

# Gender Bias and Stereotypes in Medicine: A Medical Student Experience

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## The Experience

### Introduction

Gender bias is a universal phenomenon. Men are seen as the human default and the generic masculinity is embedded in human society.<sup>1</sup> It exists at home, at school, in the workplace, and its omnipresence originates consequences that have a lasting social and economic impact.<sup>1,2</sup> Up until the year 1903, no woman had ever won a Nobel Prize, and it was until 1990 that women in science –and specifically women in medicine– began to increase exponentially.<sup>3,4</sup> Despite these emerging scientific, social, and cultural changes, gender discrimination remains prevalent.

### Student Experience

Since I entered medical school, I knew that I could run the risk of facing comments or situations in which being a woman was considered a disadvantage. Especially since one of the specialties that interested me the most was trauma surgery – a field that is well known for sexist behavior and gender discrimination.<sup>5</sup>

As I progressed, my interests changed, and the world of psychiatry became my passion and main area of interest. However, I never imagined what would happen a few years later.

In spring 2021, I began the fourth year of my career in a Mexican medical school with a six-year program. At the end of the semester, our assigned doctor asked the group some questions to get to know each other better and learn about our interests in the future. When he found out I was interested in becoming a psychiatrist, he explained that psychiatry is not a specialty for women. According to him, being in a consult and listening to a patient who is hysteric or depressed is emotionally exhausting, and for a woman, it would be very difficult to spend the whole day listening to patients complain and then go home to take care of her children. He also explained that at least in our institution, psychiatry is a department of men –since the majority of teachers and resident trainees are male. At that moment, I was shocked and struggled with how to react, so I only replied that psychiatry was still my main interest.

Living through that situation, I concluded that we could never cater to everyone's opinions, which reinforced my decision to follow my interests regardless of others' prejudices about my gender. However, several questions arose in my mind: What impact did this situation have among my colleagues and classmates – male and female– who were present? Had they identified the discrimination? What if his comment had been influential enough to cause me not to pursue my dream (or others') of becoming a psychiatrist?

After a few days, I discussed this situation with some of my female colleagues, and I was disappointed to discover that more than one had gone through similar situations. This led us to conclude the importance of eliminating gender stereotypes and opportunity biases within the medical area.

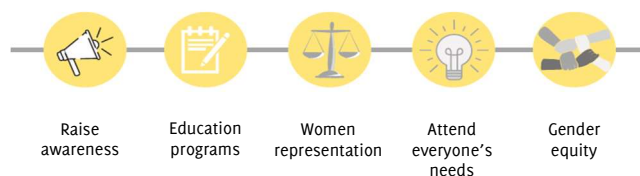
### Possible Solutions

#### Raise awareness

Stone et al. (2020) write about distinguishing benevolent from hostile sexism. The latter is easier to identify since it consists of hostile behaviors based on gender, whereas the former is associated with elements such as patronizing women and gender stereotypes –women are seen as kinder, therefore, they should focus on "softer specialties".<sup>5</sup> We propose the inclusion of topics such as gender-based discrimination in the medical curriculum and to assess its impact not only on health workers but on the community, as well.

Another solution is to implement medical training that focuses on differences in presentation, diagnosis, and treatment of diseases between sexes to achieve better outcomes; especially since evidence has shown that significant differences do exist in the presentation and management of diseases such as myocardial infarction, Alzheimer's disease, and others. If our gender makes us so different, why are we teaching our doctors to diagnose and treat men and women the same?<sup>6,7</sup>

**Figure 1.** Possible Solutions to Address Gender Bias and Stereotypes in Medicine.



#### Education programs

Discrimination has also been reported by health care professionals of different minority groups such as the LGBT community and people of color who face social ostracization, discriminatory treatments, and workplace harassment.<sup>8-10</sup> Educational programs that involve *all* male and female medical students, faculty, and staff led by the institutions, which address gender bias, discrimination, and stereotypes in medicine and academia, need to be implemented. These programs should not only include testimonies and activities based on experiences to help students and physicians identify implicit gender bias and discrimination

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in real-life situations, but also evidence-based anti-sexist training to achieve the skills to remove systems that continue to perpetuate inequity.<sup>11</sup> Empathizing with the discrimination experiences could drive efforts to create respectful and fair workplaces for physicians.<sup>2</sup>

#### *Attend the Needs of Everyone*

Investigate what female students, resident trainees, and doctors need to have a more comfortable and advantageous experience within their institution – that is their medical school and hospital. Develop new policies and study their impact. Amir Ali (2015) studied the gender differences in the acquisition of surgical skills, proving that male and female medical students differ in their visuospatial abilities and gaming experience, but providing females with instructor feedback and training seems to eliminate these differences.<sup>12</sup> Another action that could help address everyone's needs is implementing childcare services in schools and hospitals to facilitate and promote healthy and inclusive parenting models among doctors.

#### *Women Mentorship and Representation*

In the recent Netflix documentary "Picture a Scientist", Dr. Raychelle Burks of American University in Washington, D.C., recalls that as a child, her female scientist role model was a fictional character. We need to increase female role models in teaching, mentorship, and research.

Discrimination against women limits the representation of half of the population and their scientific advances avoiding the creation of more inclusive environments that could have implications for the care we provide to patients.<sup>2</sup>

Including more women in decision-making and policy-making positions promotes equity among representative and directive committees. A way to achieve equity in committees and departments is the implementation of policies that encourage setting a minimum limit on the number of females recruited each year to balance out the male: female ratio.

#### **Conclusion**

Today we are the ones who are behind the desk, but tomorrow we will be doctors, mentors, and researchers who will transmit knowledge and different perspectives to students, forging them as future specialists. It is important that we, as a society, educate ourselves in identifying stereotypes and gender-biased situations to eliminate gender discrimination in science. We need to understand that both male and female doctors are free to choose to practice the specialty they wish to without being questioned, criticized, and discouraged for wanting to stand out.

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