

*A Word From the Medical Directors*  
**Commentary: Women in Medicine**



Not long ago, I conducted an orientation for eight Group Health Permanente physicians, four of whom were women. That's not particularly remarkable any longer; more interesting is the fact that a couple of the women were in surgical specialties—interesting, but today not too unusual.

When I graduated from Georgetown Medical School in 1972, I was one of six women in a class of 120—an improvement from a generation earlier, when women were discouraged from medicine as a career. Today, as Dr Kate Scannell pointed out in the Summer 2000 issue of *The Permanente Journal*, medical school classes are approaching gender parity with more than 40% female students.

As a pediatrician, I spent the early part of my career in a field long considered “traditional” for women. I first worked in the Henry Ford Hospital system, then at Harvard Community Health Plan, and now I'm here at Group Health Permanente. I've been associated primarily with large nonprofit organizations that are generally more progressive. I never experienced a lot of discriminatory pressure, even though I was a member of the first sizeable wave of women in medicine. I know this has not been the case for all female physicians. But what I'm happiest to see is that as a result of the large numbers of women entering medicine and societal change as a whole, the field itself has changed. We now have “women's health,” guided and practiced by women physicians to a degree that was inconceivable not so long ago. We also have a profession that is more flexible and responsive because that is what women have wanted, demanded, and earned. This development has been of great benefit to our male colleagues as well.

Here at Group Health Permanente, for instance, most of our family practice doctors work less than full-time, so they can balance the needs of a demanding profession with the equally important needs of family and home. This policy embraces both men and women: Consider how common it is

now for men to take a leave to care for and enjoy a baby. Not so long ago, this circumstance would have been unthinkable—especially for physicians. This sort of flexibility is one of the great benefits of working at a large organization.

When I graduated from medical school, about 80% of physicians worked for private or small group practices rather than large entities. Now, the split is about 50/50, in part because the flexibility women demanded is much more feasible in a large organization than in a small practice. This is another change in medicine, initiated by women, that has benefited both men and women.

This is why organizations such as Group Health and Kaiser Permanente are such popular places to work. Our turnover rate at Group Health Permanente is 5-6%, well below the rate at comparable medical employers in the Northwest and below the rate for professionals in less family-friendly fields, such as high technology.

Today the Group Health Permanente medical staff is one-third women—quite a change from those pioneering years at the beginning of my career. Last year, we recruited 58% men and 42% women—much like the proportions in medical school today.

To me, this change demonstrates in day-to-day terms the change for women in medicine over the past 25 years. Although things are certainly much better for women now, I like to think medicine is also much better as a result. What still needs to change? When I entered medicine, the options for women were research, practice, or teaching. Management leadership wasn't an option. Although the gender statistics for practicing physicians have changed significantly, the progress of women in research, academics, and especially management lags far behind. The qualities of caring, flexibility, and humanization that women have brought to non-management areas of the medical profession—and all professions—will enhance health care leadership, too. I'm proud to be part of it. ❖

LOUISE LIANG, MD, is the President of Group Health Permanente (GHP) in Seattle, Washington. GHP is the 1000-member medical group partner of Group Health Cooperative covering 600,000 members. She also serves as the Chair of the Board of The Institute of Healthcare Improvement.

