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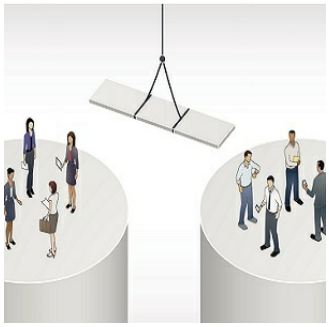
Where are the women in cardiology?



Despite continued focus on gender equality and equal opportunities for men and women, women continue to remain a minority in cardiology. The "residency to fellowship cliff" as labelled by Pamela Douglas, Chair of the American College of Cardiology (ACC) Task on Diversity, may have something to do with this as only about 21% of cardiology fellows in the US and 16.8% in the UK are women.

Female representation has increased in specialties such as general cardiology and echocardiography, but women still remain underrepresented in subspecialties like interventional cardiology and electrophysiology. Senior levels of cardiology also continue to be dominated by males.

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This obvious lack of of female presence matters because the presence of women in cardiology is critical for patient care. According to a recent study, female patients treated by male physicians had higher mortality compared to male patients, but male and female patients treated by female physicians had similar outcomes. In addition, female patients of male physicians who had greater exposure to female patients and female physicians had lower mortality compared to patients without exposure to females. It is thus evident that women in cardiology can have a positive impact on patient outcomes.

The question is: why does this gap exist? A working group from a national cardiology service in the UK had some interesting findings. Nearly half of trainees reported gender bias at work. They also felt that their career prospects were worse than for men. It appears that gender equality is hindered in cardiology because of these barriers. That is probably why women are choosing to stay away from cardiology because they feel that they are likely to face adverse job conditions, interference with family life and lack of diversity.

With respect to interventional cardiology and why women's presence is severely lacking, a European Association of Percutaneous Cardiovascular Interventions Women Committee survey found that women do not choose interventional cardiology because of lack of opportunity which stems from lack of guidance and lack of good mentors. Thus, interest in interventional cardiology is not fostered.

There is also the added problem of stereotypical beliefs that suggest that women may not be able to handle the pattern and workload in interventional cardiology. The same barriers have been observed in academic cardiology. Even though female authorship has increased in cardiology journals internally, there is still a big gap in academic general medicine.

This gender gap in cardiology must be narrowed down. Cardiologists (male and female) need to advocate for one another. Women should be encouraged to take on leadership roles; have representation as grand rounds speakers; should be nominated as peer reviewers for journals, and should be invited as co-authors. Major cardiology societies should take on a more active role to make cardiology a more attractive career path for women. Mentorship programmes should be initiated, and women should be mentored to become stronger contributors. The only way the gender gap in cardiology can be decreased is through a stronger partnership between men and women. This will benefit cardiology as a whole and will also improve patient care and patient outcomes.

Source: The Lancet
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