

AMA experts on the challenges women physicians face during the pandemic

Watch the AMA's daily COVID-19 update, with insights from AMA leaders and experts about the pandemic.

Featured topic and speakers

AMA Chief Experience Officer Todd Unger speaks with AMA Chair, Women Physicians Section (WPS) Governing Council and internal medicine physician, Niva Lubin-Johnson, MD, Vice Chair, WPS Governing Council and CEO of PurpLE Health Foundation Anita Ravi, MD, MPH, MSHP, and alternate delegate, WPS Governing Council and maternal-fetal medicine specialist Nicole Lee Plenty, MD, MPH, MS, on updates regarding COVID-19 including the unique challenges women physicians face in the COVID-19 pandemic.

Learn more at the [AMA COVID-19 resource center](#).

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 update. Today, we're discussing the unique challenges women physicians face during COVID-19. I'm joined today by Dr. Niva Lubin-Johnson, an internal medicine physician and chair of the AMA Women Physician Section, or WPS, Governing Council in Chicago, Dr. Nicole Lee Plenty, a maternal-fetal medicine specialist and alternate delegate on the AMA-WPS Governing Council in Houston, Texas. And Dr. Anita Ravi, CEO of the PurpLE Health Foundation and vice chair of the AMA-WPS Governing Council in New York City.

I'm Todd Unger, AMA's chief experience officer in Chicago.

In the U.S., women comprise almost 80% of the health care workforce and represent more than a third of active physicians. Dr. Lubin-Johnson, can you talk about the challenges that COVID-19 has created for many women physicians?

Dr. Lubin-Johnson: First of all, thank you, Todd, for having me here today. And I appreciate the time that I'm going to share with my colleagues, Dr. Plenty and Dr. Ravi. So, in regards to women being the majority of the health care workforce, and of course, what this pandemic has meant for them or done for them or done to them.

It has truly been a challenge, in that we've seen women, mostly on the front lines, who've had to carry multiple roles, not just since there are a lot of single women as moms being the caregiver for their children, but also because schools are closed, they become the teacher for their children also.

And in some instances, childcare where children are not of school age, or are of school age, but are going to be home alone. Not old enough to be home alone is a challenge also. And then we get to the challenge of being those who are part of the sandwich generation. Those who have children at home, but also are caring for parents or grandparents.

And so we see even more of a challenge for them on that end. And of course, because a lot of frontline positions do not have the highest salaries, the challenge of having to do this and do more, buy more groceries, more utilities because others there at home becomes a challenge also.

Unger: Dr. Plenty?

Dr. Plenty: So yeah, as a parent, it's been very difficult. My husband and I have been very blessed to have a nanny, but that nanny has gotten sick, and we've had to have a replacement nanny. And then you have to figure out is it safe to even hire somebody at this point in time? And then when I look at my office staff, who they are single parents, they're having to juggle being at work.

They're having to juggle making sure their kids have a thousand Zoom conversations with teachers, and they're also homeschooling and making them do their homework. So from that standpoint, just being a woman, not just a woman physician, it's daunting if you have to take care and balance and juggle your family, as well as your job, if you're on the frontline.

Unger: Dr. Ravi?

Dr. Ravi: Yeah. I'm thinking about this similarly from a patient perspective, too. I mean, a lot of the patients that I have here in New York city, things like phone access and broadband access aren't there. So now they're frontline staff in our offices. They're the frontline in shelters.

They don't have access to PPE, because they're not considered frontline or essential workers. But it still impacts the health of us on the front lines doing the medical care, because we receive the fallout of those gaps in access. And so we're really seeing all of the different ways that this pandemic has really impacted women on so many of their different titles that they have, informal and formal.

Unger: Dr. Lubin-Johnson, although women represent a majority in the health care workforce, they're typically underrepresented in leadership. And some have observed in our own government's coronavirus task force, it's very lacking in women. Why is having women's voices in the pandemic response so important?

Dr. Lubin-Johnson: It's so important to have women involved in all aspects of life, but especially this one, because we bring a different perspective. We bring this perspective of those who we just talked about; those who carry multiple roles. And a lot of times when policy is developed, it's only from a point of view that looks at a singular role and not multiple roles.

Then we get to the issues of involvement and recognizing some facts for women, like PPE doesn't fit us as well as it fits men. That PPE was probably created, in particular the mask, with a man's face in mind, not respecting that women's facial features are different. And of course, now we're seeing more problems, because like you said, Todd, there are fewer of us as we go higher up the ladder.

We were actually having this conversation last night about the higher up women go in academics, the fewer there are. And so, you wonder if this is affecting what's happening now in terms of our medical students, pre-med students, residents being able to advance on in their careers. I'll give it to Dr. Ravi, also. You want to share some perspectives about this?

Dr. Ravi: Yeah. I mean, I think we're lucky, because as women physicians in leadership positions, you can really connect a lot of dots that might—it's unclear if it was because it's a blind spot or it just hadn't been considered. And so when you even think about women in academia and academic medicine and the number of publications that you have, this is a tough time if your male colleagues are out there publishing their papers and getting on their tenure track and maybe their women physician colleagues are the primary caregiver and doing a lot of other frontline, school, caregiving work. And so having people at the policy table in an academic level, in a public health response and all of these different parts really helps inject a different perspective that we might be considering when we put these things into action.

