



# What's Working for Women in Medicine — and What's Not So Much

BY LUCY BERRINGTON, MS, VITAL SIGNS EDITOR

There may be no more compelling measure of women's ambitions to make their mark on medicine than the numbers; women make up almost half of new U.S. medical graduates and a third of the practicing physician workforce. For Women in Medicine Month, an initiative of the American Medical Association, this year's theme is Born to Lead. Women physicians and medical students are making and taking new opportunities, grappling with persistent challenges, and driving institutional change — a process that may be accelerated by the rapid evolution of health care practice and expectations.

"Medicine is being upended. This a great opportunity for women to find our place, versus fitting into the old model — to change the profession to reflect the practice and life of women physicians," says Maryanne Bombaugh, MD, a gynecologist who practices on Cape Cod, and vice president of the MMS.

That change is already underway. It can be seen in the growing variation in medical career paths and trajectories, a trend that owes much to women finding creative ways to manage their work alongside family demands, says Kathryn Hughes, MD, an acute care surgeon at Falmouth Hospital and cofounder of the #LookLikeASurgeon movement on Twitter. "Women are expanding medicine to embrace the diversity of how one can approach this calling," says Dr. Hughes. "Instead of the traditional straight path, residents and medical students are planning gap years for research or fellowships. The previously unique trajectories women experienced are now planned. These varied experiences have become the norm, and everybody benefits." Meanwhile, she says, women saw that the professional network supporting male physicians — the Old Boys' Club — had value, called it mentorship, and broadened access to its benefits.

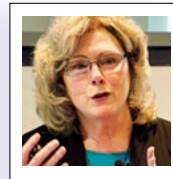
For "Voices of Women in Medicine," *Vital Signs* talked with 20 women at varying stages of their medical careers. The recurring themes of those conversations are explored in this issue, and on the MMS website and social media platforms. They ran counter to surprisingly durable

myths — that women choose to leave medicine or eschew leadership positions.

"You have to dig deeper and not feed into those stereotypes," says Julie Silver, MD, associate professor in the Department of Physical Medicine and Rehabilitation at Harvard Medical School and the Spaulding Rehabilitation Network, and director of a women's leadership program at Harvard. "Medicine has women who are really good leaders, who have not left the workforce, but are making less money and missing out on certain opportunities." The barriers are especially acute for women physicians of color.

*"This a great opportunity to integrate the professional practices and personal lives of women physicians"*

— Maryanne Bombaugh, MD, Vice President of the Massachusetts Medical Society



## What are women physicians doing right?

Women physicians appear to practice medicine differently than men, and that's good news for patients. A recent study in *JAMA Internal Medicine* found that hospital patients treated by women had slightly lower 30-day mortality and readmission rates than those treated by men. The difference would translate into 32,000 fewer deaths a year in the Medicare population if male doctors matched women's outcomes, according to Ashish Jha, MD, MPH, a professor of international health at Harvard School of Public Health, and co-author of the study.

This a great opportunity to integrate the professional practices and personal lives of women physicians, says Maryanne Bombaugh, vice president of the MMS.

"[W]e need to learn more about why these differences exist so all patients have better outcomes, irrespective of the gender of their physician," wrote Dr. Jha. Some evidence suggests

that female physicians may practice more evidence-based medicine, communicate more effectively, and treat fewer patients. "We need to work together on how to move forward," says Dr. Bombaugh — a goal that is both required and facilitated by health care redesign. "This paradigm shift toward team work and collaboration requires that the voice of everyone caring for patients is heard."

## Why aren't women paid equally?

In the context of women's clinical excellence, the persistent gender-based pay gap in medicine is especially frustrating. In April, *Doximity* drew national headlines after it published findings from a survey of 36,000 physicians who practiced at least 40 hours a week, concluding that women physicians on average earn 26 percent less than male physicians of equivalent experience.

Even within female-dominated specialties, male physicians make substantially more money, the survey showed, undermining the case that women physicians choose lower-reimbursing career options. That argument assumes the door to higher-paying careers is equally open, and is refuted by physicians who report being steered away from those specialties or admitted reluctantly. "Women 'choose' pediatrics more than cardiothoracic surgery, but what's a choice?" asks Dr. Hughes.

A report by *Medscape* in April found a narrower pay gap among younger physicians, suggesting that the issue may be partly generational. In interviews with *Vital Signs*, some senior physicians described male colleagues' explicit insistence through prior decades that women did not need high incomes. This bias, now unspoken, may still be contributing to pay disparities, according to anecdotal reports — such as that of a surgery group in which lower-reimbursing procedures were routinely routed to a female surgeon, and higher-reimbursing cases to her male counterpart, even though the woman was more credentialed.

## Why aren't women promoted equally?

While women are advancing at all levels of academic medicine, they remain a relatively

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untapped source, studies show. Women physicians and researchers are less likely than men to be promoted in academic medical centers. Again, the reasons may be less about choice and more about subtle institutional barriers.

Some of those barriers may be found in unexpected places. A recent report in the journal *PM&R*, on which Dr. Silver was lead author, examined the distribution of awards by several national specialty societies. The researchers took those awards as a metric for how women and men are navigating organized medicine, a key factor in career success. They found a striking absence of female award recipients. Even medical societies that have made a commitment to diversity (the demographics of membership) may have a way to go on inclusion (the equal opportunity for members to benefit from and contribute to that institution), the report suggests.

"Well over than half the physicians coming out of medical school are from underrepresented groups: women, LGBTQ, disabilities, racial and ethnic minorities. Women alone are close to 50 percent," says Dr. Silver. Institutional barriers to

these doctors' career success may be contributing to relatively high burnout rates, she says. And because those physicians are more likely than others to work with underserved patient populations, their untapped potential weakens the profession's efforts to address health outcome disparities.

Awards are just one measure of inclusivity, and Dr. Silver does not generally see any bias as intentional. She has assembled a team of thought leaders to collaborate with specialty societies on inclusion. "Medical societies are perfectly positioned to be amazing partners," she says.

The report did not look at statewide physician societies. The MMS, however, is looking at itself. A key strategic objective is ensuring that our membership represents the Commonwealth's increasingly diverse physician workforce and medical student population. The Society recently voted to collect demographic data, a critical step in tracking metrics for guiding strategy related to inclusion.

*"The Society has been actively supporting women in medicine for three decades," says Alice Coombs, MD, an anesthesiologist at South Shore Hospital and a past president of the MMS. "An organization can flourish when diversity is part of its fiber and DNA; it benefits from the brilliance that comes with all groups. The governance structure of the MMS embraces the creativity and innovation that comes with diversity in membership."*



— Alice Coombs, MD, Past President of the Massachusetts Medical Society