The Female Doctor and the Female Patient

La mujer profesional y la mujer paciente

Medicine is a millenary science and one of the first known records of the participation of women as physicians makes reference to Merit Ptah, in 2700 BC in Ancient Egypt, but this is an exception, as this profession was forbidden to women. In Greece, the laws specifically banned women, and in the 4th century BC Agnodice, a lady belonging to the Athenian high society, rebelled against this injustice. To be able to study she had to acquire a "masculine" aspect: she cut off her hair and dressed as a man, becoming the first female gynecologist of ancient times. Her practice was so excellent that the other doctors, jealous of her success, accused her of seducing her patients. She was brought to trial and was forced to reveal her identity. Her faithful patients led a rebellion in her support that resulted in lifting the ban on women to practice medicine.

Since then, there have been many changes in the society, but some biases persist despite statements of equality. It was not until many centuries later that Elizabeth Blackwell, born in Bristol, England, overcame in the United States repeated refusals and was finally accepted as a medical student in New York, where she obtained her medical degree in 1849.

In Argentina, Cecilia Grierson entered the Faculty of Medicine in 1883, after recurrent rejections which forced her to file a petition before the formerly called National Education Council. She suffered permanent teasing and aggressions during her years of study (which today we would define as bullying), but her determination and perseverance were stronger. She graduated on July 2, 1889, and was the first woman to obtain a medical degree in our country.

The barriers of discrimination gradually fell down and the admission of women grew in such an exponential way that nowadays most medical students are women.

But there is a long way to go. It is not just about getting a degree or practicing the profession. Even now, men face fewer obstacles than women to achieve full professional development. Men are more likely to access to leadership and decision-making positions. Women are a minority in hierarchical positions, such as hospital management or head of department.

In 2018, the University of Columbia reported that only 26% of the heads of division were women, 13% were heads of department and 11% held the direction of health care centers. The situation is not different in scientific societies. In a survey conducted in Spain in 2015, only 22% of the medical societies were headed by women.

Despite the significant progress in inclusion that characterized the second half of the 20th century and the ongoing one, gender is still one of the ways we have to frame the world and remains an often unintended bias. The specific roles attributed to men as providers of goods and food and to women as caregivers and educators are deeply rooted. Since childhood, we encourage boys to play active games, not to cry and to defend themselves, while we encourage girls to play with dolls and to acquire the skills they will need to become mothers and housewives in the future. These behaviors are so embedded that it is strange to accept the exchange of these roles, in both senses.

Even nowadays, as in ancient times, women are expected to acquire a "masculine attitude" in order to be considered suitable for leadership positions, instead of stimulating the expression of the best of each individual.

The creation of jobs in an environment with gender equity and social inclusion is a necessity. The added value of diversity is an invaluable asset that contributes to enrich work. Information from business and government sectors emphasizes that gender diversity leads to greater innovation, productivity and employee satisfaction.

The change towards equity requires a joint effort, since formal policies, such as labor laws and positive discrimination, are not enough; informal practices promoting hierarchy and exclusion should also be considered.

In cardiology, it was not until the end of the 20th century that the importance of understanding the particular characteristics of each sex in terms of symptoms, diagnosis, prognosis and therapy was recognized. Movements such as Go Red for Women were pioneers in this field and were later replicated in many countries. In our society, the creation of the commission "Women and Cardiology" by Dr. Liliana Grinfeld, later called "Heart and Woman", marked a turning point in the vision of gender that is crucial in the era of individualized medicine.

There is abundant evidence associating gender inequality with worse standards of health quality and higher morbidity and mortality.

Diversity in health workforce can result in better outcomes. Delays in seeking medical advice, disparities in care, reduced use of diagnostic methods and

Rev Argent Cardiol 2019;87:161-162. http://dx.doi.org/10.7775/rac.v87.i2.15011

treatments of proven effectiveness, and under-representation of women in research protocols that provide robust evidence for decision-making are matters of concern.

Paradoxically, when more than 50 years ago ischemic heart disease was considered a condition specifically suffered by men, a woman was the first person in the world to undergo coronary artery bypass surgery, performed in Houston by Dr. René Favaloro on May 9, 1967.

Respect for patients includes accepting individual choices, and many patients prefer to receive medical care from professionals of a particular sex.

Some studies showed that the outcome of women with myocardial infarction was adverse when the attending professionals were men, but the gap narrowed when they had permanent contact with female patients and colleagues. Statistics show that female physicians are more likely to adhere to the guidelines, and that they offer advantages in communication and time dedicated to consultation.

Discovering the potential of each human being and stimulating his or her expression adds quality to the medical act. This new Cultural Revolution is an opportunity for growth.

Our mission as a Society of Cardiology to be leaders in the promotion of cardiovascular health demands us to consider these differences and to take a proactive position to ensure equal opportunities of training and development for female doctors, and access to the highest quality medicine available for female patients.

"Human capital – the potential of individuals – is going to be the most important long-term investment any country can make for its people's future prosperity and quality of life". These were the words of the President of the World Bank in 2018. The fact that expressions from the financial sector apply so perfectly to such a human activity as medicine is very impressive. Our efforts should be directed in that direction.

Ana Salvati
President of the Argentine Society of Cardiology