Medicine's gender bias heightens the risks for all women

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The first Irish female to qualify as a doctor was a male.

Born into an impoverished family in Cork, Dr James Barry was assigned female at birth, and given the name Margaret. But by the time Barry had accepted a place to study medicine at Edinburgh University in 1809, he had assumed a new name, and was living as a man.

It's not known for sure whether Barry's decision to change gender was motived entirely by the fact that women, at the time, were excluded from the medical profession. But it was certainly a precondition to his career path. He qualified 50 years before the discipline was opened up to women applicants in the UK.

In Ireland, it would be another 80 years before Mary Josephine Hannan became the first woman to graduate from the Royal College of Surgeons and become a practising doctor in 1890.

Fast-forward 134 years — and at first glance it looks as though the obstacles facing women who want to be doctors in Ireland have evaporated. Over half of newly qualified doctors in Ireland are women.

But these cheering statistics conceal the fact that, despite a veneer of progress, women in medicine still face an uphill struggle compared to their male counterparts and are still penalised because of their gender.

This is most marked as they continue up the career ladder. Overall, 40pc of consultants are female and 60pc are male.

This rate of attrition among female doctors as they move up the ranks is particularly marked in surgical training. While 56pc of surgical interns are women, they make up only 17pc of consultants.

Junior doctors who spoke to thejournal.ie as part of an investigation cited various factors — but the one theme that arose again and again was the incompatibility of pursing specialist training with planning a family.

Anti-social hours, insufficient, sometimes non-existent maternity leave provision, insecure contracts and lack of stability due to country-wide training rotations means women doctors often face a stark and irreconcilable choice — pursuing their career ambitions often means forfeiting their hopes of having a family, or vice versa.

In the context of chronic understaffing within the health system, this poses a dilemma with potentially serious consequences.

"Without support, women will drop out of medicine," said Dr Rachel McNamara, chairperson of the committee for non-consultant hospital doctors at the Irish Medical Organisation.

In short, the problems facing ambitious young female doctors — the ones complaining of burnout, feeling unsupported or dropping out of their training programmes in frustration — affect us all. This is partly because they are a crucial part of the bricks and mortar keeping the whole edifice of our health system standing. More than half of the overworked, underpaid junior doctors in our hospitals, busting their guts to keep the enfeebled health system turning over are female.

But there is another knock-on consequence — less discussed but equally important — equal representation across all pay grades in medicine is vital if we wish to ever achieve equality in standards of care.

It is well-demonstrated that gender bias remains stubbornly entrenched throughout most modern health systems in the developed world. The under-representation of females in the higher ranks trickles all the way down to the experiences of patients in hospitals all over the country. It has a direct impact on the outcomes for women seeking medical care.

In 2022, a vast study into the outcomes of over 1.3 million surgical patients demonstrated that women who were operated on by male surgeons were much more likely to die or experience complications, compared to those who were operated on by female surgeons.

The authors of the study posited that the results were due to "implicit sex biases" which affected the manner in which female patients were treated.

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Harmful sex biases are also evident in cardiology and emergency medicine. In 2016, a study supported by the British Heart Foundation found that women suffering a heart attack were 50pc more likely to be misdiagnosed than were men, with potentially fatal or life-altering consequences.

And it's likely that these imbalances can be tracked across every specialism.

Earlier this year, American oncologist Dr Elizabeth Comen published a book on the subject, *All in Her Head*, which dealt with "the truth and lies early medicine taught us about women's bodies and why it matters today".

A profile of Dr Comen in *The New York Times* noted: "Women are more likely to be misdiagnosed than men are and take longer to be diagnosed with heart disease and some cancers; they may be less likely to be offered pain medication; their symptoms are more likely to be written off as anxiety — or, as the book title suggests, as being all in their head."

These imbalances are the ongoing downstream effect of centuries of discrimination which has obstructed female agency.

When female doctors struggle to advance their careers or to carry out research, the result is poorer outcomes for female patients.