Women in Medicine

Tierney Sullivan

St. John Fisher College, tsullivan_no@sjfc.edu

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Women in Medicine

Abstract

In lieu of an abstract, below is the first paragraph of the paper.

It seems that most individuals regardless of gender, race or ethnicity are in a constant rat race to keep up with the demands of modern day society and be as successful as possible. Looking at a college population, everyone has high goals and ambitions and is hoping to be the best in the field they enter. However, women are faced with the dilemma of what to do when life puts another barrier up around us. Women have gained the access to equality of education that we hoped for and are graduating in equal number with men (The Mommy Mystique), but society continues to put up barriers around women based on stereotypes that are deeply engrained into our psyche (Chodorow, 200). Being interested in the medical field, I chose to look at women who have transformed the face of medicine and consider how they have overcome the barriers society placed. From being able to enter medical school, balancing family life with the demands of a medical career, to outcompeting their male coworkers for higher jobs these women have done it all, but this has not come without hardship. Women in medicine have faced challenges and stigmas put in place by society and have given hope to many that these challenges can be overcome.
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An online exhibition set up by the National Library of Medicine titled Changing the Faces of Medicine compiles videos and documents that illustrate the successes and struggles of multiple women physicians. Dr. Mary Ellen Avery speaks about how she made her decision to enter the medical field. She was awarded the National Medal of Science in 1991, which is very notable for a woman doctor. Allison Jaggar takes a brief look into the gender roles of the medical field. She quotes author Eva Garmanikow’s statement that “nurses were defined as assistants and subordinates to the male physician” (Jaggar, 307). Jaggar goes on to explain that the medical field is still defined by gender roles and that “more than 92% of the physicians in the United States are male, while over 96% of the nurses are female” (307). While these statistics come from the 1980s, current information from the US Department of Health and Human Services indicate more women are entering the medical field, but they are unable to enter into the higher paying specialties like cardiovascular surgery like their male counterparts. They report that as of 7 years ago, women made up less than 14% of higher paying specialties. This fact alone can serve as a barrier because women entering the medical field are obviously seen as a minority in numbers. Therefore, there is less opportunity for women physicians, since such as competing with male students, being treated and graded equally, getting a job in the medical field, and being able to keep up with the demands of the job as well as the demands society places upon women. Frye would say that on a macroscopic level when the entire picture is taken into view, it is very difficult for women to escape all barriers that they face when entering the medical field and in that sense they are put into a “bird cage” (Frye, 93). The “bird cage” is a metaphor used to illustrate that not only do women have one wire or barrier up around them, but many. If one wire of the bird cage is removed, there are still many more to remove before the woman is able to escape. Therefore, just one advance in the area of feminism does not free women from all of the societal barriers and stigmas they are facing, but gets them one step closer to an escape.

Many women who overcome the barrier of getting through medical school have to then face more barriers when actually entering the workplace. Male physicians tend to jump right into careers and are well respected by their peers; however, women physicians have to prove themselves in the male’s world that is the medical field. By this, I mean that women have to make the patriarchal, male dominated medical field believe that women are capable and beneficial assets to the workforce. Women constantly have to prove that they belong because of the deeply engrained stigma that any women seen in a medical setting is a nurse, not a doctor. Allison Jaggar takes a brief look into the gender roles of the medical field. She quotes author Eva Garmanikow’s statement that “nurses were defined as assistants and subordinates to the male physician” (Jaggar, 307). Jaggar goes on to explain that the medical field is still defined by gender roles and that “more than 92% of the physicians in the United States are male, while over 96% of the nurses are female” (307). While these statistics come from the 1980s, current information from the US Department of Health and Human Services indicate more women are entering the medical field, but they are unable to enter into the higher paying specialties like cardiovascular surgery like their male counterparts. They report that as of 7 years ago, women made up less than 14% of higher paying specialties. This fact alone can serve as a barrier because women entering the medical field are obviously seen as a minority in numbers. Therefore, there is less opportunity for women physicians, since
they are so low in numbers compared to their male co-workers, to ban together and break down the oppressive barriers they face. This may lead these women to defining themselves in a more independent way, especially in the workplace. In other words, while men have their fellow male physicians that they can talk to in the workplace, women find it more difficult to have the same type of relationship with a co-worker. Women must go to the office or hospital and be as strong or if not stronger than their male co-workers; complaints about home or how they do not have enough time with their families could be seen as a weakness by males and could hinder their ability to move up in their job. This is true for women in many professions. The fact that women have to balance two very separate lives of working in the medical field, which is a very time consuming job, and taking care of a family and a home, which is also very time consuming, can take a severe toll on a women's mental and physical health.

