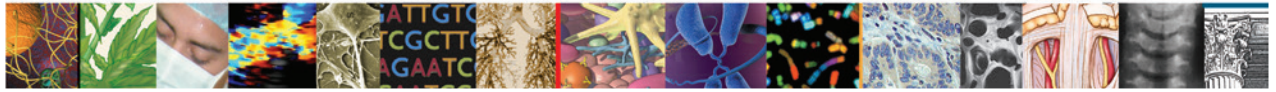


The NEW ENGLAND JOURNAL of MEDICINE

Perspective
JUNE 17, 2021

Promoting Equity for Women in Medicine — Seizing a Disruptive Opportunity

Reshma Jagsi, M.D., D.Phil., Elena Fuentes-Afflick, M.D., M.P.H., and Eve Higginbotham, M.D., M.L.

Just as the Covid-19 pandemic began to affect the United States in early 2020, the National Academies of Sciences, Engineering, and Medicine (NASEM) published a report detailing practices for addressing long-standing issues that have led to the underrepresentation of women in influential positions in science, technology, engineering, mathematics, and medicine (STEMM).[1] The report emphasized the ways in which cultural differences among disciplines and issues related to intersectionality contribute to the complexity associated with confronting gender inequity and to the lack of women in these fields. The tenuous position of women in medicine — including a relative lack of progress over 35 years — has since been confirmed.[2] Given the past year's understandably urgent focus on clinical and research efforts related to Covid-19, attention has seemingly turned away from work aimed at promoting gender equity, diversity, and inclusion.

There is growing evidence that pandemic-associated disruptions have had a disproportionate effect on women's personal and professional lives and could have lasting, negative consequences for their career trajectories.[3,4] In 2021, the NASEM released a new report focusing on Covid-19 and the careers of women in STEMM (on which we were coauthors),[5] which also uses an intersectional lens and highlights the layering of social stressors that have affected women of color and women who are members of other marginalized groups. Moving forward, we believe it will be important to continue to examine leadership decisions and new roles created because of the pandemic that may have widened the gender gap in academic medicine.

The disruptions associated with the pandemic have presented both challenges and opportunities for ensuring equity and reaping the benefits of diversity. One important challenge has been increased caregiving needs, both in the workplace and at home. These demands have exacerbated a preexisting barrier to women's professional advancement, given societal expectations that women serve as caregivers and professional norms that inadequately value caregiving-related contributions.

Gender-based differences in the time that academic physicians dedicate to parenting and other extraprofessional caregiving responsibilities existed before the pandemic closed schools and child care facilities and increased older adults' needs. Differences in caregiving roles in the workplace have also existed for decades,

The New England Journal of Medicine
Downloaded from nejm.org by LAUREL DOGGETT on April 27, 2022. For personal use only. No other uses without permission.
Copyright © 2021 Massachusetts Medical Society. All rights reserved.

as evidenced by women's disproportionate representation as nontenured clinicians rather than as tenure-track faculty in academic medicine. Since the onset of the pandemic, the needs of family members, patients, students, and colleagues have been met by the admirable reallocation of efforts by many people in academic medicine. Unsurprisingly, given the outsize role that women have historically played as caregivers, women appear to have been particularly affected by these abrupt shifts, as measured by work-time allocation[3] and outcomes ranging from traditional academic-productivity indicators such as publications[4] to well-being and mental health.[5]

Pandemic-associated disruptions may have exacerbated the social isolation that many women in medicine previously experienced, particularly in fields in which women are underrepresented. The new virtual work environment has facilitated networking and communication — for example, by increasing access to professional meetings without the need for travel. But the extent to which a transition to virtual platforms enables interpersonal connections depends on whether there is equitable availability of the time, technology, and other resources necessary for everyone to participate fully. We have heard myriad stories of colleagues, usually women, who have locked themselves in closets and imported virtual backgrounds to disguise their true surroundings, have negotiated with partners to ensure adequate supervision of children, and have prayed that the precarious fiction of uninterrupted professionalism won't be exposed during an important meeting or presentation.

Already, we have learned that virtual meetings provide new opportunities for sexism to manifest. We have witnessed women giving important talks, unaware of distracting and derogatory chat conversations happening in the virtual sidebar. Unconscious bias and overt harassment will most likely continue to impede full engagement of our entire talent pool until we have embraced and implemented a culture of respect.

In the past year, we have had firsthand experience with the challenges documented in the new NASEM report[5] and supported by surveys, articles in the lay press, and social media posts. Such challenges include increased workload, reduced academic productivity, changes in interpersonal interactions, and difficulties associated with remote work, including blurred work–life boundaries and a lack of time for self-care. Like many colleagues, we have scrambled to accommodate the needs of aging parents, idle children, colleagues in distress, and terrified patients. One of us lost a family member to Covid-19, and one struggled to meet her children's educational and emotional needs. One witnessed a close colleague have her compensation reduced, even as the colleague's clinical responsibilities increased. And orthopedic problems have developed in more than one of us because of poor ergonomics.

We have also worried about how we, particularly as women of color, might be perceived if we openly shared our challenges and advocated for our colleagues. We recognize that our own challenges pale in comparison to those detailed in other personal accounts.[5] We are senior faculty members who hold leadership positions, and we have privileges that buffer us and our families. The challenges that our colleagues — particularly our more junior colleagues — have endured during the past year are heartrending and even more worrisome given their probable long-term effects, absent intervention.

