Why women physicians need to know the business side of health care

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“Next June, I will be inaugurated as president of the American Medical Association, the nation’s oldest and largest association of physicians. I am in awe of the significance and the responsibility of my position—of being the first African-American woman to serve as president-elect of the AMA.

Beyond any words, my presence has the potential to speak volumes regarding women in leadership, diversity in medicine and in leadership and the importance of psychiatry as a critical component in the house of medicine.

I have known that I wanted to be a doctor since junior high school. I was inspired by Marcus Welby, MD, a TV doctor who not only cared about his patients inside the exam room, but also cared about their lives and circumstances outside the exam room. That appealed to me.

But, unlike some of my colleagues, I didn’t have a doctor in the family. My maternal grandfather was a coal miner, my mom was a teacher and my dad worked for the railroad, so I learned my work ethic and commitment through their examples.

As an undergraduate, I was unsure of what to major in. In fact, I initially chose medical technology because it was the closest association to medicine in the freshman catalogue. I quickly learned that it was not the “pre-med” major. That ended up being a bit of a discouraging time. Some advisors tried to steer me into nursing, which is a noble profession, but it wasn't what I wanted to do. Ultimately, I chose psychology because I enjoyed my introductory psychology class. I knew I would someday get to medical school, but clearly I was going to have to manage some detours.

Like other women, I have had the experience of others’ attempts to marginalize me. But I am accustomed to breaking barriers. At the West Virginia University School of Medicine, I was the only African-American—male or female—in my class. I know that feeling—that if you answer a question wrong it may reflect poorly on other people of color and confirm the opinions of some that you don’t belong there. I learned that you have to be able to work through those feelings and not allow others to define you.
By virtue of my new position, I am again breaking barriers for women in medicine, women of color in particular. As leader of the AMA, I am focused on our ultimate mission of improving the health of the nation through our strategic priorities: attacking dysfunction in health care, re-imagining medical education and lifelong learning, and fighting America’s chronic disease burden. Because of my background, I am also able to elevate issues surrounding mental health, public health, health equity and disparities, all of which are aligned with AMA strategic priorities. Each president brings their unique voice and can speak about our priorities through his or her own lens, which makes our profession richer and our organization more effective.

Moving forward, how can we make a difference for women in medicine? First, we need to take a systemic look at the barriers. We need to address implicit bias—in medical school admissions, promotion and tenure committees, hiring, and leadership opportunities. The AMA has adopted policy addressing implicit bias in medical schools and residency programs, and in compensation determinations; however, the AMA or the medical profession at large cannot do this alone. We will need stakeholders in pre-school, elementary and secondary education, pipeline programs and local, state and federal government to be involved in this effort as well.

There is also a role for the individual in addressing barriers—and this advice goes for male as well as female colleagues. When you see something, say something. That’s why it’s so important to have diverse organizations, boards and committees, to ensure different viewpoints are brought to the table. During the year I served as chair of the AMA Board of Trustees, my practice was to welcome dissenting opinions. I encouraged others to elevate issues they felt were important. When one person speaks up to elevate an issue, others may follow suit.

Another piece of advice for women in medicine: take your current position and make it bigger. Four years ago, I had the opportunity to lead medicine’s response to what has become an epidemic of opioid misuse and addiction by becoming chair of AMA’s Opioid Task Force. By getting state and specialty societies on the same page, developing recommendations and urging physicians to get involved, we have made real progress in the fight against opioids. There are many ways to make an impact, so take advantage of opportunities, large and small.

And when you do succeed, don’t be afraid to toot your own horn. During our childhood, we learn certain lessons. For me—and some in my generation—it was that I should not brag or “crow” about my accomplishments. Lessons like these are internalized and have to be unlearned later on. We can be modest to a fault; it is appropriate and necessary to acknowledge our accomplishments.

A final word of encouragement to my female colleagues: there will be times when you’ll be discouraged. Just keep going ... give voice to your vision and be persistent. Your confidence may be shaken when you experience setbacks, but do not let it affect your resolve.”
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