

5 ways to target medicine's gender inequities

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Gender inequity influences physician satisfaction and the quality of patient care. While this is a system-level issue, there are actions doctors and physician leaders can take to counter its effects. During an education session, emergency physician Esther Choo, MD, shared solutions to help doctors understand how to address gender equity in medicine.

“These topics can be uncomfortable and we actually need to routinize them if you’re actually going to solve them. What in health care do we solve by avoiding it and failing to look under the hood?” said Dr. Choo, an associate professor at the Oregon Health & Science University.

The AMA House of Delegates has adopted a comprehensive set of principles on gender equity in medicine designed to address what an AMA Board of Trustees report calls “a complex, pervasive issue that requires a multilayered approach.”

This September, the AMA is marking Women in Medicine Month by celebrating trailblazers, advocates and leaders. Learn more about recent AMA advocacy efforts to address issues such as women’s health, medical research, and pregnancy and childbirth.

To help individual physicians take action, Dr. Choo shared five solutions she believes can help address gender inequity in medicine.

Diversify the workforce

Physicians should look more like the population they serve. However, when Dr. Choo thought about why the health care workforce is not diversified, “it turns out that our health care workforce isn’t a great place for a lot of people.”

Sexual harassment is “generally overlooked and highly tolerated,” she argued, adding that “the objective of most organizations is simply not to get sued.” This is a low bar, especially for women of

color, and sexual and gender minority individuals who experience this more than others.

“It leads to attrition from leadership roles, from institutions and even from the field of medicine entirely. It has a stronger relationship with women’s well-being than any other job-related stressor.”

Understand why inequities happen

“We should acknowledge all the time that this is a complicated issue, otherwise we would have solved it already,” said Dr. Choo, also a founding member of the Time’s Up Healthcare organization, which insists on safe, fair and dignified work for women in health care.

The focus has typically been on implicit gender bias, but there are a range of things to consider across the system, she said. These include the preference for part-time work, archaic systems, role models, societal norms, the “old boys” culture, unequal domestic responsibilities and more.

To better understand these inequities, participate in gender bias educational sessions or view online materials. And for social science studies, randomize people by gender.

Examine whose voices are heard

“I challenge you to take any journal in your specialty and look at the teams of people who are writing the major studies. Men publish with other men and they build each other’s productivity by always sustaining these networks,” Dr. Choo said during the education session held during the 2019 AMA Annual Meeting in Chicago.

Clinical teams, panels, committees and research groups often lack gender and other types of diversity. This can be fixed by considering diversity in groups and ensuring all voices contribute meaningfully.

Stress that change is a win-win

“This is too often framed as an issue of simple fairness or integrity, and an issue that simply affects women and mothers,” said Dr. Choo, arguing that there is a strong business and clinical case for equity.

Diversity correlates to increased financial returns, she said. Conversely, when there is little diversity, financial performance drops. Creating diverse workforces leads to organizational performance success, brings out the best talents, strengthens relationships, raises employee satisfaction, improves decision-making and enhances the organization's image.

Adopt a preventive mindset

“As a group of pretty smart, accomplished people who've done amazing things, use the same frameworks as we do for any other problem,” said Dr. Choo, adding that the chronic disease framework is a good example.

In the chronic disease model, disease is detected early and conditions are prevented when possible. And if it is not preventable, then it is at least detected early to influence outcomes.

However, in the case of sexual harassment, gender and equity, “we basically wait for full blown metastatic disease before we try to detect it,” she said. “I would like us to really aim for excellence here and move our detection way upstream so that we can actually solve problems before they get to that point.”