

Challenging gender bias in the house of medicine

SEP 27, 2018

Barbara L. McAneny, MD

Former President

Since the 1970s, women have been carving out an increasingly large role in medicine, and the profession is becoming more representative of our society. September is Women in Medicine Month, a great time to acknowledge the changing face of medicine, but also to note that female physicians are not immune from the challenges that face women in every other workplace across the country.

Today, fully half of all U.S. medical school students—and graduates—are women. And those students are receiving instruction from women more often than ever before. Nearly 40 percent of the faculty posts at the nation's medical schools are held by women, according to the Association of American Medical Colleges.

Yet the incomes of female physicians, both in practice and in academia, trail those of their male peers by a sizable and widening gap. A 2017 survey of some 65,000 physicians across 40 specialties by Doximity, the nation's largest medical social network, showed female physicians earned an average of 27.7 percent less than their male peers.

And it's important to note that lower compensation for female physicians persisted even after adjustments were made for differences in age, areas of specialization, faculty rank, productivity measures, and other factors.

The AMA is firmly committed to all physicians' lifelong learning and serves as an ally for both patients and the profession. We not only support reducing gender bias in pay, we've taken concrete action to do so.

In June, the AMA's House of Delegates agreed to push for pay structures based on objective, gender-neutral criteria, while simultaneously promoting greater transparency in compensation processes and mitigating implicit bias. Further, the AMA has reaffirmed its commitment to equal pay for equal work within its own workforce through routine salary assessments and other steps.

Even so, eliminating the outdated, paternalistic attitudes that persist both within medicine and across society will take much more than advocacy. Many of us will need to drastically readjust our thinking, if not our entire worldview.

Consider the case of the Texas internist who, in the September issue of the *Dallas Medical Journal*, said he believes female physicians earn less because they “do not work as hard and do not see as many patients as male physicians.” Instead, he said, women doctors prioritize “something else ... family, social, whatever.”

This perspective was roundly—and rightly—criticized by many women and men both inside and outside of medicine. However, judging by the fact that some people have come to his defense, outdated attitudes persist in some quarters.

Earlier this month, the AMA hosted a forum for women in leadership in medicine. There, I heard many ideas, concerns and stories. My takeaway? Physicians must work together to alter the norms and must call on our colleagues and our profession to honor our training, our credentials and our licenses, for which we all paid the same price.

We all earned the same title through a rigorous and universal standard. That same standard should be applied to opportunities and to compensation.

Within the medical field, we must also check our own biases where appropriate, and speak out against attitudes that hold women back in medicine, in business and in life. The face of medicine is changing, so let’s lead this change ethically. We all must be agents for this change.

Editor’s note: *This column was first published at KevinMD.com.*