

By Women for Women: Prescriptions FOR Equality in Health

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To mark International Women's Day, 8 women working in medicine and health reflect and share their thoughts and experiences on what it means to them to be a woman and prescriptions for equality in health.



“Promote your own cause”

Promote your own cause. You need to have the self-confidence to put up your hand and say “I am the best candidate for the job” and mean it.

My husband and I are an interesting case in point. We are both born and raised in Sydney. We were both psychometrically tested to study undergraduate medicine at the [University of Newcastle](#). We both sat our physician's exam the same day and graduated from the College of Physicians at the same ceremony. He, like the statistics suggest, was prepared to apply for a staff specialist job long before I thought it was appropriate. At the time both of us were in the final year of advanced training, yet he saw himself as a solid candidate for staff specialist jobs and I thought it was not appropriate to apply until I had completed my training and graduated.

Before I had even read her book, we embodied Sheryl Sandberg's famous 60%/100% gender conundrum. In her book “Lean in” Sandberg quotes a Hewlett-Packard internal study, which found that women only apply for jobs if they think that they meet 100% of the criteria listed. Men apply if they think they meet 60% of the requirements.

Self-promotion is what the white males in the club are doing. My husband was right; you can't win the game unless you promote your own cause. We were both as competent as each other, it's just that life and society had taught me not to promote my own cause

until I had followed every last rule and completed 100% of my tasks. It's time for women to stand up and even out this playing field: we've proven that we are as competent and capable as our male colleagues, now we need to promote ourselves just as confidently as they do.

Dr Bridget Johnson, *Palliative Care Physician, Sydney NSW*



“It makes me proud to be the woman I am, and excited about the woman I will grow to be”

Nursing makes me happy, like deep inside my bones happy. It affords me a flexible platform from which I will continue to build a career. It also provides the kind of soul nourishment that was lacking in my previous vocational ventures. Nursing is my daily dose of humility and [compassion](#). It's emotionally challenging and intellectually rewarding. It motivates me to think harder, be better and do more. It makes me proud to be the woman I am, and excited about the woman I will grow to be.

I suppose I am trying to say that nursing lets me have it all, or at least plan to have it all: career, family and academic pursuits. Yet is always rewarding on a daily 'human level ' by way of bedside connection with patient, and discussions with colleagues. It is historically a 'female' role, and yet I don't know that it discriminates or creates boundaries for employment according to gender.

Amelia Smyth, *Registered Nurse, Melbourne VIC*

“Women need to make it their mission to mentor other women”

Women do [not yet have equality in medicine in Australia](#) today, but we’re working on it. In the year 2000 Australia reached gender parity in medical schools. I was in second-year medical school that year and it did seem that we had won the war. But it was certainly premature to claim that we had indeed achieved equality. As I have progressed through the medical hierarchy it has become abundantly apparent that we are yet to achieve equality.

As I have moved up the medical feeding chain, the number of women has thinned out. My experience is backed up by Australian Bureau of Statistics data, which in 2011 showed that 43% of GPs and 34% of specialists were women. There is also the issue of under-representation of women in medical leadership positions as hospital chief executives, medical school deans and on College Boards. Then there is the overt [sexual discrimination and harassment](#) of women as was highlighted in the Expert Advisory Group for the [Royal Australasian College of Surgeons](#).

So what can be done to address the inequality in medicine? Women need to make it their mission to [mentor](#) other women. We know that men have the advantage of being on the receiving end of the old boys club. We as women need to even the playing field. If this week every woman took one of their female junior colleagues out for a coffee and asked them “Is your career on track? If not what are we going to do to get it on track?” If every female doctor mentored one female junior doctor or reserved a time at work once a month to take a junior female colleague out for a coffee to talk about their experience and talk through traps for young players, we could genuinely turn those statistics around.

It was Madeline Albright who famously said “There’s a special place in hell for women who don’t help women”. Let’s go one step further and commit as women in medicine to make it our business to mentor those females who are our juniors so that one International Women’s Day, hopefully soon, we can say that there is equality in medicine in Australia.