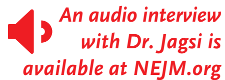
Institutions' responses to the challenges and opportunities created by the pandemic have been mixed. Some exemplars exist, but many organizations have missed opportunities to apply equity-minded leadership principles in the understandable rush to manage the crisis. Many of the strategies for overcoming unconscious bias in science and medicine described by the NASEM in 2020 ultimately decelerate decision making.[1] In hiring, for example, best practices include publicly posting all positions, using carefully considered language in job descriptions, reflecting on and ranking the specific qualifications expected and the criteria on which applicants will be evaluated, encouraging search committees to recruit broadly and creatively, and training committee members to mitigate their personal biases. Some of these deliberately slow processes might seem inappropriate in the context of a pandemic, and leaders may have been quickly appointed to manage the nearly overnight transformation of educational, research, and clinical environments.

One year into the pandemic, we are left wondering who was assigned visible leadership roles to help navigate the crisis, who was tasked with less visible, essential-service work, and how decisions about these assignments and appointments were made. We hope that institutional leaders will mindfully design policies

The New England Journal of Medicine
Downloaded from nejm.org by LAUREL DOGGETT on April 27, 2022. For personal use only. No other uses without permission.
Copyright © 2021 Massachusetts Medical Society. All rights reserved.

to combat bias in selection and promotion processes, particularly at a time when some faculty members fear they won't qualify for advancement because of pandemic-related disruptions to their scholarly work. It will also be important to investigate the ways in which institutions are addressing challenges surrounding the recruitment of trainees and faculty in the virtual environment and allocating resources that are more limited than usual because of new financial constraints.

The disruptions associated with the Covid-19 pandemic will affect the clinical and biomedical research workforce for years. We recognize that disruptions don't necessarily lead to negative outcomes; they can also contribute to positive change. Particularly given the lack of diversity of leadership in academic medicine, it's essential for current leaders to ensure an inclusive process, to seek input from diverse stakeholders, and to consider the long-term implications of their decisions. The new NASEM report concludes with a series of key questions for future research,[5] which may be used by leaders to assess initiatives over time. Our own biggest question is, Will we in academic medicine intentionally choose to seize this disruptive opportunity and harness this moment to accelerate positive change toward gender equity, diversity, and inclusion in medicine, or will we allow the damage caused by the pandemic to endure?


An audio interview with Dr. Jagsi is available at NEJM.org

The opinions expressed here are those of the authors and do not necessarily represent positions of the National Academies of Sciences, Engineering, and Medicine.

Disclosure forms provided by the authors are available at NEJM.org.

From the Department of Radiation Oncology and the Center for Bioethics and Social Sciences, University of Michigan, Ann Arbor (R.J.); the Department of Pediatrics, Zuckerberg San Francisco General Hospital, and the Dean's Office, University of California, San Francisco — both in San Francisco (E.F.-A.); and the Office of the Dean, the Leonard Davis Institute for Health Economics, and the Department of Ophthalmology, Perelman School of Medicine at the University of Pennsylvania, Philadelphia (E.H.).

This article was published on June 12, 2021, at NEJM.org.

1. National Academies of Sciences, Engineering, and Medicine. Promising practices for addressing the underrepresentation of women in science, engineering, and medicine: opening doors. Washington, DC: National Academies Press, 2020 (https://www.nap.edu/catalog/25585/promising-practices-for-addressing-the-underrepresentation-of-women-in-science-engineering-and-medicine).
2. Richter KP, Clark L, Wick JA, et al. Women physicians and promotion in academic medicine. N Engl J Med 2020;383:2148-57.
3. Myers KR, Tham WY, Yin Y, et al. Unequal effects of the COVID-19 pandemic on scientists. Nat Hum Behav 2020;4:880-3.
4. Andersen JP, Nielsen MW, Simone NL, Lewiss RE, Jagsi R. COVID-19 medical papers have fewer women first authors than expected. Elife 2020;9:e58807.
5. National Academies of Sciences, Engineering, and Medicine. The impact of COVID-19 on the careers of women in academic sciences, engineering, and medicine. Washington, DC: National Academies Press, 2021 (https://www.nap.edu/catalog/26061/impact-of-covid-19-on-the-careers-of-women-in-academic-sciences-engineering-and-medicine).

DOI: 10.1056/NEJMp2104228
Copyright © 2021 Massachusetts Medical Society.

Misogyny in Medicine

Erica C. Kaye, M.D., M.P.H.

I was preparing to present a patient at bedside rounds, surrounded by colleagues. My attending, an older man, caught my eye and casually remarked, "Your butt looks flatter, have you lost weight?" Everyone laughed. I froze, then stretched my lips to feign a smile. "I think it's the same size?" I replied. More laughter. "OK," I said. "Should we start rounds?"

I've practiced medicine, in training or as faculty, for 15 years. During medical school, residency, two subspecialty fellowships, and an academic career, I've worked in eight hospitals in the northeastern and southern United States. This story is not about toxic culture intrinsic to a specific health care system. I have witnessed and experienced both hostile and "benevolent" sexism in every workplace, without exception. This account is about the pervasiveness of misogyny throughout clinical and academic medicine, without accountability or remonstrance.

I have written this essay in my head dozens of times over the past decade. I wrote it silently each time a man casually described my body. Each time I watched a female physician get disparaged and railroaded out of academia. On multiple occasions when colleagues confided in me about sexual assaults perpetrated by male superiors without consequences.

But I never wrote anything down. Doing so felt acutely unsafe. Now, 15 years into my medical career, I listen to mentees from various institutions share their own experiences with gender discrimination and sexual

The New England Journal of Medicine
Downloaded from nejm.org by LAUREL DOGGETT on April 27, 2022. For personal use only. No other uses without permission.
Copyright © 2021 Massachusetts Medical Society. All rights reserved.