

Women in Medicine: Then and Now

Women in medicine have come a long way since the days of Elizabeth Blackwell, the first woman to receive a medical degree in the United States in 1849. Women comprised just over 45% of applicants and new students at U.S. medical schools in 1999-2000. The proportion of women medical residents increased from 28% of all residents in 1989 to 38% in 1999 according to the <u>Association of American Medical Colleges</u>. "Women in US Academic Medicine Statistics 1999-2000." An increasing number of medical schools are enrolling more women than men in incoming classes. However, women still have not reached overall equality with men in the profession.

As more women enter the profession, they are forcing changes in the healthcare system. In recent years, there has been an increased focus on making the profession more family friendly. Some women find ways to cut back on their demanding schedules to make time for their personal lives and raising families. There has also been a move toward better communication skills with patients. The medicine of yesterday put physicians in the role of primary caretaker and decision-maker for their patients. Physicians told patients what to do without much explanation of how or why and patients usually followed their advice. Physicians have realized the importance of developing a good relationship with their patients and many women have been leaders in this movement. The new medical relationship is a partnership between physicians and their patients, who now share much more of the responsibility for their own health and well-being.

Women physicians and scientists have also demanded a greater attention to women's health. In the not-too-distant past, women were excluded from most research studies on diseases and from studies testing new drugs. Women have asserted their right and need to be included in these studies, leading to a greater wealth of information on the mechanisms of diseases in women and how to better treat diseases in women. These changes have benefited everyone.

The current environment of medicine is changing rapidly. An aging population, new technologies, and increased public expectations are among the many factors that have significantly increased the cost of medical care. In recent years, diverse efforts to control costs have brought dramatic change to medical practice. Many believe these cost-control mechanisms have harmed medicine by decreasing physician autonomy, impairing medical decision-making, limiting patient's choice of physicians and medical treatments, decreasing physicians' and hospitals' ability to provide charity care, and leading to patient distrust of the medical profession. In some cases, physicians have seen their income decrease as a result of cost-control mechanisms.