Rising trend of women in gastroenterology: a paradigm shift

Kamani, L.; Hooft, J.E. van

Rising Trend of Women in Gastroenterology: A Paradigm Shift

Lubna Kamani[1,2] and Jeanin E Van Hooft[3]

[1]Department of Gastroenterology, Liaquat National Hospital and Medical College, Karachi, Pakistan
[2]Section of Gastroenterology, The Aga Khan University Hospital, Karachi, Pakistan
[3]Department of Gastroenterology and Hepatology, Leiden University Medical Centre, Leiden, The Netherlands

The journey of women in medicine dates back to 1847, when the first woman, Elizabeth Blackwell, was allowed to attend medical school, but she had to disguise herself in male clothing. She was a trailblazer, as before this, women were limited to midwifery and were considered "too delicate" or not suited for the role of physicians.[1] Over the past several decades, there has been rising trend of female medical graduates in medical schools; and so is the number of women in medicine and other specialties across the Globe.

Women remain largely underrepresented in interventional fields, like surgery and gastroenterology (GE), although they have similar desire to pursue careers in these fields. According to international reports, approximately 25-30% of GE fellows are females and 13% of GE consultants are women.[2] Women face unique challenges in the field of GE, both as patients and practitioners. There are multiple factors that can be accounted for holding women back in GE training, including childbearing, patriarchy, self-advocacy, lack of confidence and part-time working. Other factors that hinder women getting into GE advanced training are hectic and long working hours, work-life imbalance, risk of radiation exposure during childbearing age, lack of female role models, and the absence of a good mentorship programme.[3] Moreover, many women start their career with ambition of leadership roles, but only a quarter of them are offered higher positions like departmental heads or full-time professors.[4] The latter is of major importance as the number of interventional female graduates has been strongly associated with the percentage of female interventional faculty members; and the highest association was found in programmes with female endoscopy chiefs.[5] Sethi *et al*. presented data at Digestive Disease Week (DDW) 2019, where they revealed that the proportion of women within a specific fellowship programme is significantly higher, if either the programme director or co-director is a female (4.26 *vs*. 3.36, $p = 0.041$). Moreover, the difference is even greater, if any department leader is a woman (4.04 *vs*. 2.87, $p = 0.007$).[5]

Correspondence to: Dr. Lubna Kamani, Department of Gastroenterology, Liaquat National Hospital and Medical College, Karachi, Pakistan
E-mail: lkamani@yahoo.com

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Another factor identified and presented at the DDW, a year later, was the lack of same sex-mentors. This significantly deterred female fellows from pursuing an advanced endoscopy fellowship. But also seeing other women on stage chairing, presenting their research findings or doing live procedures, is of importance as this gives awareness that women can do that too, though comparative studies are required on this subject. The percentage of female representation is minimal; and females are often lacking as faculty in live advanced endoscopy events. In an extensive study of 181 medical conferences held in United States of America over the course of a decade (2007–2017), a small increase in the proportion of female speakers was seen from 25% to 34% over these years, with under-representation of women more marked at surgical compared with medical conferences.[6] One may wonder if these data are different for Europe; however, that is not the case. In 2018 at United European Gastroenterology (UEG) Week in Vienna, 26% of faculty members were women, which was an increase of 3.6% from the previous year. Although, there has been 50% female participation in classroom courses; however, dismally, only two out of 12 UEG Boards and Committees have >50% female members.

Table I: College of Physicians and Surgeons Pakistan data (2019).

	Males, n (%)	Females, n (%)	Total
Supervisors	56 (93)	04 (7)	60
Fellows	243 (88)	31 (12)	274
Trainees	282 (61)	111 (39)	393

Additionally, more female representation at the table of experts is required not only for critical decision-making, but also for addressing gender issues competently. Recently, a brief report by women in gastroenterology network Asia Pacific and women in endoscopy, explicitly highlighted the extra-ordinary leadership skills by women world leaders during this pandemic; and how their timely, impactful, and appropriate decisions made them stand out from their male counterparts.[7] The dearth of women in GE leadership positions is also reflected in our own national societies. According to the College of Physicians and Surgeons (CPSP) data (2019, Table I), there has been rising trend of females opting for GE training posts recently, which were once thought to be reserved exclusively for male physicians. Hopefully, these female trainees will eventually become consultants and supervisors, leading to a rising number of practicing gastroenterologists over time in this country. In order to

narrow or possibly eliminate the gender gap in GE, we should promote and advocate gender equality, provide adequate mentorship programmes for female residents willing to take GE as a specialty; and further encourage them to take advanced endoscopy as a subspecialty by providing them opportunity through flexible training programmes. According to cultural norms, many women in a muslim majority country, like Pakistan, prefer to be seen by the same gender physicians for their complaints and procedures like colonoscopy. It will be interesting to note, if this rising trend of women in GE in Pakistan will break the glass ceiling that currently exists. Nonetheless, organisations and institutions should select expert leaders, based exclusively on their ability and competence irrespective of gender.

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