

Celebrating Women in Medicine

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ABSTRACT

In collaboration with the American Medical Women's Association, *The Permanente Journal* is pleased to present this special issue in celebration of Women in Medicine Month in September 2020. This designation was created by the American Medical Association to recognize the growing number of women in the profession. We aim to introduce the history, education, leadership, society beliefs and inequities faced, reflections on bias, and perspectives on work-life-balance. We hope you will allow the personal stories, commentaries, and research reports to inspire you to create workplaces and life moments with a view toward equity and inclusion.

In collaboration with the American Medical Women's Association (AMWA), *The Permanente Journal* is pleased to present this supplemental issue in celebration of Women in Medicine Month designated by the American Medical Association this September 2020. In this issue, we introduce themes relevant to women in medicine, from a historical context as well as current perspectives on education, leadership, gender equity, and work-life balance. Although most of the articles in this issue reflect on physician experiences, we wish to recognize important contributions from other female health care providers. This includes nurses, medical assistants, therapists, and many others, who have shaped health care. We hope you will allow the personal stories, commentaries, and research reports in this issue to inspire you to create workplaces and life moments with a view toward equity and inclusion.

In the early years of my career as a woman in medicine, I (HNT) have gained much from the courage, perseverance, and leadership from the women before me, who paved the path for me to pursue my dream of studying medicine; to develop a career as a physician, researcher, and educator; and to find fulfillment in becoming a mother.

In 1915, when most women physicians had no voice to vote and faced marginalization in their own profession, pioneer surgeon Dr Bertha Van Hoosen founded AMWA.¹ Over the next century, the organization would become a leading proponent for advancing women in medicine, advocating for equity, and improving health care. Years later,

Dr Van Hoosen² wrote, "*When I was born, the door that separates the sexes had opened scarcely more than a crack. And it has been my privilege, my pain, and my pleasure to pound on that door, strain at its hinges, and finally to see it, although not wide open, stand ajar.*" During World War II, AMWA President Dr Emily Dunning Barringer helped women physicians achieve commissioned status, and during the 1980s, AMWA played a key role in advancing women's health.¹

The history of The Permanente Medical Group (TPMG) dates to 1944, when Dr Beatrice Lei was recruited as 1 of 16 young physicians to work for Sidney Garfield, MD, at the Kaiser Richmond shipyards in Richmond, California.³ She became the first woman and first Asian physician to be accepted as a partner in TPMG in 1948. Since those early years, an increasing number of women physicians have joined Permanente Medical Groups (Permanente Medicine) across our 8 Regions. In 1991, Sharon Levine, MD, was the first woman physician to be appointed the Associate Executive Director of TPMG, and in 1992 she organized the first TPMG Women Physician Symposium, on "Balance, Leadership, Empowerment."

A review of Association of American Medical Colleges data shows that the percentages of women entering medical school have steadily increased over the years to surpass 50% in 2017.⁴ Yet those same reports underscore a substantial gender gap in leadership. Women make up only 16% of deans, 17% of department chairs, and 24% of full professors, although they make up the majority (58%) of faculty at the instructor level.⁵ National reports also indicate that certain medical specialties are now predominantly female, whereas many procedural and surgical specialties remain traditionally male-dominated professions. This trend is reflected in the specialty choice data reported by the American Medical Association: Women make up most residents in obstetrics and gynecology (83.4%), allergy and immunology (73.5%), pediatrics (72.1%), medical genetics and genomic medicine (66.7%), hospice and palliative medicine (66.3%), and dermatology (60.8%). They comprise 38% of trainees in general surgery, yet only 15% in orthopedic surgery.⁶ Contributing factors for these disparities may be multifactorial.

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Editor's note: This issue went to press at the height of the coronavirus disease 2019 (COVID-19) pandemic. All aspects of societal behavior are in upheaval, with epidemiology and medical practice at the center of the storm. Everyone and everywhere in all medical fields are profoundly affected both at work and at home. Never before has the balance of providing healthcare and family life been so arduous. One gratifying aspect is the widespread recognition of the risks taken by many, especially in the hands-on health care fields.

A growing body of literature has focused on the experience of women physicians. Compared with men, women physicians are more likely to report satisfaction with their specialty, patients, and colleagues but are also at increased odds of reporting burnout as they attempt to meet gendered expectations⁷ of empathetic listening and longer visits, especially in the outpatient setting. Unfortunately, the gender pay gap still exists,⁸ and workplace issues such as sexual harassment and gender discrimination have become growing areas of concern.

Motherhood and reentry to the work force are further challenges many women physicians face. Social media groups have arisen to meet a need for networking among physician mothers. Camaraderie, family support, wellness, career satisfaction, and fulfillment are vital to women leaders to succeed and take charge. Some physician leaders at Kaiser Permanente (KP) East Bay reflected on their journeys in medicine and their passions and shared them with us. Lindsay Mazotti, MD, Assistant Physician in Chief of Education at KP East Bay, identified themes in her development: *“My personal journey as a physician is how much being a mother has helped me in every aspect of my clinical care and leadership. I’ve learned, in the last 11½ years, to not take myself so seriously, to prioritize my family and my time better, and to be a more compassionate human and citizen. I am thankful every day for the privilege of raising 2 girls, trying to be a good role model, and instilling in them a sense of pride in working in service to others.”* While on maternity leave with her daughter, Ashley McClure, MD, Green Team leader at KP Oakland Medical Center, felt the urge to promote advocating for climate solutions: *“Strong physician leadership [is needed] for urgent climate solutions, as public health protection is the invaluable legacy of safety and health we can leave for our children.”* Lindsay Pierce, MD, Assistant Chief of Family Medicine at KP Oakland Medical Center, reflects:

I know the glass ceiling is still really in many jobs, but “I never felt it being a woman in medicine and even as a leader in my department. I feel honored I get to work along so many strong women, and I feel I am being a role model to my kids. My husband took off work for 7 years to stay home and take care of our kids. In addition, his doctor and his dentist were both women. One day we were talking about my brother

needing to go to work, and my son said, “But he’s a man, and men don’t work; only women work.” That made me smile. We’ve really come a long way.”

We have really come a long way. May we take inspiration from the past, live in the present, and strive to create a world of equity and inclusion for the future. ❖

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Authors’ Contributions

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