her career through the difficult history of women in American medicine. Most of Ellen's medical career was lived through periods of time when professional barriers to women were blatant and prejudice was inarguably overt. Remarkably,

Ellen not only endured those times; through her persistence and her perennial mentoring and support of other women physicians who followed her, she also helped to reshape the landscape for other women entering medicine.

In 1955, Ellen entered Bucknell University in Pennsylvania to pursue a business major and to become an executive secretary, one of the few acceptable academic majors available to women then. However, during her sophomore year, Ellen decided to enter premedical training. Her decision was a radical act at the time. In fact, the university mandated that Ellen obtain written permission from her father as a strict prerequisite for her enrolling in premedical courses. How many of us here tonight can imagine being told that our fathers had the right to determine what we could study and what we could become?

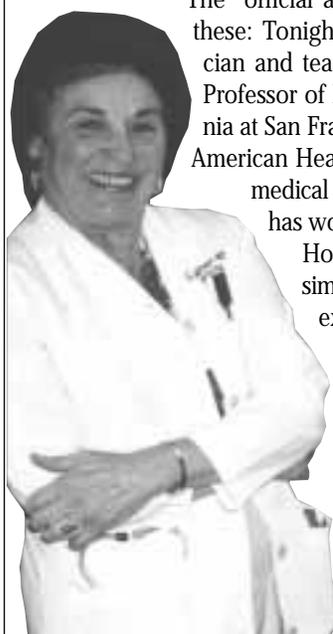
Women in Medical Training

An instructive passage in Hedda Garza's book, *Women in Medicine*, gives us a picture of this time in history: "By 1955, a new low point had been reached. Many medical schools that had welcomed women during the war no longer had a single female student. Now that women were no longer needed, polls were published to justify the sudden change. In 1949 and 1957, hospital chiefs of staff and male physicians gave familiar answers to the questionnaires asking them their opinions of female doctors. Many of them commented that women doctors were "emotionally unstable," "talk too much," and "get pregnant"! One dean actually declared that he preferred a third-rate man to a first-rate woman doctor."¹

Ellen's Academic Experience

When I asked Ellen about her experiences in premed, she relayed that she frequently had to endure dreary, misogynist attitudes. Among the most painful memories she recalled was being accused of cheating on her biochemistry exam because no woman was expected to excel as she had. Male students raided her dorm room looking for evidence to support their accusations—which were, of course, false.

In 1960, just one year after Ellen completed her premedical training, Jefferson Medical College in Pennsylvania finally opened its doors to women, becoming the last medical school in the United States forced to do so. Still, at her medical school interviews, Ellen was asked why she wanted to "take a man's place." She was queried as to whether or not she had thought about having a family and, consequently, of dropping out of medical school. In 1962, while Ellen attended New Jersey College of Medicine, historian Frederick Rudolph congratulated male colleges like Yale and Harvard for "preserving the liberal inheritance of Western Civilization in the United States by protecting it from debilitating, feminizing, corrupting influences which shaped its career where coeducation prevailed."¹



Dr Ellen Killebrew. Photo by Nadine Hubbel

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Despite this formidable climate, Ellen graduated from medical school in 1965, when, still, only 4.6% of all women with an MD degree had become full-time medical school faculty members.² When she completed her internal medicine residency at Colorado General and Denver General Hospital three years later, three fourths of the three million health care workers in this country were women, whereas nearly all administrators and physicians were men. Only 7% of physicians were women, a negligible difference from the 6% figure in 1900.¹ In 1970—only after The Women’s Equity Action League filed a class action suit on behalf of all women against every medical college in the country—the United States Congress finally held its first hearing on the incontestable gender inequality in medical school admissions. And in 1970, while these difficulties prevailed, Ellen Killebrew finished her cardiology Fellowship at the Pacific Medical Center in San Francisco.

Kaiser Permanente

In that same year, Ellen’s first venture into the job market brought her to the doors of Kaiser San Francisco, but she was told that they were not hiring “women cardiologists.” The physician members of two private practices told her the same thing. Ellen persevered and ultimately broke through several additional barriers at Richmond and Oakland Kaiser to obtain employment. In true pioneering fashion, Ellen’s successful fight to secure employment immediately preceded passage of the Equal Opportunity Act in 1971, legislation that forced open the doors of professional education for all women in this country.

