Where have all the young men gone? Not to obstetrics and gynecology

More than 4 of every 5 ObGyn resident physicians are women. Should we worry because men are bypassing the specialty?

A recent American Medical Association member communication (September 20, 2010) discussed a report that men are entering the nursing profession at the highest level ever recorded. One has to wonder what social and economic issues are fomenting changes such as the surge of male nurses and the predominance of female ObGyns? How will medical care be affected (if at all) by these role reversals? Has the medical profession truly become blind to gender? It certainly does not appear to be that way in the fields of orthopedics and neurosurgery, where men predominate, or in obstetrics and gynecology, where women do.

No diatribe

Although this commentary may be viewed by many readers as nothing more than a sexist diatribe by a resentful Baby Boomer physician, I can assure you, that is not the case. Throughout my career, I have emphasized our need for the best and brightest physicians—regardless of gender—in our profession. I have also written about the need to make lifestyle accommodations for Generation X and Y physicians—again, regardless of gender—so that they can be happy and successful practitioners.1,3

Why is the gender shift in...
obstetrics and gynecology worthy of our attention?

Because if it continues, there is the potential that many gifted and caring male physicians will bypass our specialty. Who knows if one of these male physicians would have been the discoverer of the cause of preeclampsia? Also, evidence suggests that female physicians work shorter work weeks than their male counterparts, take less call, and leave the practice of obstetrics earlier than males, even after accounting for generational differences. This means that the predicted physician shortage will become more severe if this trend continues.

One often-cited reason for the increasing numbers of women entering the ObGyn workforce is a desire to meet the needs of female patients. The evidence suggests that gender is rarely the sole criterion a patient uses when selecting an Ob-Gyn. In fact, gender seems to be a minor consideration, compared with other physician attributes, such as respectfulness, attentiveness, and the ability to perform a painless pelvic examination.

A few recommendations

Regardless of how the gender-disparity issue is resolved—or isn’t—a few steps can help to make obstetrics and gynecology better for everyone, including the patient:

- Limit the physician work week to 50 hours (soon the federal government will mandate this)
- Implement the laborist model for any obstetric service that delivers more than 1,000 babies per year
- Institute job sharing, with part-time professional liability policies or policy slotting made available
- Educate all practitioners about time and money management so that they can deal with family and personal issues and manage the large debt accumulated during medical education.

Will we ever return to gender parity in obstetrics and gynecology? Personally, I think not.

Nevertheless, I would hope that all of us are trying to create a profession that will be welcoming to all.

References


Read more commentary by Dr. Weinstein from the OBG MANAGEMENT archives

›› What can be safer than having a baby in the USA? (May 2010)
›› You may not have noticed, but your workload is lighter. So is your wallet. (March 2010, Web exclusive)
›› Can a change in practice patterns reduce the number of OB malpractice claims? (April 2009)
›› The unbearable unhappiness of the ObGyn: A crisis looms (December 2008)