

## Sexism in the Medical Field

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Women are no strangers to discrimination. However, it is rarely that we find the medical field behind such inequality. Sexism is incredibly prevalent in medicine and medical research, and it goes much beyond preconceived notions of women and misogynistic remarks. This kind of sexism directly threatens the health and even mortality of female patients. We cannot afford to turn a blind eye on this issue anymore.

An incredibly common way in which female physicians are subjected to a form of mistreatment is when they are mistaken as nurses, completely disregarding the years of effort and dedication that women have put in to become doctors. The problem is not with being called a nurse, but rather with the sexist implications of this action. People assume that the woman is a nurse because she is supposed to portray the nurturing, caring role. This is in contrast with the dominant, assertive role of a doctor. Just like they believe that a woman is merely an accessory to a man, a nurse is merely an accessory to a doctor. Hence, this sort of behavior perpetuates the assumption that women are secondary to men and are only fit for jobs and positions that are beneath a man, and in which he is the one bossing them around. The attitudes persist despite the fact that the percentage of women entering the medical field has been on a rise, reaffirming that the gender bias against women is engrained in individuals and is a product of societal grooming rather than being based in any scientific or statistical data.

These gender biases find their roots in childhood. According to a study done by Health Education England and Kids Connections (2016), 72% of over 700 seven-to-eleven-year olds chose a man when shown alternating pictures of men and women and asked to decide which is the surgeon. What's more heartbreaking is the fact that among girls, 80% chose a man. This means that not only are we subjecting children to sexist beliefs that lead to future acts of discrimination, but we are discouraging young girls from entering fields that they might be passionate about because they believe that they are not naturally suited for this role. There is a shortage of doctors everywhere, this is not something that we can afford. If not for the sake of gender equality, these attitudes must be fought against for the sake of encouraging more people to go into the medical field. Despite all of this, the word doctor is still represented as a single-gender word. However, even when women do decide to pursue medicine, they are scared of pursuing specialties that are male dominated, especially fields such as cardiovascular surgery and surgical fields in general. Other than the fact that it is harder for women to advance in their careers, they are also subject to subpar feedback, wherein the focus is on their personality traits, as opposed to male medical field trainees that receive constructive feedback (Young, 2015). In the NHS, males (especially white males, to be more specific) occupy more senior roles than women do (Bower, 2019). This shows the importance of having female role models in these polarized specialties, and it cannot happen with women being on the end of discrimination in the medical field.

Women work as much as men do, if not more. Baraza (2019) argues that women are more detail-oriented and more likely to put effort into perfecting the skills needed to master medicine than men. Men, on the other hand, tend to overlook important aspects in the medical field because they view them as straightforward, hence viewing them in a one-dimensional lense as compared to women. Nonetheless, women are significantly underpaid and underappreciated with respect to their male counterparts. Various studies in recent years show that female physicians earn up to 30% less than their male counterparts. Research done by New England Journal of Medicine from the School of Public Health (SPH), Harvard Medical School and athenahealth, Inc. (2017) explores the possible underpinnings of this phenomena. They found that despite the misconception that women put in less work hours than men, women actually made up for that lost work and even spent 20 more hours with their patients than their male counterparts. Despite female physicians placing more orders, documenting more diagnoses, and spending 15.7% more time with their patients, female PCPs (primary care physicians) earned 10.9% less total visit revenue than males. Thus, per hour of face-to-face work, females primary care physicians were paid 87 cents as compared to the male dollar. Study co-lead Hannah Neprash expressed how women are at larger risk of job burnout due to the incongruency between the time spent working and the revenue they are generating (Plain, 2020). Female physicians would constantly stress over upping their numbers — visit hours, work hours, number of patients — while knowing that even with the extra effort at the expense of their barely there social and family life, they still will not make as much as a male physician does. Even in the NHS, the largest employer in Europe, third in the world, and the biggest employer of highly