How is it then that women in the medical field have managed to overcome these barriers? The answer to this is by no means simple or definite. The women physicians in the exhibition appear to be strong and independent... Most of them note the struggles placed upon them by society's expectation to raise a family. Dr. Avery states that she was inspired by her neighbor who was a pediatrician and this gave her the drive and determination to compete for her place in the medical field. Dr. Avery was successful and goes on to set an example for other women hoping to enter the medical field. Some of the physicians in the exhibition note that it is important for women to have a strong female influence in their life and to have the curiosity necessary to enter the medical field.

However, with women still remaining in such low numbers in the medical field, many younger girls do not have such role models to look up to. Liberal feminists would support the strong, independent nature of female physicians because they believe in independence or autonomy of the individual. According to Nancy Tuana, liberal feminism should recognize “the uniqueness of individuals and provide them with equality of opportunity” (5). Tuana is highlighting the idea that not only should females be treated as individuals, but there also is uniqueness about each individual female and each individual male. This uniqueness is not based upon gender, but upon the characteristics that males and females, as individuals, have to offer in their perspective careers and roles in society. Essentially that is what women physicians are pushing for: recognition that they are more than a gendered stereotype and the acknowledgment that they bring unique characteristics that can enhance the medical field and that their peers can learn from. Once society recognizes that women physicians are unique individuals, they, along with their male and female co-workers, can exist in relation to one another and learn from each individual’s defining characteristics.

In order to further understand the topic, it is interesting to look at the personality characteristics of women already in the medical field. A study published in the Journal of Medical Education looked at the personalities of women in medical school over a 10 year period of time. Blakeney, the author of this study, noted that “these women, as in the past, are independent, socially outgoing, sensitive, concerned about others, optimistic, well adjusted, and active and possess a positive self-image” (Blakeney). This observation could sum up what comes to mind when I think of women physician - women who have been inspired, strong, and supported in their efforts of overcoming societal barriers. While many of the problems we have discussed over the semester have noted that men place women in an oppressive bird cage, I believe that in today's society more and more women are taking on this personality that Blakeney describes. More women are becoming educated about the societal barriers and oppressive forces and they are empowering themselves and each other to break down those barriers.

One interesting observation that the study notes is that the women entering medical school are “concerned about others” (Blakeney). This is one observation that has been stereotypical of women in the workplace and in the home. I find it interesting that this is a characteristic that women possess when they are entering a field defined by men that is generally known to “transform sickness, mostly by aggressive means” ,referring to the fact that men tend to support surgical options of treatment and more intense or in her words “aggressive” means of treatment (Jaggar, 307). This indicates that there may be something special about these women physicians that can change the way medicine is and could be practiced. In the exhibition, Dr. Vivian W. Pinn is the first director of the Office of Research on
Women’s Health at the National Institute of Health. She discusses how her office is the first office that was ever established to specifically focus on women’s health issues and makes sure that research addresses the health of women in studies. She talks about how a doctor missed the fact that her mother had a bone tumor by passing it off as her mother not being able to stand properly. This inspired her to focus her career on women’s health and health care so other patients would not get passively pushed to the side like her mother.

Dr. Pinn illustrates a difference between a male and a female physician and a way in which having female physicians can benefit a majority of female patients and medicine as a whole. She notes how a male doctor assumed her mother’s illness was from her mother’s inability to stand properly and he did not waste any more time on that case. To me, it seemed as if a doctor who does this is disconnected from their patients and does not truly care about their health. This brings up the idea that Virginia Held emphasizes of “mothering persons” and care ethics. She states that individuals that are “mothering persons” gain an “emotional satisfaction” which is based upon the “well-being and happiness of another human being” (265). Held describes mothering as a non-contractual relationships as opposed to the contractual relationship that she argues is based upon the belief that “human beings are independent, self-interested or mutually disinterested, individuals” (261). As a non-contractual relationship, mothering involves a mother who is giving care to a child without the expectation of receiving something in return. In the medical field, this is essentially the relationship that a female physician enters into with her patient because of the level of care they give to patients. In return for this care they give, physicians do not expect anything in return from their patients.

