

Why it's important to have women in medicine with Suja Mathew, MD

AMA Update covers a range of health care topics affecting the lives of physicians, residents, medical students and patients. From private practice and health system leaders to scientists and public health officials, hear from the experts in medicine on COVID-19, monkeypox, medical education, advocacy issues, burnout, vaccines and more.

Featured topic and speakers

September marks AMA's #WomenInMedicineMonth. In today's AMA Update, Suja Mathew, MD, executive vice president and chief clinical officer at Atlantic Health System, discusses how she leads with purpose—this year's theme. Dr. Mathew is also a newly elected member of the AMA Council on Medical Education. AMA Chief Experience Officer Todd Unger hosts.

Speaker

- Suja Mathew, MD, executive vice president and chief clinical officer, Atlantic Health System

Transcript

Unger: Hello and welcome to the AMA Update video and podcast, an ongoing series covering a range of health care topics affecting the lives of physicians and patients. Today in recognition of the AMA's Women in Medicine Month, we're talking with a physician leader about how she leads with purpose, this year's theme.

I'm joined by Dr. Suja Mathew, executive vice president and chief clinical officer at Atlantic Health System. She's calling in from Chicago today. Dr. Mathew is also a newly elected member of the AMA

Council on Medical Education. I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Mathew, thanks for being back with us today.

Dr. Mathew: Oh, it's such a pleasure to be here, Todd. Thanks for having me.

Unger: Well, believe it or not, the last time we talked was May of 2020. A lot has transpired since then. It was right at the beginning of the pandemic and we were talking about obstacles for treating underserved communities. And for one, big change, besides two years of pandemic and moving through that, is you've made a big move to Atlantic Health System. What drove that change for you?

Dr. Mathew: Yeah, thanks, Todd. A lot has changed in the last two years. Yeah, I gave 22 years of my career to Cook County Health. It was an absolute privilege to work in that patient population, and I grew in that role over the last 22 years. When I had the opportunity to take an executive leadership role at Atlantic Health, I was immediately drawn to the strong leadership and the outstanding organization that I have the opportunity to work for. So I took it. I took that risk and couldn't be happier.

Unger: Dr. Mathew, you spent much of your career, both as a practicing physician and a leader, addressing social determinants of health. You became aware of health inequities at a very young age and, in fact, kind of long before you became a physician and long before people were really discussing issues like this. What was that experience like? And how did it influence your desire to pursue a career in medicine and even your new position now?

Dr. Mathew: Thanks, Todd. Thanks for the opportunity to tell that part of my story. I came to this country as a young child. We lived an immigrant working class lifestyle. And it was a wonderful place and a wonderful way to grow up. However, when my parents both became ill when I was just in high school, I had an opportunity to experience medicine as a patient, as a loved one of a patient.

Particularly my father's story was meaningful to me and changed the course really of my life. He had a lot of heart disease and ended up having surgery at a wonderful academic center here in Chicago. He did very well. They took excellent care of him. But soon, he was simply unable to afford that care. He was unable to afford the medication that was necessary to sustain his life. And we ended up—he ended up, and I along his side, at the public hospital system, actually Cook County Health, which I, of course, had the privilege to work at for many years, many years after that.

That was a remarkable experience for me, watching him receive care in that environment, watching so many other patients sitting alongside him. And it truly impacted the kind of care I wanted to provide. I wanted to care for patients regardless of their ability to pay. I wanted to care for patients that were just like my father because many of them were somebody's father or son or daughter or loved one. And the way I've tried to practice medicine all these years is to remember that every patient has value in themselves and because they are important to the people around them.

Unger: That's interesting because when we think about the theme of this year's Women in Medicine Month, it's leading with purpose. Obviously, experiences like that, that helped you find your purpose in medicine, they're very, very personal. And you've talked about some of those ways that kind of set the stage for what your ambitions were. Any other factors or thoughts about how it's driven you to lead and care for patients since then?

Dr. Mathew: Yes. That's what I think medicine should be. I think we should all be caring for patients with that degree of passion. And I know that as a leader, first leading in small groups, leading a medical student program, leading a residency, leading my department and now in my executive leadership role, I'm able to instill those values in others, instill a purpose in my organization. Much of the culture of an organization does in fact come from the top, from that leader. And it's an absolute privilege for me to be able to show and share openly that which drives me so that it helps and encourages others to look for what within themselves drives them to be the best possible physician that they can be.

Unger: Well, let's dig a little deeper on that. What is your advice to other young women physicians on how to find that sense of purpose like you have?

Dr. Mathew: Yeah. Be true to oneself. Define your own success. I've often said that to many of the young people, women and men, that I've had the privilege to mentor over the years. Don't let someone else define your success. It's very easy to be so influenced by the ambient culture around you that you can be taken to a place that you don't want to be. It's important to spend time with yourself, within yourself, understanding what motivates you, what's going to give you joy and then run hard towards that. And sometimes that's going to take you in a different direction than most and it's going to be a lonely road but eventually you will find that joy and you'll find that satisfaction, knowing that you've done what your purpose, what your calling is.

