



Losing Ground

by Brit Trogen, MD

Tea lights flickered on the white-linen tablecloths. Outside, the lights from distant high-rises reflected off the choppy surface of the East River as a dusky glow suffused the sky. As a first-year medical student, I remember the thrill of the view as I nervously mingled in the room of doctors, researchers, and executives: alumni of my medical school, many of whom were titans in their fields. As a scholarship recipient, I'd been invited to the alumni event as a representative of the incoming medical school class, and I can still feel the wave of nausea and imposter syndrome that set in as I shook hands and made small talk, wobbling in rarely-worn high heels.

I soon found myself in a small cluster of students surrounding a tall, imposing alumna in a dark, tailored suit. The topic quickly turned to everyone's career plans, and I listened with interest as others in the group described ambitions for surgical and medical subspecialties.

"And what are you interested in?" he asked, turning to me.

"I'm planning on pediatrics," I answered.

"Oh, really?" Eyebrows raised, his next words seemed intended as part-joke, part-compliment: "What a waste. Well, I'm sure you'll be the best one there." Without skipping a beat, the conversation moved on.

What a waste.

The words stunned me. It was the first time I would experience this type of casual dismissal, but throughout my time in medical school, offhand comments like this became an expected part of any conversation on specialty choice, particularly when discussions turned to fields like primary care, pediatrics, and family medicine. When they weren't treated with condescension (a frequent response to pediatrics was: "Aw, how sweet!"), these specialties were widely viewed as less prestigious, less challenging—and implicitly, less important—than procedural fields like cardiology or neurosurgery. Among other things, this division is reflected in salary. The well-intentioned but corrosive attitude surrounding students who consider entering these "lesser" specialties is: Why sell yourself short?

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In recent years, initiatives promoting gender equality in medicine have largely focused on increasing female representation in male-dominated fields. Many of my medical school classmates benefitted from these programs, which offer mentorship and inroads into areas of medicine that have been unwelcoming to women in the past. Successful female surgeons and urologists hold dinner talks to speak frankly about their careers and encourage female students to apply. Many residency programs are making efforts to increase the diversity of their classes. This is a crucial effort, and as women make up an increasing percentage of medical school enrollees, they must be allowed to thrive in whatever field their skills and passions lead them to pursue (the same is of course true of other underrepresented groups in medicine including minority and LGBT students.)

Equally as important, however, is the need to fight against the dismissal and devaluation of fields in which women are already thriving. It is impossible to ignore that, on the whole, the "prestige" attributed

to medical specialties inversely tracks with the number of women in that specialty. Failing to acknowledge this reality—and defend against it—cedes crucial ground in the battle against gender discrimination.

Over the course of past century, work done by women in the United States has not been valued as highly as that of men. What's more, every time women make inroads into previously prestigious, male-dominated fields—labels that once applied to careers like teaching, nursing, and biology, for example—studies have found that salaries and respect for those fields decreases. This devaluation corresponds with the flight of men into other, newly respectable fields, and the cycle repeats itself as later generations of women race to keep up. Thinking about this pattern, I'm reminded of Alice's observation in *Through the Looking-Glass*, that "you'd generally get to somewhere else—if you run very fast for a long time, as we've been doing."

Comments like the ones I experienced as a first-year medical student reflect a deep-seated problem in the way women's work and contributions are still perceived within medicine. I believe pediatrics is consistently the lowest paid specialty in part because it entails the provision of care to children, which women have been expected to perform without pay for centuries. Obstetrics/gynecology is the lowest paid surgical specialty in part because women's health has not historically been a priority within healthcare relative to men's health. But history suggests that even if all neurosurgeons were women, the salary, prestige, and respect granted to the profession would be only a fraction of what it is today. It's not that women are voluntarily opting for low-paying, low-prestige career paths. The problem is that, time and again, we've seen that no matter the path women choose, their contributions are not valued as highly as those of a man doing the same job.

There is no easy fix to this problem. But taking steps to close the gender pay gap—both between men and women in the same specialty, and crucially, between the male-dominated and female-dominated specialties overall—should be a major focus of future advocacy. Higher salaries in primary care, for example, is not only a women's rights issue, but would serve a direct benefit to patients. It shouldn't be a given that money and influence follow only where male physicians flock. And we should not accept a status quo in which the careers valued by countless ambitious, female physicians are considered "a waste."

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