The level of care and the relationship female physicians make with patients illustrates the advantageous characteristics females introduce into the medical field. When doctors like Pinn entered the medical setting, they began to take that extra time with their patients to make sure a diagnosis was correct and that the patient was receiving the full amount of care that they deserved. In addition, it is important to note that Dr. Pinn entered a role in the Office of Research on Women’s Health. Before this office was created, no research was conducted exclusively on women’s health and studies were mainly focused on men. Today, we know that many prominent health issues such as HPV are only affecting women and have the ability to cause substantial harm and even death. The ability to have women physicians pressing for research and grants to be given in the area of women’s health helps propel women towards a goal of having equality and equal consideration with men. The idea that women’s health must be considered a separate issue compared to men’s health because there are obvious biological differences that exist between males and females that cannot be eliminated suggests an opposition to the liberal feminist perspective. Liberal feminists’ goal of judging males and females on an equal level would hinder the ability to treat those diseases that are specific to each gender. In this sense, it is important to keep that separation and knowledge that gender differences do exist, while at the same time making sure each gender gets equal consideration, research, and federal money spent on diseases specific to the gender. This leads into the question of the distinctions that also must be considered between male and female doctors. I believe that it is important to notice that male and female doctors should be recognized as having unique characteristics that complement their field of work. If doctors were recognized as simply equals, it would not be noticed the distinct, unique influences each individual doctor has on the medical field would not be noticed. Therefore, it is important to recognize that in addition to the male’s characteristics, female doctors bring different and essential characteristics to the medical field and it is essential that we consider how these characteristics can be developed in both genders.

Two doctors from the exhibition emphasize the importance of patient care in their roles as women physicians. The exhibition notes that it was doctors like, Dr. Esther M. Sternberg and Dr. Nancy L. Snyderman that transformed the patient care aspect of the medical field. Women entering the medical field bring an entire new perspective on interactions with patients. Nancy Chodorow offers some explanation for the differences that are seen between males and females and she believes that these differences are established at a very young age. Chodorow states that “feminine personality comes to define itself in relation and connection to other people more than the male personality does” (199). Chodorow goes on to describe the male
personality as being defined in relationship with the male role in his life. This leads to males being more distant in their relationships and internalizing their feelings (204). When thinking about the roles of doctors, this observation made by Chodorow becomes very applicable. The male doctor tends to be the one who goes through a "by-the-book" diagnosis of the patient, prescribes medication, performs the surgery, and is done. In contrast, the female doctor tends to be the one that slows down and takes more time to get to know the patient. She tends to make a connection with the patient and follow up with the patient even after care is complete. This returns to the idea that Held has of a "mothering person" and it is observed that females tend to be the "mothering persons" when compared to males. But Held emphasizes the fact that there is opportunity for both males and females to take on this role of being a "mothering person." Chodorow would agree that these distinctions stem for the deeply engrained gender roles that each sex has known since they were younger and she looks at the means by which males and females could both develop as "mothering persons".

Both Dr. Snyderman and Sternberg talk about how patient care is something that is essential to their job and why they find their job so rewarding. The exhibition illustrates that it was not until women entered the medical field that patient care became such a prominent focus. A question I considered was, how do male and female doctors complement each other and how can each doctor gain all of the characteristics necessary to treat patients with a proper balance of being "aggressive" as well as caring and connected. In other words, how can males and females both become "mothering persons?" Since male and female doctors have such different approaches to treatment, when working together, the female would take on the caring role by connecting with the patient and determining what they want and need and the male would take on the aggressive role by proposing surgeries and treatments. Even in today's society that seems to have made quite a bit of progress, women and men are still filling the well-defined, stereotypical gender roles in the medical field. This seems to be the well-defined gender roles of medicine. In order to eliminate these gender roles, I would have to agree with Chodorow when she states, "boys need to grow up around men who take a major role in childcare, and girls around women who, in addition to their child care responsibilities, have a valued role and recognized spheres of legitimate control" (214). This would enable both men and women to have aspects of both male and female personalities engrained in their psyche at a young age and be able to have both caring and somewhat aggressive characteristics that allow patients to get the full spectrum of patient care. While it may seem that this is a farfetched goal in today's society, I believe that it is something that more and more families are beginning to do. We see now that many families have both working mothers and fathers and because of this, many fathers are taking a role in child care... Also, many more mothers and fathers are raising children as single parents which may also lead to the child growing up as both a strong, independent person and a caring, considerate individual. I believe that if society continues to make these improvements, more and more women will have the characteristics necessary to enter the workplace including the medical field. Also, more and more men will have the necessary aspect of care and mothering nature to provide patients with the consideration they need. In addition to the environment in which individuals should be raised to gain these essential characteristics, it would be important for them to be reinforced in the medical education the individual receives. If medical students had classes and an education that focused on bedside manner and relationships with patients, the "mothering nature" would be improved and reinforced. Classes, such as feminism, and others that capitalize on diversity are essential to expanding any professional's knowledge of the differences that exist in society, the barriers that are placed around minority groups, and steps to be taken to break them down.

It is quite evident that women have gained more freedom and have taken roles in positions of power. Now young girls, like Dr. Avery once, are able to see women in these positions of power such as being doctors, which can lead to inspiration to overcome barriers and take on challenges. The advances that have already been made are a living example of how the small advances in freedoms can lead to more and more freedoms. While there are still many barriers to overcome, it is important to keep in mind the example these women physicians set and to not give up on the goal of individuality and equality.
Works Cited


