Will the Influx of Women into Medicine Make It More Lifestyle-Friendly?

By Saundra Curry, M.D.

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Dr. Curry describes herself this way: “I’m a middle-aged woman physician whose primary interest in the topic is trying to cope with a busy career and demanding family life. It isn’t easy, but it’s worth the struggle. Both are extremely rewarding and satisfying.”

For the first time, women outnumbered men in applying to U.S. medical schools last fall. According to the Association of American Medical Colleges, of the 35,000 men and women who applied for the 2003-2004 school year, 17,600, or 50.8 percent, were women. How will the influx by women into medicine affect the way doctors live their lives? Here are some thoughts from Dr. Saundra Curry, Clinical Professor of Anesthesiology.

Some people think the Wild West was tamed by women. Farmers and ranchers felt it was unseemly to behave wantonly with women around. Gradually the gunslingers reformed or were relegate to prisons, and the “wild” in Wild West became legend. In truth, the women who ventured out west were a tough lot. While their men herded cattle and otherwise tamed the frontier, they kept up the farm, raised the children and kept outlaws and animals at bay. They established homesteads to which their men returned; finally those men felt more comfortable at home than out at Saturday night shoot-ups at the local bar. Society changed, along with its expectations of men.

With the large influx of women into medicine today, many people think that medicine is bound to change and become more family- or lifestyle-friendly. But women have been around medicine for a long time and nothing much has changed. In fact, women have aided and abetted the unfriendly atmosphere. By supporting their men in the profession, bybasking in the reflected glory of the “doctor spouse,” they have allowed the long hours, the interrupted dinners, and the lack of vacations and family time to continue for far too long. Women entering the profession joined the ranks as they were, and they were just as tough as their Wild West ancestors.
Influx of Women Into Medicine—Cont’d

Sure, we demanded time off to have babies. Biologically we’re still the only ones who can do that. But the successful female physician had a workable game plan. She came back to work quickly, found someone to raise her children, and either forged on with her career or went part-time, condemning herself to second class rank. Or, she didn’t have a family at all.

But no matter how you look at it, no matter how enlightened we have become, Mom is still the prime emotional support of a young family. I was administering anesthesia once to a patient having a tuboplasty, a very delicate surgery. The surgeon, a woman, was called urgently to the phone. After talking with her “au pair,” she came back to the table to operate, her hands shaking. When I asked her what was wrong, she said the young woman had just called to tell her she missed her boyfriend and was flying back to Europe in a few hours. The doctor had to figure out what to do with the two very young children who were about to be abandoned. My response: “Your patient is fine and stable. Scrub out and figure out what to do about your kids, and then come back.” Twenty minutes later, she returned after making arrangements with a neighbor. She was able to finish her surgery with steady hands and some peace of mind. Can you imagine, even today, a male surgeon getting such a phone call?

But Dad is important, too. I am reminded of a story told to me by a surgical resident who one unusual day came home unexpectedly early. His wife said to their 2-year-old son, “Come say hi to Daddy.” The kid ran to the telephone expecting to talk. He didn’t even recognize his own father! We joked about that for a long time, but it was actually quite sad. How many physicians—men and women—have poor relationships with their children simply because they’re never there? Medicine and patient care must always come first, not family. Or research, teaching and writing papers. I’ve done the same myself, coming home early, hoping to get in some work, when I should be playing with or talking to my son instead. More women going into medicine is not going to change that attitude. What must change is society’s attitude and expectations about doctors. We’re seeing some of it with the new work-hour regulations. Society thinks that medical errors can be avoided if doctors aren’t overworked and has imposed limits. But when residents are raised with limited work-hours, will they actually start to think their time is precious and shouldn’t all be spent in the hospital? Will we graduate doctors with a completely different work ethic? Will they want to run their lives differently? Probably yes, and that’s when medicine will finally change.
But change doesn’t come easy. We who have been in the profession for a while have indeed noticed a change in the attitude of the young people entering the field. Generation Xers actually think they should have a life outside of medicine! They think they should get out of work at a reasonable hour so they can see their kids before bedtime, or have dinner with the family, or go see a show!

Older doctors bemoan this. What about continuity of care? How will the new doctor learn to work under pressure if he or she doesn’t have any pressure? In my opinion, continuity of patient care means just that; it doesn’t mean continuous care by the same person for many hours straight. Yes, the proper information required for caring for a patient needs to be appropriately transmitted so care can continue seamlessly. But is it really better for the patient to be treated by a doctor who has been on call for 36 hours instead of 10? I don’t think so, and neither do current regulating bodies. A rushed, overworked, tense doctor isn’t going to do his or her patient any good. We as physicians need to remember to take care of ourselves as well, and making sure we spend a reasonable amount of time at work will help.

So, will the influx of women make medicine more family- or lifestyle-friendly? Yes and no. I don’t think that only having more women in medicine, per se, will do it. If women were the majority, we’d end up with similar problems. Now, women and men have the opportunity to work together to open everyone’s eyes to some of the problems. We are starting to come off the “M.D.-eity” pedestal. Together, with society’s nudging, we’ll effect change and make life more livable and pleasant. We’ll all probably end up healthier for it.

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**The Positive Side of Life**

*Ever notice that the people who are late
Are often much jollier
Than the people who have to wait for them?*

*How long a minute is
Depends on which side of the bathroom door you are.*

*A truly happy person is
One who can enjoy the scenery on a detour.*

*Living on earth is expensive,
But it does include a trip around the sun every year.*