While Ellen was on her way to becoming one of the most respected physicians at Oakland Kaiser, formidable odds continued to mark the general medical landscape for women. In a study published in 1974, two thirds of practicing male physicians did not accept women as peers.³ That same year, another study revealed that 80% of New York City medical patients stated their preference for a male physician, although half had never been treated by a woman.⁴ In 1982, *JAMA* published an article, “Attitudes toward women physicians in medical academia,” which reported that almost 50% of male medical students and physicians agreed with the statement: “Women physicians who spend long hours at work are neglecting their responsibilities to home and family.”⁵ In a survey published one year later in the *American Journal of Psychiatry*, 30% of male physicians felt “there was a significant risk to the optimal functioning of a department that hired a woman of child-bearing age.”⁶

Many women in this room remember arriving at Kaiser Oakland in the late 1980s and feeling immediate reassurance from Ellen’s welcoming presence. Senior women physicians were scarce in the ‘80s. By 1981, but for a single post that had been held at the Women’s Medical College of Pennsylvania in 1955, no woman had yet to hold a chief administrative position (for example, full deanship).¹ As late as 1985, only 5% of medical school professors were women,⁷ and in 1988, only 15% of active physicians were women.¹

Perhaps as remarkable as her struggle is the style in which Ellen practiced medicine. She bore no malice for the hardships that she endured, and she never begrudged the success of other women who did not have to suffer these hardships. On the contrary, Ellen always took time to mentor any woman who approached her with professional or personal issues. She was a rare exception to Janet Bickel’s proclamation in “Women in medical education,” published in the *New England Journal of Medicine* in 1988: “There are few departments in any school in which a student can readily find a woman physician in a senior position who is happy with both her professional life and her personal life and available to give the student pointers and support.”⁸

New Millennium Statistics

We enter the new millennium with some new “facts.” In the 1998-9 academic year, women comprised 44% of medical school entrants and 15% of cardiology fellows.⁹ One prediction estimates that, by 2010, women will comprise 30% of practicing physicians.¹⁰ Still, in 1995, a national cohort study showed that after 11 years, only 5% of women had achieved full professorship status, compared with 23% of men with similar initial rank, type of tenure track, and Board certification.¹¹ Also, women comprise only 7% of all full professorships in internal medicine.¹²

Although the numbers of women in medicine and in leadership positions continue to lag behind men, other forms of gender discrimination also continue within the experiential realm of being a physician. In her book, *Walking out on the Boys*, Dr Francis K. Conley of Stanford University wrote about these modern-day varieties of sexual inequality in medicine: “I have learned that universities, in general, no longer function as agents of societal change ... [that their] liberal environment is a masquerade.”¹³ In 1994, a report in the *New England Journal of Medicine* documented a harassment rate of 73% among women responding to a survey of sexual harassment in medical training.¹⁴

To Ellen: in Conclusion

Within the sociopolitical context of women in medicine, Ellen has been a genuine heroine. She braved formidable barriers in her path to becoming a physician, and in so doing helped to pave an easier entry for other women who followed her. When we look to Ellen and recognize her brilliance and her rightful place in medicine, we are pained to think about the abuse and the misogyny she was made to endure.

Each of us has arrived here in a long procession of women, which widens in rank by the years. And near the leading edge of the procession is Ellen Killebrew—pioneering, pulling many of us along. We honor Ellen tonight for her courageous and generous leadership, her inspired mentoring, her indisputable clinical skills, her unself-conscious wisdom, and her personal and professional integrity. We thank her for being one of the rare women in a senior position who was happy with her ca-

reer and life and who offered her own happiness as a beacon for many of us who were looking for some light in our own careers. We thank her for helping us to create and integrate a professional identity.

Finally, on a personal note, besides thanking Ellen for all of these things, I also want her to know how much her vivacity and wit delighted me. And, simply, how much I will miss her. ❖

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Our Struggle Today

Our struggle today is not to have a female Einstein get appointed as an assistant professor. It is for a woman schlemiel to get as quickly promoted as a male schlemiel.

Bella Abzug, 1920-1998, congresswoman and founding feminist