

Letter to Editor

Attrition among women physicians: response to the perspective titled "Women in medicine - navigating a complex world"

¹Vinayak Jain, MBBS, ²Isha Ramneek, MBBS

¹Former Intern, and member, Humanities Club [To be Human], KMC, Manipal, ²Junior Resident, Dept of Obsetrics & Gynecology, Sawai Man Singh Hospital, Jaipur

Corresponding Author:

Vinayak Jain Ramkripa, Opp Somani College, Jodhpur, Rajasthan

Email: vinayakjain dot kmc at gmail dot com

Received: 04-OCT-2020 Accepted: 09-NOV-2020 Published: 04-DEC-2020

Dear Editor,

We have read the perspective titled "Women in medicine - navigating a complex world."[1] We congratulate the author for the insightful piece that covered many pertinent aspects of professional challenges faced by women in medicine: pay gap, physical and sexual assault, and lack of supportive leave policies, among others. We would like to highlight another aspect - attrition among women physicians - to further the conversation on issues surrounding women in medicine that were brilliantly articulated in the original perspective piece. We use the term 'attrition' to include those who completely drop out or scale down their practice thereby causing a reduction in the female physician workforce.

Published on 29th September 2020, just three days before Daughters' Day, the author's words struck a personal chord for many of us. We have been witnesses to the challenges faced by female colleagues early on in their careers, including during medical school. Though anecdotal, it is still unfortunate to encounter such instances

today, where young women face resistance in furthering their education, including pursuing residencies. Familial pressure to 'land a seat' early so as to not delay marriage, and having biology dictate their specialty of choice, are examples of the gaslighting women so frequently have to encounter.

Unfortunately, the ordeal continues well into the later stages of their careers. Data compiled by the World Bank and the Public Health Foundation of India in 2009 reported an abysmal 17% of female allopathic doctors (and one-third among the overall healthcare workers like nurses, dentists, pharmacists, AYUSH practitioners etc.)[2] This report uses data from the 2001 Census, but additionally takes employment figures from the National Sample Survey in 2005. A comparable report published by the World Health Organziation 2016, supported by the Planning Commission of India, uses data from only the 2001 census, but reports similar figures.[3] In terms of ratio, too, the number of female doctors strikingly low per 10,000

Cite this article as: Jain V, Ramneek I. Attrition among women physicians: response to the perspective titled "Women in medicine - navigating a complex world". RHiME. 2020;7:230-1.

www.rhime.in 230

population, ranging from 7.5 in Chandigarh to 0.26 in Bihar.[4]

While this can be best explained by attrition of female physicians in the long run, there isn't much data to quantify the rate or reasons that lead to this in India. The wage gap, misogyny and abuse (physical and sexual) mentioned by the author of the perspective may contribute to attrition.[1] We wish to highlight how shouldering a greater share of domestic responsibilities might also be an important reason. Even in the West, studies show women physicians averaging 8.5 hours more work per week than men. Married men with children still spend 12 hours per week less than women in parenting and household work.[5] This is proposed as the primary reason 40% of female physicians scale back or drop out of their careers within the first six years itself. Nearly 70% begin considering part time work by then, as per a study in 2019.[6] Similar trends must be captured in India to better

assess this issue.

Whatever the statistics, it is clear that choosing between family and career for these physicians is, in fact, not a choice. Better policies for maternity and paternity leave will go a long way in helping women accommodate their aspirations. In fact, the latter will not only help women, but might also reduce the stigma associated with childcare leave. Work-life balance and institutional support are imperative in order to push back against the systemic biases that have accumulated over time against women in medicine

The bottom line remains that no one should be coerced into giving up their career after investing so many years in their medical training. And the medical profession of all professions should lead as an example on how to treat its professionals fairly, irrespective of their gender, age, caste, disability, career stage or specialty.

References

- 1. Tiwari, S. Women in medicine navigating a complex world. Research & Humanities in Medical Education. 2020;7:196-9. Available from https://www.rhime.in/ojs/index.php/rhime/article/view/395
- 2. Rao KD, Bhatnagar A,
 Berman P: India Health Beat,
 Volume 1. India's health
 workforce: size, composition
 and distribution. Edited by:
 Forgia J, Rao KD. 2009, World
 Bank, New Delhi and Public
 Health Foundation of India,
 New Delhi, 3-
- 3. Anand S, Fan V. The health workforce in India. Human Resources for Health Observer Series No. 16. Geneva: World Health Organization; 2016. Available from https://www.who.int/hrh/resources/hwindia health-obs16/en/.
- 4. Rao M, Rao KD, Shiva Kumar AK, Chatterjee M, Sundararaman T. Human resources for health in India. Lancet. 2011;377(9765):587-98. https://www.doi.org/10.1016/ S0140-6736(10)61888-0
- 5. Jolly S, Griffith KA, DeCastro

- R, Stewart A, Ubel P, Jagsi R. Gender differences in time spent on parenting and domestic responsibilities by high-achieving young physician-researchers. Ann Intern Med. 2014;160(5):344-53. https://www.doi.org/10.7326/M13-0974
- 6. Frank E, Zhao Z, Sen S, Guille C. Gender disparities in work and parental status among early career physicians. JAMA Netw Open. 2019;2(8):e198340. https://www.doi.org/10.1001/jamanetworkopen.2019.8340

www.rhime.in 231