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Notes

Presentation to The Standing Committee on the Status of Women

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Ottawa, ON
April 19, 2010

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Good afternoon. As was said in my introduction, my name is Anne Doig and like the chair, I am a family physician. I practice as a “full service” family physician, which means that I provide care in hospital as well as in my office, including obstetrical services. I have practiced in Saskatoon for almost 32 years.

It is my pleasure to be here today. As President of the Canadian Medical Association, I represent all physicians, but today, I am proud to represent women participating in what is now a *traditional* occupation for them, that is, medicine.

Joining me today is Dr. Mamta Gautam, a specialist and champion of physician health and well-being. For 20 years, she worked as a psychiatrist treating physicians exclusively in her private practice in Ottawa, and has been hailed as "the Doctor's Doctor."

The Association of Universities and Colleges of Canada has reported full-time university enrolment increased by more than 190,000, or 31%, between 2000 and 2006 and now stands at record levels.

Full-time male enrolment has passed 350,000 students and full-time female enrolment has passed 460,000.

Women account for two-thirds of full-time enrolment growth since 1971, a surge driven by the rapid increase in women’s participation in the professions, including medicine.

As it stands now, the males outnumber females among practicing physicians by 67%-33%. While there are still more men than women in practice, the percentage of female first-year residents in 2008 was 57%. This is a reversal of the percentage when I graduated, and an increase from 44% fifteen years ago. This means that a significant majority of physicians close to the beginning of their medical careers, are women.

Not surprisingly, given those figures, there are many medical disciplines where the proportion of females is much higher than it was even just a few years ago.

For instance, in general surgery — long held to be a bastion of male physicians — females comprised 18% of the 1993 first year residents compared to 40% in 2008. Just over half of first-year family medicine residents in 1993 were female compared to 64% today.

However, women medical graduates still tend to choose to pursue residency training in family medicine, pediatrics, and obstetrics/gynecology in greater proportions than their male counterparts. As has always been the case, males continue to have a stronger preference for surgery — 23% compared to 11% of females — although that gap is narrowing.

So, the overall numbers of women physicians are increasing as are the percentages of those going into what one might call *non-traditional* specialties, albeit at a slower rate.

The so-called feminization of medicine brings with it several other issues and I will touch on two major ones.

First, work-life balance.

The rise in the number of women physicians is bringing a positive shift in the way physicians practice and the hours that they keep.

Very few of today's young physicians – male or female – are willing to work the long hours that physicians of previous generations did.

That said, data from the 2007 National Physician Survey, which included responses from over 18,000 physicians across the country, show that, on average, male doctors still work nearly 54 hours per week, while female doctors work 48 — although many work more than that. These figures do not include time on call, nor time spent on child care or other family responsibilities. Many members of the Committee can empathize with this level of commitment.

In contrast, the European Union Work Time Directive has said that the maximum work week must be 48 hours. If Canada were to try to apply that directive to physicians our health care system would grind to a halt.

The number of physicians opting to be paid by a means other than pure fee-for-service has dramatically increased. FFS rewards the doctor financially for seeing more patients. Female physicians typically spend more time in each patient encounter, a trait that is valued by patients but not rewarded by FFS remuneration.

The second issue is stress.

In spite of their increasing numbers, women in medicine still report higher rates of incidents of intimidation, sexual harassment and abuse than their male colleagues.

As well, many female physicians continue to assume primary responsibility for home and family commitments in addition to their practice workload, thus compounding their stress levels.

Female physicians are more likely to work flexible hours; flexibility in work schedules has been the method by which female physicians balance their professional and personal lives. Yet, as they take on more and strive to be more flexible that in itself creates more stress as they battle to be "all things to all people".

The CMA identified the need to address and mitigate the unique demands on women physicians in its 1998 policy on Physician Health and Well-Being. I have brought copies to be shared with you today.

As I mentioned at the start, I am joined today by Dr. Gautam who has considerable expertise in the stressors faced by physicians — and women physicians in particular — and in managing them.

We will be happy to discuss the participation of women in medicine and to answer questions that you may have.

Thank you.