

Wholeness: A Vision for Gender Equity in Medicine

By Eva Nelson, BA

Wholeness is the word that captures my vision for gender equity in medicine. To me, gender equity is intersectional. It ensures that women and gender-expansive people can lead without losing themselves as we challenge harmful norms and practices. I believe wholeness is central to that work. Wholeness means being supported and valued as the multifaceted humans we are, not only for what we produce. It means building a medical culture where women and LGBTQIA+ physicians can thrive without sacrificing their dignity, boundaries, rest, or joy for the sake of belonging.

Medicine depends on the emotional, intellectual, and relational labor of women, underrepresented groups, disabled individuals, and LGBTQIA+ people. However, it persistently undervalues these contributions. For example, underrepresented in medicine (URiM) faculty overwhelmingly shoulder the burden of serving on diversity committees, mentoring URiM students, and leading antiracism initiatives on top of their clinical, research, and teaching roles.¹ Despite the passion many URiM faculty have for eliminating barriers and supporting marginalized students, this work is often uncompensated and ignored in promotion metrics.² For Black women, these systemic issues are compounded by the intersections of racism, sexism, ableism, homophobia, and transphobia. Despite being recognized for their expertise and accomplishments, Black women and gender-expansive individuals often face reduced protection and support due to pervasive stereotypes, misogynoir, and the isolating experience of being “the only” in their environments. This dynamic perpetuates disproportionate expectations and hinders equity and inclusion within medicine.³

My understanding of wholeness as a core component of gender equity was shaped during my preclinical years of medical school. I am the only Black woman in my cohort, and my first year was isolating in ways I never anticipated. Unfortunately, my experience is not unique. National AAMC data show that Black students comprised about 8% of U.S. medical matriculants in the 2023-2024 cycle, underscoring our underrepresentation in medicine.⁴ Furthermore, a 2025 narrative review, “The Struggle to Belong for Underrepresented Medical Students,” reports that URiM students often perceive medicine as an “exclusive club,” and frequently encounter microaggressions.⁵ I turned my isolation into motivation, ensuring that Black and URiM students after me would not face the same challenges at my institution.

Even as I invested in leadership and community-building, there were times when my voice was overlooked, my contributions minimized, and my identity questioned, all of which disrupted my sense of belonging and wholeness. For example, I learned that leadership titles do not always translate into being heard, especially when bias shapes who is seen as credible. The weight of navigating conflict while being expected to remain composed, generous, and professional was heavy. Navigating these emotionally taxing institutions made me realize how easily purpose-driven work can become unsustainable when rooted in sacrifice without reciprocity.

Painful seasons are never easy, but my support system guided me. They reminded me to care for myself and encouraged me to leave environments that compromised my energy, joy, and passions. I leaned on my mom, mentors, and closest friends. They made me feel seen and validated, knowing I was not imagining harm. I also committed to inner work that helped me

quiet harmful, internalized narratives and reconnect to my values. Prayer, reflection, and meditation were transformative. I allowed myself to experience anger and learned how to release it. I stopped spiraling through questions like: what if I had been more accommodating, what if my instincts were wrong, what if I had worked harder to prevent conflict. My support system helped me recognize that my inner critic was speaking louder than the truth and pulling me away from my worth. Eventually, I understood that I should not shrink myself to stay comfortable in places I had outgrown. I realized that staying in environments that no longer aligned with who I am becoming was holding me back.

Seeking stories and lessons from Black and Brown women about their experiences in exclusive environments was deeply meaningful for me. I read about the challenges Michelle Obama faced at Princeton and as First Lady, and the misogynoir she endured. I worked through Dr. Amira Barger's *The Price of Nice*. I found comfort in my mom and mentors. They helped me understand I was not alone in what I had been carrying. As women of color leading with purpose, they also faced harm from outside and within our communities. As a Black woman healing from similar dynamics, I am learning to radically extend myself grace. Learning from these experiences is helping me build deeper discernment, stronger courage in setting boundaries, and a commitment not to take others' dysfunction personally. Through guidance and lived experience, I am learning the meaning of wholeness.

Dr. Linda Brodsky's mission embodies this vision of wholeness. Her work aimed not only to help women physicians survive in medicine but to ensure they could thrive: to secure desired positions, receive fair compensation, and realize their full potential. I interpret "have it all" as the possibility to pursue leadership and excellence without penalty for one's identity and without sacrificing health, stability, or self-respect to gain acceptance. Therefore, gender equity must encompass both opportunity and protection, as thriving requires more than access; it demands sustained support.

Through that clarity, I understood that women and gender-expansive people in medicine must cultivate three essential values: a steadfast commitment to integrity and core principles, even when unpopular; a forgiving spirit that transforms anger into purpose; and courage to lead with confidence despite criticism. Integrity guided me to lead with good intentions even when it was not reciprocated. Forgiveness helped me avoid becoming hardened by my experiences. Courage reminded me that honoring myself is not incompatible with honoring the mission. Painful seasons and my support system taught me these lessons, and despite the tears, I filled with gratitude.

As I advance in my medical career, I will uphold wholeness as a guiding vision. This commitment will inform how I lead, mentor, and advocate, particularly for those who feel excluded and overlooked. My goal is to help foster environments where women and gender-expansive individuals are supported in their entirety, their contributions are recognized, and they are not required to diminish themselves to succeed. Ultimately, I aspire to extend the same support I received, ensuring that future generations not only endure medicine but truly thrive within it.

References

1. Ajayi AA, Rodriguez F, de Jesus Perez V. Prioritizing Equity and Diversity in Academic Medicine Faculty Recruitment and Retention. *JAMA Health Forum*. 2021;2(9):e212426. doi:10.1001/jamahealthforum.2021.2426
2. Minority Tax, Gratitude Tax, Emotional Tax | SAEM. Default. Accessed January 15, 2026. <https://www.saem.org/about-saem/academies/adiemnew/education/dei-curriculum/minority-tax-gratitude-tax-emotional-tax>
3. Bajaj SS, Tu L, Stanford FC. Superhuman, but never enough: Black women in medicine. *Lancet Lond Engl*. 2021;398(10309):1398-1399. doi:10.1016/S0140-6736(21)02217-0
4. 2023 FACTS. AAMC. Accessed January 15, 2026. <https://www.aamc.org/data-reports/data/2023-facts>
5. Luong V, Cameron P, Brown MEL, et al. The Struggle to Belong for Underrepresented Medical Students: A Narrative Review. *Perspect Med Educ*. 14(1):826-836. doi:10.5334/pme.1873