Dr Bridget Johnson, *Palliative Care Physician, Sydney NSW*

"I think I am drawn to learning from other females in the profession, especially for example, how they juggle family and motherhood"

My experience as a woman in medicine has been great. I think there has been a perception of unequal gender representation in medicine but I haven't found that. As an indigenous woman in medicine I am blessed with many strong female role models in my own family and in my professional life. My aunty is a doctor, so is my cousin, and they are inspiring to me and my own practice. I think I am drawn to learning from other females in the profession, especially for example, how they juggle family and [motherhood](#).

Medicine is a fantastic career for women but I feel women are often questioned about their commitment to their profession because of their choices, such as motherhood, yet I think you can be equally committed to both and this perception will hopefully become less and less the more we support and empower female doctors to make decisions about their personal and professional goals.

Dr Talila Milroy, Resident Medical Officer, Sydney NSW

"March 8 has always been a special day for my family and me - not only is it International Women's Day (IWD), it's also my birthday"

Throughout my childhood it became tradition that we celebrated my birthday by attending IWD events. Perhaps that spirit of advocating on behalf of women influenced my career choice as an [obstetrician-gynaecologist for Médecins Sans Frontières](#), ensuring that women all around the world are able to give birth safely.

In Australia in the field of surgery there is still a long way to go until women have equality - particularly in leadership roles. However, I work in countries like Afghanistan, where it's very difficult for women to even become a doctor in the first place. Women struggle to even access healthcare or family planning to have control over their own fertility.

We overcome some of these struggles by emphasising teaching and training local doctors and midwives in all our projects around the world. Historically, lack of education of women meant there were few female doctors and midwives to look after women in labour, however, culturally many families only seek care from a female. Training local female staff means that we're leaving something positive behind. We also have set up nurseries in the hospitals so our female staff have the capacity to breastfeed and not have to leave the workplace once they have children.

Dr Claire Fotheringham, *Obstetrics & Gynaecology Specialist & Médecins Sans Frontières Medical Advisor, Sydney NSW*

"I have come to realise the most important lesson is to be kind to myself and surround myself with people who are kind to me. They do not say physician heal thyself for nothing"

My reflection after being a doctor for 20 years is that it can be the best of times and the worst of times. As an acute care paediatrician I hope I have saved some lives but we have also lost some. I have made great diagnoses but I have missed diagnoses. I have always worked with an excellent team but I have not always been an excellent team member. This is the challenge of medicine. I have come to realise the most important lesson is to be kind to myself and surround myself with people who are kind to me. They do not say physician heal thyself for nothing.

So my challenge to you is be alert but not alarmed. It's great if you feel like you know where you are going with your training but it's equally ok if you do not. If you're terrified of the question "So what are you going to specialise in?" you are not alone. And even if you do know where you are heading, you just have to accept that things don't always go to plan. You may jump on the fast train to specialist cardiology practice and then discover you'd rather spend all day doing benchtop research and not seeing patients much at all. In fact some days many doctors may not like medicine much at all. You may not pass [exams](#). You may not get the job you want. But that's part of the journey and it happens to all of us. The ups and the downs of the adventure.

So good luck with the adventure of Medicine. It's fun. It's scary and crazy and maddening and occasionally a little bit insane.

But it's a privilege and its great. So enjoy.

Dr Sarah Dalton, Paediatrician, *Emergency Physician, Sydney NSW*

"So-called 'female attributes' ... are actually powerful, effective and strong. All necessary to be a master clinician. Or a "mistress clinician" as I prefer"

"Softer" no more: In my 22 years in medicine, I have often heard the word "girly" used as a putdown. "Girly" = cop-out. "Girly" = lesser. "Girly" = weak. Traditionally "female" attributes and skills that are a subset of emotional intelligence, like empathy, intuition, and strong bonding and communication skills are undervalued. Choices to [balance home and work](#) are often looked down on, and perceived as lacking ambition or drive.