Dr. Plenty: Yeah. And furthermore, Todd, the importance of having a woman at the table means that we at least have a voice and a different perspective. So, for example, men do make up the majority of physicians in the US. We know that. They are over 50%. But when you talk about health care workers in general, that's pretty dominated by women.

Women are your phlebotomist, they are nurses, they're your scrub techs. And so not having the female voice at the table distracts from the barriers for them to even be on the frontline. So no one has conversations about, "Hey, how are they going to take care of their kids and work at the same time? How are they expected to make sure their 10-year-old is on a Zoom meeting when they're a single parent and they're supposed to be a nurse on the ward with COVID?"

So those things and making sure those voices and those difficulties that those frontline workers have to deal with on a daily basis in order to provide care needs to be heard and solutions need to be had so that they can continue to work and provide for their families.

Unger: Dr. Ravi, you talked a few minutes ago about patients. And so let's talk a little bit more about that. When you think about treating female patients during the pandemic, are there any specific gender-based issues that we need to keep in mind there?

Dr. Ravi: Yeah. Contraception is an excellent example. So right now there is a lot of physicians trying to brainstorm how to get access for their patients who take the Depo-Provera shot. It's once every three months. And right now they're having struggles with getting insurances to authorize having them done at home so that patients don't have to physically come into the office, re-expose themselves potentially for a Depo injection.

And so there's all these things on the ground. Contraception is a big one. I mean, we really see a lot of the social determinants of health at play here. So my patients are survivors of domestic violence and trafficking, sexual assault. A lot of them are also undocumented.

And it's funny because I think when we talk about the pandemic and how it magnifies inequities that were already there, many of my patients were afraid to enroll for things that the AMA fought for, like SNAP benefits for people who were undocumented so that their children could get access to food.

So as a work shift, some of my patients would collect cans on the street here in order to take it for recycling and they'd use that money for food. And now the only difference I see in the New York City streets is the women who are doing that are wearing masks.

So they've adjusted to the pandemic, but those problems are still there. And so we see the downstream impact in our office when we're doing the diabetes care of someone who can't access food regularly. So I think all of those things are important in highlighting how we could grow better post-pandemic in identifying these issues.

Dr. Plenty: Yeah. And to add to that, Todd, I only treat pregnant women, like I don't treat men at all. And so I've only had to deal with issues and barriers related to trying to make sure my patients continue to come in and get care. I treat high-risk obstetric patients, so I can't see them virtually. I'm seeing them in-person.

If you have complications with your baby so I've diagnosed a fetal anomaly, or you may have hypertension, diabetes or history of a stroke and you're pregnant, I may need to see you every week. And if you have issues, like you do have high blood pressure, then post-pandemic, now I'm having to beg people to go to the hospital to actually get treated, because people don't want to be exposed.

So in the public, the hospital is the exposure spot. And so if you have somebody that has stroke range blood pressures, and they may have preeclampsia, but they don't want to go to the hospital or they're refusing, well, you can see that creates a lot of issues, meaning increased risk of small babies, increased risk of stillbirth, and all the complications that come with someone being untreated for those comorbidities.

So, for me, it's definitely been a challenge seeing people, making sure they come into clinic, making sure they know whether or not they should be going to work, if they're pregnant with a high risk condition. And if they have something going on that could put them in danger, getting them to go to the hospital so that we can care for them better there.

Unger: Dr. Lubin-Johnson, the Women Physicians Section has worked to develop some resources for women physicians. Can you talk a little bit about that?

Dr. Lubin-Johnson: Thank you for asking that, Todd. And so the AMA has released the COVID-19 resource guide: Women in medicine. So one of our staffers has created this. This really is a curation of resources from other AMA resources, but also other organizations' resources that they've had for COVID-19.

And so that is available for those to look at. I think that if you go through and look at the resources that are available, that have been compiled in this resource, I think there will be some very helpful articles and information noted.

I'd like to say that one of the members of the WPS Governing Council, we have a representative of the American Medical Women's Association, AMWA. And if you link to, they have provided information that is contained in that resource guide. And it's quite a bit of good information.

And so I would encourage everyone to look at all of that information, and hopefully they'll get some resources, especially on things we've talked about in terms of getting care, how to direct people to care, concerns about getting care in a hospital, but also a lot on mental health and preventing burnout.

We've had the unfortunate circumstance during this pandemic that a female physician committed suicide who was in New York. And so hopefully that can be prevented and hopefully women will use that resource guide and those tips to help prevent burnout. Because physicians that is the number one occupation for suicide, and women physicians outnumber men two to one.

Unger: Yes, it is. Well, thank you very much for your perspectives and for your continuing contributions during this very challenging time. Dr. Lubin-Johnson, Dr. Plenty and Dr. Ravi, thanks for being here with us today. You can get the COVID-19 resource guide that Dr. Lubin-Johnson talked about on the AMA COVID-19 resource center at ama-assn.org/COVID-19. Thanks, again, for being with us here today.

Dr. Lubin-Johnson: Thank you, Todd.

Dr. Plenty: Thank you for having us, Todd.

Dr. Lubin-Johnson: Dr. Plenty and Ravi and everyone, have a good weekend. Be safe and stay healthy.

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