

feature

## Breaking down the Boys' Club



### Have you heard this old chestnut?

A man and his son are driving in a car one day when they have a serious accident. The man is killed instantly. The boy is knocked unconscious but he is still alive and is rushed to hospital for immediate surgery. The doctor enters the emergency room, looks at the boy, and says: "I can't operate on this boy, he is my son".

### How can it be?

Well, hopefully for more and more of the Australian population this is hardly a riddle – the doctor is obviously the boy's mother. The fact that this classic trick tale revolves around a doctor and not some other profession speaks volumes for the way medicine has traditionally been perceived. Even though 50 per cent of doctors entering the workforce are now women medicine has, until recently, been considered a very masculine domain. It's perhaps unsurprising female doctors feel in some ways that the profession is yet to have caught-up fully with this demographic shift.

The AMA (NSW) recently carried-out extensive surveys into the key issues concerning doctors in the state. In the coming months female doctors will be surveyed by the AMA (NSW) to find-out how the medical careers of women differ from men and how the profession could potentially change to introduce more balance.

As a prelude to the survey *The NSW Doctor* spoke to three women in various stages of their professional lives to find out how they think their gender has and will affect their careers.

**Jane Gray**, whom we profiled in the February 2010 issue of *The NSW Doctor*, is an established family doctor

who works at a large practice with her husband and father in Camden.

**Kathryn Austin** is an SRMO in Obstetrics & Gynaecology at The Royal Hospital for Women. **Tiffany Fulde** is a final-year medical student at the University of NSW.

When it comes to day-to-day work there was agreement amongst the women that gender is not really a big issue, although that's not to say the playing field is entirely level even today.

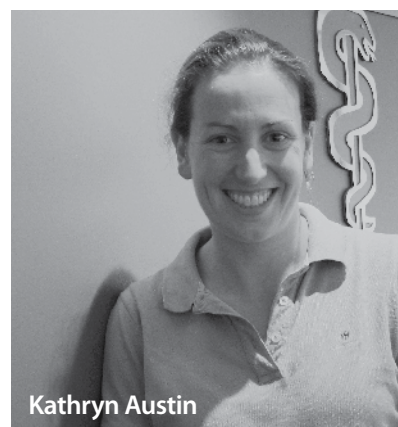
"You're a lot more likely to be asked if you're a nurse by patients, staff and even people at the local café if you're wearing a hospital ID," Tiffany says. "I've even been told by some registrars that my blond curly hair is particularly likely to make people think I'm a nurse!"

According to Tiffany this stereotyping and tradition can even affect career paths. "For many female med students it can affect specialty choice. They tend to avoid perceived 'boys' clubs' such as surgery, although for the most part I think it doesn't have a major impact. I think individual factors are more important than gender stereotypes."

Kathryn Austin agrees. She says when it comes to being a female DIT it's the big picture where gender starts to become a genuine issue. "Day-to-day work is no different at all at a DIT level however as a female there is the consideration of when to potentially plan to have a family," Kathryn said.

In fact the time and effort necessary to have and raise children is unsurprisingly the biggest issue raised by all three women.

"When you're a DIT pregnancy and maternity leave need to be factored into your proposed training," Katherine said. "There is often more need for time away in the early years of training for



Kathryn Austin

maternity leave and this is not always well supported by training programs – driving females away from certain medical professions or moving females towards the more family-friendly specialties such as general practice."

The pressure on women to stick to a 'family friendly' area of medicine is often applied subtly – although sometimes it can be far more direct. "I was talking to a female medical student who would like to do surgical training," Tiffany recalls. "While she was scrubbed into an operation she was asked by the surgeon: 'Do you want to do surgery?' To which she replied, 'Yes'. The surgeon countered with 'Do you want to have kids?'"

"I think there is a perception out there that some of the more demanding specialties are impossible if you have children and there is a need for more strong role models to show this isn't necessarily true."

In Tiffany's case she doesn't have to look far – both her parents were working doctors while she and her sister were growing up. "I think there are a lot of different approaches out there that work. You just have to



Jane Gray



Tiffany Fulde

find one that works for you and your partner.”

Dr Jane Gray should know – she’s balanced raising four sons with a bustling medical practice in Camden. Jane says that although a combination of motherhood and medicine can be incredibly demanding it can also offer benefits that aren’t talked about as often. “When our biological clocks tick loud, things change. It usually hits when we are starting our specialty training so we get distracted suddenly by domestic issues and kids. We also simultaneously become part of the sandwich generation – as the meat – when we care for aging parents and young kids.”

“The upside I guess is an increase in empathy. I do sometimes wonder about how good a doctor I was before kids. Motherhood has taught me more than all the textbooks combined.”

As a family doctor Jane points-out that being a woman and a mother can put a strain on the relationship with patients. “Patients often view female doctors in terms of whether we are likely to leave them in the lurch while going off and having another baby. I’ve hidden four pregnancies from patients because of comments about being ‘unavailable to care’ for them!”

Although many of the conflicts between maternity and a medical career seem intractable, female doctors insist that the profession can do more.

For Kathryn a lot of the battle is simply about getting the concerns of female doctors out into public discussion. “The AMA should be loud in voicing the need for public

recognition for flexible maternity leave arrangements for all DITs across all specialties,” she said.

“It would improve lines of communication for training and workplace acceptance for the importance of parental leave. All female specialty trainees need to have equal and appropriate access to maternity leave and this should not jeopardise their training. We also need to enable practical support systems such as suitable work/hospital-based childcare options.”

Tiffany thinks that a lot of the time female doctors shy away from being labelled as having particular ‘women’s issues’. She believes the way to change this is through more guidance from established female doctors to younger women coming through.

“I think role modeling is very important – sharing experiences and advice and showing that there are many ways to be a female doctor. We’ve seen a lot of success at the university levels of Women in Med nights where female doctors come and share their experiences. It’s important not to assume all female doctors have the same issues and many shy away from being labelled as having ‘women’s issues’ but facilitating communication and mentoring would be really positive from the AMA.”

“Encouraging further female representation and contribution on AMA committees would also be an interesting area to explore.”

Jane agrees that the AMA can play an increasing role in supporting

female doctors but should also focus on trumpeting their role a little louder. “The AMA could probably publicise more case studies on how they help,” she says. “For example they helped me hugely through an industrial issue that was impacting me and therefore my husband and four sons. Also the AMA could probably offer more refresher courses to get some women back in the workforce and confident after kids.”

#### AMA (NSW) has...

- Assisted many DITs, both male and female, in dealing with their hospital or area health service to access parental leave.
- Run a landmark case before the Anti-Discrimination Board to highlight the limitations of the current policy in limiting access to parental leave entitlements for registrars who are required to move interstate for training. We also secured the support of the Royal Australasian College of Surgeons in running the case.
- Advocated for changes to contractual arrangements and information for DITs to ensure more are able to access parental leave entitlements.

**There is much, much more to do and we look forward to continuing the fight.**