skilled professionals, female physicians are under-represented in high-paying specialties such as cardiology and surgery, and they are over-represented in low-paying specialties such as public health (Bower, 2019). They earn on average 18.9% less than male physicians (“Review of the gender,” 2021). The gender pay gap is often tried to be justified by work lost during maternity leaves. This is built on minimizing loss and maximizing profit, thus perpetuating the notion that workers are merely objects, and not complex beings in a societal setting. It is shocking that women are paid less by the same people who would not even exist if it were not for pregnancy. Should we ask women to stop having children? Is the solution to closing the pay gap? Furthermore, maternity leaves in and of themselves assume that the only figure needed to take care of the baby is the birth giver, hence excusing the other parent’s disinvolvement. In the case of a heterosexual couple, granting leave to the father figure as well means that not only will we be helping close the gender wage gap, but it encourages stepping away from traditional gender roles. There is no justification for men to get out of changing diapers, swaddling babies, and merely sharing a parental role that they should already be equally responsible for. Saying that boys will be boys and making excuses for them might seem like it glorifies women on the surface by portraying them as sturdier and more powerful, but the reality is that it does not help them progress. On the contrary, it is being used as a tool which men can hide behind and evade responsibility. Not only that, but it is leading to more tangible, harsher consequences such as the gender pay gap.

At the more extreme end of sexism in the medical field, women's health is being put at direct risk due to negligence and discrimination. The average biology book will surely contain an image of the male body, not the female body. This is because medical research for drugs and conditions is more often than not conducted on male test subjects and based on the human male body and brain. People put their trust in physicians, but they might very well be misdiagnosing them, making them pay for useless medication, or even giving them medication that will further impede on their pre-existing conditions.

The process for a drug to come out and be approved by the FDA for public use takes years of trials, testing on cells, animals, then humans. It is a long, arduous, expensive process which goes through many checkpoints before it gets approved. However, the U.S. Government Accountability Office (2001) conducted a study that found that the majority of drugs withdrawn from the market had greater health risks on women. Yet, these drugs still find their way to the market despite the aforementioned grueling process. The fact is that the framework for medical research is the male model. Female test subjects in the laboratory give inaccurate and inconsistent results due to fluctuating hormone levels and other factors (Burrowes, 2021). More research means more time, effort, and money. In an already sexist environment, it is harder to find institutions willing to allocate even more money for the benefit of women. However, what researchers fail to recognize, or deliberately choose to ignore, is the fact that human females, similar to the test subjects, will give inaccurate and inconsistent results. This means that we are wrongly prescribing medication to women, potentially causing a lot of

harm. For example, Aspirin is given to healthy men in order to prevent risk of heart attack. One might assume that women should take Aspirin to minimize their risk as well. However, the drug, which is advertised for this specific role, does a lot of harm to women. The Physicians' Health Study, which suggested taking Aspirin to minimize risk of heart attack conducted their research on 22,071 men and zero women (Jackson, 2019). Hence, even for heart disease, the number one killer in both men and women, the research and thus medications are skewed at the expense of women's health. Moreover, women present different symptoms for heart attacks than men, and are often misdiagnosed, leading to deaths that could have been easily avoidable if the criteria is altered to include women's symptoms (Burrowes, 2021). Another famous example is a common sleep aid, Ambien. Cases in which men and women have been described the same dosage led to women falling asleep during car drives and consequently crashing their car. Later, they found out that this is due to the female's body metabolizing the active ingredient in Ambien slower than men by half ("Sexism in mouse," 2016). Thus, in those cases, women woke up with the drug still acting on their system. This shows just how dangerous sexism in the medical field can be. It is essential to recognize that female and male bodies are different. This is in no way transphobic, as sex and gender are not the same thing. It just means that the formula tailored to traditionally conduct research must be altered because this kind of sexism is costing us lives.

We are very lucky to live in a time where women are allowed to be doctors, and where research and medicine can go beyond our dreams. However, we are not exploiting this to its true potential. Women experience different forms of sexism in the

medical field, which leads to legitimate, adverse effects. Until men view women en par with themselves, we will continue to stand in our own way, and we will not evolve.

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