Unger: Now I know that mentoring and coaching are some of your favorite things to do and that you kind of think of yourself as a medical educator at heart. What are some of the common challenges that you see for young women physicians in trying to become leaders in medicine? And how do they address those challenges?

Dr. Mathew: Thank you. So there are challenges around us that the people and systems, processes around us place in front of us. And there are expectations that we conform to a particular ideal. Perhaps, we look a certain way, talk a certain way, act a certain way. And those can be daunting to have to still, again, be oneself and have that work in the culture around you and the organization that you're leading within.

So those are certainly barriers. And the reality is that just because we all women does not mean that we think the same and that we have the same goals, that we act the same and talk the same. And in fact, there's beautiful diversity in all of us within the group of women ourselves.

So in addition to that, I would say, Todd, that we put barriers on ourselves, we put roadblocks for ourselves. We're often—and I have found that—let me speak for myself. I've been reluctant to take certain risks in my life and in my career. And over time, I've grown to kind of peel away some of those reluctances over time so that I can, in fact, be more risk-taking because it's when you take those risks that you have the opportunity to earn those rewards.

Unger: Me too. I wish I'd had you to advise me along the way. That would have been great. And I know also mentoring and coaching is something that you help—you said helps build professional satisfaction for women physicians. Maybe some people wouldn't exactly at first make that link. We've had a chance to work our teams in that arena and I'm really curious about how you think about that connection, especially these days when we're seeing record levels of burnout, real challenges to physician satisfaction right now. Why is that connection so important?

Dr. Mathew: It's about relationship. And relationship is an anecdote to burnout. It gives us—helps us find our purpose. Many of us find great energy in the relationships or derive energy in the relationships that we have with one another. In my own life, in my leadership journey, there have been points that have been quite lonely. Sometimes it can be lonely to be a leader. And having those relationships within my organization, those networks outside of my organization have been immensely beneficial for me. I have reached out to my mentors and my sponsors, my advisors around the country at different points to give me a little piece of advice, help me level set.

That's what I think we can do for one another that is—it's life-giving. It's frankly life-giving, particularly in our career lives, developing those relationships. Many of us, Todd, came into medicine because of relationship. I mean, we sought that relationship with patients and we still continue to seek those valuable relationships with patients. This is an extension of that. To be able to do that with our colleagues is a great gift.

Unger: Well, speaking of relationships and that kind of network that you're building, you've taken it one step further and have created a group for South Asian women in health care leadership called the South Asian Women's Healthcare Collective. What inspired that? What do you hope to accomplish through this collective?

Dr. Mathew: Yeah. So I'm very excited about this. The South Asian's Women's Healthcare Collective or we're going to call ourselves SAWHC—I hope you like that—we're very excited to come together. We're in our infant stage. As I have grown in my career and advanced in my career and become more visible in my career, I have noticed a number of women reach out to me frankly and ask for mentorship.

What I've also noticed is, disproportionately, those women look much like me, younger versions of myself. And they will tell me that they have not seen someone who looks like them represented in the levels of leadership that I have the privilege of serving and right now. And so this group is my

response to that. It's my way of giving back and being able to support further the generations of Indian and other South Asian women in health care who want that networking, that mentorship, that peer collaboration. It's just going to be a privilege for me to put that together.

However, I am not doing that alone. I did reach out to someone who I have mentored for a number of years, Lakshmi Warrior, just a brilliant rather junior neurologist that I worked with at Cook County Health for many years. Lovely person with a bright and promising future, and with whom I have a great relationship. So we've decided we're going to do that together. So thanks for letting me talk about SAWHC.

Unger: Of course. Well, in closing, what more should we be doing to create a culture in medicine that really nurtures women leaders?

Dr. Mathew: So we can't be an equitable health care system that provides great, fair, equitable care for our patients unless we are providing an equitable environment for all of us as physicians and leaders within medicine. So we need to create a culture that welcomes, invites diversity of voices. Our processes need to ensure that women are at every point in that process. So as a physician, I want to know that there are women in the admissions processes of medical schools, in the faculty of medical schools, well-represented in programs and program directors, and department chairs and deanships, and executive leaderships of health care systems.

So we need to insist on that. And that means that we need to think broadly about what kind of experiences a leader must have before they take that next step into a particular role. So I think all of us as members of our communities and as leaders in our own right, we should demand that, expect that and engineer that as we put together our processes. And as women, as I mentioned before, we need to take risks. We do need to ensure that we're at that table, that we're willing to take the risk and put ourselves into stretch opportunities that allow us to grow and maybe make some choices in our lives to facilitate that growth. So Todd, there's so much we need to do and I think that would be a good start.

Unger: Well, thank you so much, Dr. Mathew, for being here today and for your continued leadership and mentorship of women physicians. You're just the perfect person to talk to you about our theme of leading with purpose for Women in Medicine Month. We'll be back soon with another AMA Update. In the meantime, you can find all our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us today. Please take care.

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