THE WOMEN DOCTORS

By A/Prof Chin Jing Jih

A history of women in Medicine

The theme of this month's issue of *SMA News* – Women in Medicine – caught my attention, partly because someone mentioned casually that there used to be a policy that limited the number of female students admitted to the only medical school in Singapore then. Today, that policy no longer exists, and most will concur that such form of gender inequality is generally absent in our medical institutions, as evidenced by the growing number of female doctors, including surgical specialists, and medical students. But my readings also informed me that gender equality in Medicine became a social norm only not too long ago, even for progressive Western societies. For centuries, women had to battle hard to earn their rightful place in the profession.

Women have always been central in providing medical care. Yet, since the 15th century, the medical profession has been male-dominated for most of its history. In Europe, the prohibition of women from admission into universities meant that they could not be trained and licensed to practise Medicine, a privilege reserved naturally for men in an age where such biases were deemed politically correct and socially appropriate. Even membership to medical professional colleges and societies were closed to women. Despite being excluded from formal medical education, women provided many paid services valuable to the public, including nursing of the sick and midwifery. But even in these areas, the positions held by women were often threatened, their contributions belittled and their approaches too hastily dismissed as unscientific.

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Interestingly, it was through nursing that women first made significant inroads into formal medical practice. The significant contribution of Florence Nightingale in elevating nursing to a respectable profession for young women, and the efforts of the International Committee of the Red Cross in growing the number of trained nurses all helped to earn acceptance for women in the nursing role, which was seen as a natural extension of their gender-centric role of caring and nurturing. However, these developments in the 1800s did not translate into a same openness towards women becoming doctors. Pioneer female doctors like Elizabeth Garrett Anderson in the UK and Elizabeth Blackwell in the US had to overcome substantial opposition before earning the right to study and train as doctors.[1]

It was only in the 1900s, particularly during World War I, that the situation began to improve. The need for doctors to serve in the war, and the declining numbers of men available to train as doctors led to women being encouraged to undergo medical training. However, despite the apparent equal right to medical school entry, actual admission numbers for women did not increase rapidly, mainly because successful admission depended on access to a good basic education and adequate funds, which were not readily available to many women during that era. But with gender equality gradually becoming political mainstream, the numbers continued to improve steadily. For example, in 2010, women constituted 30.1% of all physicians in the US, and the number represented a 447% increase compared to 1980.

Historical developments in Singapore are no less interesting. In a 2005 paper on the history of selecting medical students in Singapore, Prof Paul A Tambyah reported that the local Straits Settlements Medical School set early milestones when two women graduated from its second graduating class in 1911, not long after the first female medical graduates in the West.[2] However, in 1979, a cap was introduced to limit the female medical student intake into the National University of Singapore (NUS) medical faculty (now called Yong Loo Lin School of Medicine [YLLSoM]) to one-third of each cohort, in order to address the much higher attrition rate among female doctors (16% to 19%) compared to their male counterparts (5% to 8%). This policy was perceived as practising gender inequity, as it led to the preferential admission of "less qualified" male students at the expense of "more qualified" female students. As a result, many of these female students went overseas to study Medicine, and some never returned to Singapore.

After years of persistent feedback by the Association of Women Doctors Singapore (AWDS) and other concerned agencies, supported by persuasive statistics (which reflected that the attrition rate of male doctors had risen to 9% while that for female doctors had reduced to 14%), the gender-based quota was finally abolished in 2002. This was also aided by the assuring report from public healthcare clusters that there was no longer any significant difficulty in deploying female doctors. AWDS pointed out that "women doctors stay in the medical

practice and contribute significantly at all levels of health profession. Therefore there is no justification for the quota that unjustly restricts the entry of deserving women into the medical degree course in Singapore."[3] In subsequent years, with a level playing field, the proportion of women who gained entry into the NUS medical faculty gradually rose from 42% in 2003 to 48% in 2009, and eventually surpassed the men by comprising 52.5% of the cohort in 2011. In the most recent intake (this year), 173 of the 300 students admitted were female, giving a majority of 57.7%.[4]

Over the years, many women doctors have excelled in their areas of practice and specialties, their achievements and contributions left little doubt about their aptitude and attitude in Medicine. While I would be very careful to avoid any form of gender stereotyping here, few would disagree with the general observation that women doctors bring with them qualities and attributes that provide a much-needed balance to the practice of Medicine, often misperceived and unfortunately typified as detached, composed and super logical. Many women are perhaps more perceptive and sensitive by nature, bringing with them communication and people management skills that give them the edge in establishing good doctor-patient relationships. This is especially relevant in an era where patients and their families have rising expectations, and demand a more responsive and empathetic engagement style from their doctors.

The shadow of the concern in 1979 that many women will not remain in active professional service due to family obligations, have not gone away completely, especially when the number of females entering YLLSoM has exceeded the males for the last three years. We should remain guarded and not dismiss these concerns completely. With a growing and ageing population, policymakers and manpower planners have good reasons to be anxious with recent statistics. However, there are also reasons to be optimistic that the problem may not be as serious.

Supporting women doctors

Firstly, with manpower planning and innovative employment models, we may be able to meet service exigencies while allowing our female colleagues to fulfil their family obligations as wives, mothers and/or daughters. Taking a larger perspective, women doctors, not unlike women in other professions, should be encouraged and supported if they feel the need to leave the workforce in order to devote more time to their families or themselves. Flexible work hours, use of technology and holistic human resource policies are critical mitigating strategies. Easier access to training and education would also help should women doctors decide to return to practice after a period of absence. Furthermore, I am beginning to observe that in the families of a few female colleagues, there is a growing willingness among their non-doctor spouses to take on heavier responsibilities in terms of homemaking. Many women doctors I know are also amazingly adept in multitasking. They have busy and successful practices, but are also deeply involved in supporting their husbands, children and parents.

In recent years, with a meritocratic system, women physicians in Singapore have gradually proven themselves in areas of clinical service, medical education and research. Given a fair opportunity, quite a few have also taken on prominent positions of medical leadership. We have seen women doctors appointed as Director of Medical Services, hospital and healthcare cluster chief executive officers, directors of national centres, chairpersons of clinical divisions, and academic chairs or heads of clinical departments. These achievements serve to motivate other women doctors that our workplace does not set artificial limits on women's careers based on gender alone.

SMA presently has four women doctors serving on its Council. Though a humble number and far from the majority, this represents a significant step forward from the past. These four ladies are deeply committed to their profession and their families, and they exhibit tremendous self-belief in advocating the interests of patients and doctors through the SMA platform. I believe that there are many other women doctors out there who are equally competent and passionate. Perhaps they have other priorities at this phase of their lives but intend to volunteer themselves some time in the future. But I am confident that not too far from today, SMA will be led by its first female President. And that would certainly be a good and significant milestone for SMA and the medical profession in Singapore. I look forward to this day with eager anticipation. SMA

References

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A/Prof Chin is President of the 54th SMA Council. Like most doctors, he too has bills to pay and mouths to feed, and wrestles daily with materialistic desires that are beyond his humble salary. He, however, believes that a peaceful sleep at night is even more essential.