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Women in radiology

The American experience and perspective

Professor Stephen Bakers gives an overview of women's place in radiology and how times are changing.

When I write this and no doubt months later if and when you read it, the matter of women's place in society will remain centre stage. In the west, at least, there has been an insistent awareness of their collective lack of opportunity, lack of respect and also a lack of protection in a hitherto male-dominated society. In some regard the pertinent issues to be mediated if not resolved are obvious, in other contexts the impingements are less obvious and need to be better appreciated before they can be effectively corrected.

Medicine is not immune from justifiable presumptions by women that the performance space is not level. True enough, the percentage of female medical students continues to rise and in many places, ranging from Canada to Kazakhstan, they encompass more than 60 percent of trainees.

Yet in each country, particularities of history, culture and policy engender variations in the characteristics of the nature of inequality. Thus, although it may be useful to generalise I focus my comments on what I know best ie. American medicine and, to the point, American Radiology.

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A first place to look is residency education. As the percentage of women medical students has risen to nearly 50 percent so too has female representation increased proportionally in nearly all specialty programmes, surgical as well as medical. In fact, in a recent study of ours, urology was most rapidly expanding its cadre of women trainees. But one specialty is not increasing its complement of women. For the past 15 years its female presence as trainees has stabilised between 25 and 27 percent per annum. The non-intuitive, in fact, perplexing outlier is radiology.

Why is this so? Many explanations have been proffered for this apparent anomaly. To wit: women are not good at physics, they don't want to be subject to radiation, the lead aprons they have to wear are too heavy. In a survey of women radiologists, we conducted several years ago, none of these choices were regarded as explanations for the limitation. But one factor did emerge in queries of both current radiology residents and those who considered radiology but chose to do something else. Among them the predominant negative factor was the perception by family and friends that young female doctors should choose to pursue as their life's work a patient-centred discipline. Many lay people do not think that description pertains to radiology. Also, today, the spectre of AI inroads in diagnosis will bear directly on the ownership of opportunity in imaging, which is a worrisome consideration for perspective residents, men and women alike.

One would expect that pathology, too, would be less highly regarded because of its further remoteness from patient/doctor interaction. Yet the percentage of trainees in this specialty continues to enlarge, but in the USA, many of these trainees are not native born or are foreigners who have come to our programmes to gain skills and then are mandated to return home. A large percentage of them are from South and East Asia, where they have told us, the biases for direct patient care is not part of the compelling narrative families present to guide career choice.

Once board certified and out of practice, women radiologists in the aggregate tend to self-select or

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be channelled to certain sub-specialties, particularly breast and paediatric radiology which tend to limit work locations to mammography offices and hospitals, particularly children's hospitals. Yet all subspecialties now have, I presume, adequate female representation or, at least overt restrictions are not prominent. In academic practice, however, a disproportionate number of women become supervisors of medical student teaching or residency programme directors. Both are important tasks but their time commitment retards research productivity. And the size of one's C.V. is still a good indicator of advancement up the academic ladder.

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Women compromise only 15 percent of full time radiologists in private practice in the US Part of the difference between percentage in residency and percentage in practice is that female radiologists over 50 are less common than those who are younger. Also, women radiologists are more likely to work part-time than men.

Among the officers of the national leadership of our specialty, women are no longer rare but they are lower in percentage than their numbers in academic and private practice. Until they extensively populate the upper echelons of governance in our specialty, the inequalities of practice and prospect will remain.

In the hierarchy of American academic radiology, the participation of women as leaders has increased with their expanding representation as members and faculty. In major societies such as the Radiological Society of North America and the Society of Chairman of Academic Radiology Departments they occupy top positions. They continue to play a major role in the policies of the specialty organisation in which they compromise a large percentage of dues payers such as the ultrasound and breast imaging societies.

But they have not ascended to the leadership of the American College of Radiology (ACR). Moreover, in committees of that organisation they are underrepresented which limits their voice in the articulation of their specific needs, perceptions and challenges. The American College of Radiology is compromised predominately by radiologists in private practice. For the most part in the state branch chapters of the organisation women tend to play a limited role. Indeed, the lack of attention to the persisting issue of the relative unattractiveness of female medical students for a career in radiology has not been a major matter for discussion in the ACR. Yet it should be if the specialty is to thrive at a time when its stewardship of the technology it deploys is under increasing threat.

Hence, if American radiology can be likened to a house, the front door is open but many women are reluctant to enter. Once inside there is no glass ceiling but female occupants are still accustomed by choice and by subtle cues to remain in a few rooms none of which are on the top floor. ■

KEY POINTS

- ✓ The percentage of American medical students who are women is increasing but not their percentage in radiology residency programmes.
- ✓ The reasons for the lack of increasing interest are multiple but parental and family member perception of women doctors to be immediate caregivers seems to be a major hindrance to the choice of our specialty.
- ✓ Women are well represented in academic societies in our specialty.
- ✓ Women have a lesser voice in state radiological societies and the American College of Radiology.

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