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**Year in School: M3**

**First Year of National AMWA Membership: 2026**

Lauren Dentinger (she/her) is a rising third-year medical student and current MPH student at Creighton University School of Medicine. She is originally from Albany, New York, and earned her undergraduate degree in biology and environmental studies from the College of the Holy Cross in Worcester, Massachusetts. At Creighton, Lauren is a member of the Arrupe Global Scholars and Partnership Program, is involved with the American College of Physicians, and volunteers at the Magis Clinic, the medical school's free, student-run clinic. Her interests include health equity, physician advocacy, and expanding opportunities for women in medicine.



## Assumed To Be

Have you ever heard the riddle of a father and son who get into a car accident? The father dies at the scene, and the boy is rushed to the hospital. The surgeon sees the boy and says, "I cannot operate, he is my son!" How is this possible? The surgeon is his mother.

The answer is simple, yet the riddle continues to stump many people. Despite the increasing number of women in medicine, the image of a physician is still often assumed to be male.

The word that captures my vision for gender equity in medicine is *assumed*.

This assumption, or more often the absence of it, is something my female peers and I experience regularly. Whether in the hospital or in everyday conversation, we are rarely assumed to be physicians. When I tell people that I am in medical school, I am frequently met with a follow-up question: "So what are you training to be, a nurse or a therapist?" The options offered almost always include every healthcare role other than a physician.

At first, these moments felt minor. Individually, they seemed easy to brush aside. Over time, however, they accumulated. One conversation in particular stands out. After sharing that I was in medical school, I was congratulated and immediately asked what kind of nurse I hoped to be and what kind of doctor I hoped to work for. I remember feeling the hesitation of whether to correct the assumption or let it pass. I corrected it, but the moment lingered.

When I began discussing these experiences with my classmates, a clear pattern emerged. Every female peer I spoke with had encountered similar assumptions. Not a single male peer had ever been asked whether medical school meant they were training for a role other than a physician. What I initially perceived as isolated moments revealed themselves as part of a broader pattern.

This difference matters. Assumptions shape expectations, and expectations influence opportunity. When women are not assumed to be physicians, they are also less likely to be assumed to be leaders, decision-makers, or authorities in clinical spaces. These assumptions influence how patients perceive us, how colleagues interact with us, and how confidently we step into responsibility. Over time, they affect whose leadership is recognized, whose expertise is trusted, and whose work is valued.

Dr. Linda Brodsky understood that gender inequity in medicine is sustained not only by overt barriers, but also by unexamined expectations. Her mission to help women physicians obtain the jobs they want, be paid what they deserve, and build full lives required challenging assumptions about competence, commitment, and ambition. Being underestimated early in one's career can shape compensation, advancement, and self-perception in ways that are difficult to undo.

As a medical student, I am learning that equity is not achieved solely by increasing representation. It requires changing what is taken for granted. It requires shifting the default image of who a physician is so that women no longer have to explain, justify, or prove their presence in professional spaces. Being assumed to be a doctor should not depend on gender.

Through these experiences, I have developed tools that now guide how I move through medicine. I have learned to advocate for myself with confidence. I am attentive to how language and introductions shape perception. I notice whose voices are affirmed without question and whose are met with hesitation. This awareness has strengthened my commitment to speak up, support others, and create environments where assumptions are examined rather than accepted. Now, I introduce myself clearly as a student doctor, correct assumptions when they arise, and am intentional in how I introduce women colleagues, knowing that these moments shape who is seen as a physician and a leader.

As I continue my career, I will carry the word *assumed* with me as both a reminder and a responsibility. It reminds me of the barriers that persist, and it challenges me to help create a culture in which women physicians are assumed to be doctors, assumed to be leaders, and assumed to deserve equitable opportunity and compensation. Like Dr. Brodsky, I believe women in medicine should not have to earn what should already be recognized. Carrying this word forward means advocating for equitable advancement, compensation, and mentorship so that women physicians are not only present in medicine, but fully supported in leading it. I hope to practice medicine in a way that makes the riddle unnecessary, because one day the answer will no longer surprise anyone.