Accompanying these attitudes are sometimes some general assumptions that the so-called "softer" skills are optional extras; and not really part of the hardcore serious clinical skills required to be a master practitioner.

Yet I would argue that the more we understand about the nature of being human, and about the complexities of the diagnostic and therapeutic processes, that these so-called "softer" or "girly" skills actually form the basis of a solid therapeutic relationship, and this relationship not only improves diagnostic accuracy, but also increases the likelihood that a patient will follow a therapeutic regimen.

Interpersonal skills and situational awareness are not "wussy".

Nor are the so-called "female" abilities to multitask, to juggle competing demands, the drive to build consensus, the instinct to protect the vulnerable, or the ability to delay personal satisfaction for the wellbeing of others. These skills are actually powerful, effective and strong. All necessary to be a master clinician. Or a "mistress clinician" as I prefer. Girlpower.

A/Prof Amanda Walker, *Senior Clinical Advisor at the Australian Commission on Safety & Quality in Health Care, Sydney NSW*

(Who doesn't believe that these attributes are solely feminine, and knows many wonderful male colleagues who share these qualities and characteristics!)

"This International Women's Day, however, I also want to advocate for women to do something small, something radical, within their own lives"

When we hear the 2017 International Women's Day theme, 'Be Bold for Change', it's easy to feel the changes being advocated for are external, long term, larger than life. Today there will be renewed focus on the gender pay gap, which the World Economic Forum predicts will exist until 2186; on increasing the number of women in our Parliament, which between the 44th and 45th Parliaments rose just 1%, and still comes in just under a third. Those and other such causes will remain the bread and butter of the movement for gender equity for many years to come.

This International Women's Day, however, I also want to advocate for women to do something small, something radical, within their own lives.

Pitch an idea you're passionate about, even if you've been doubting yourself; tell a woman working hard and out of the spotlight that you've noticed how terrific her work is; apply for that job you'd convinced yourself you wouldn't be considered for (remembering the oft-quoted figure that men apply for a job when they meet 60% of criteria, while women wait to meet 100%); download the 'Just Not Sorry' app and scrap self-deprecating email habits.

This International Women's Day, be bold and back yourself.

Elise Buisson, Medical Student, Western Sydney, Immediate Past President, Australian Medical Students' Association, Sydney NSW

"I enjoy medicine because it weaves the sciences and humanities of life together"

Being a doctor is as much about telling a patient's story as it is about the art of diagnosis. And, as you get better at telling these stories, you can better represent your patient's needs - and the needs of others.

Tech is one means of creating solutions to problems in patient care and clinicians' health. You don't have to be a fulltime coder to get involved. I drew wireframes for my app idea without knowing they were called wireframes. It just seemed the right thing to do. Similarly, other women act intuitively and can draw upon their disparate pasts to create new solutions.

My year in medical school had a rough ratio of 60:40, female to male. It felt like a good mix. The same can't be said for many of the tech events I've been to. Many women do underestimate themselves within a male-dominated environment. But if you get comfortable with being uncomfortable, just as you do when learning a new procedure or making a challenging new referral, you grow stronger from these experiences.

You don't have to speak loudly to make a difference. I've had many amazing female role models on the wards who have shown what it takes to be a responsible doctor, caring about their patients and their treating team. But it's a long road. Women are often derided for being the "softer" gender, and that unfortunately comes across in medicine as well. I've been lucky to not have many negative experiences based on gender.

But as the years go on, I can see there's a need for more stories about women in medicine today, and their career paths. How they fit in [studying for fellowships whilst planning a family](#). What swayed their decisions when choosing a specialty, and would it have been different if they were five years younger or older at the time? What other factors came into play? What made their decision-making difficult? It shouldn't be a shameful thing to choose one specialty over another. But to show that, even when things don't go as planned, you can pick yourself back up again - that can inspire both women and men to be their best selves while working in medicine.

Dr Louise Teo, Physician in Training & founder of themedicalstartup.com, Melbourne VIC

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