

Millennium Series



Women family doctors

An emerging force in the 21st century

Nellie A. Radomsky, PHD, MD, CCFP, FCFP

The stacks in the medical library loomed above me. I struggled to position my chair close to the early editions of *Canadian Family Physician*. Fortunately, they were in the bottom four shelves. My plan: to browse and reflect on women physicians as depicted in the journal.

I was not sure what I was looking for. The early journals were not bound, and of course *Index Medicus* was too recent to be of much help with historical information. I opened the first available journal, volume 14, No. 1. Dust settled on my black skirt. The back of the magazine cracked, and I worried that the entire issue would fall apart.

On the inside cover, an announcement of the annual College meeting in Mexico City caught my eye. I had not realized our past included gatherings at such faraway places. I

continued my search. I noticed some familiar topics—doctor shortage, obstetric concerns, rural medicine, alcohol and drug problems—and then the heading “Women members” loomed into view. I knew I was on the way.

The 1960s

Apparently, the 1961 register of 2050 members included only 52 women.¹ This is what I am looking for, I thought. It was no mystery that the Board of Representatives of the College of General Practice of Canada, as it was called then, had no women during those early stages of growth (**Figure 1**). After all, the Canadian suffragette movement of the early 1900s saw many dedicated women struggle for years before women even had a vote, let alone before we were perceived to be able participants in politics or medicine.

I glanced up and noted the apparent equal numbers of men and women studying in the medical library. I quickly found myself thinking about the well-known and many other not-so-famous women whose pioneer steps were relevant to all Canadian women entering medicine in the 1960s and even today.

- Miranda Barry (1794-1865) graduated from Edinburgh University in medicine and came to Canada where she worked in military hospitals. Her sex was revealed only at her death.
- Jennie Trout (1841-1921) was the first Canadian woman licensed to practise medicine in Canada. She graduated from Women's Medical College of Pennsylvania because she was not allowed to enrol in any Canadian medical school.

Figure 1. All-male Board of Representatives: *Members of the Board met in Vancouver, BC, in 1961.*



MEMBERS OF THE BOARD OF REPRESENTATIVES meet at Vancouver. From left, they are: Dr. D. E. Hunt, St. Catharines, Ont.; Dr. H. A. Lloyd, Edmonton, Alta.; Dr. H. M. Taylor, Tavistock, Ont.; Dr. H. W. Mayse, Summerside, P.E.I.; Dr. S. D. Clark, Lancaster, N.B.; Dr. A. J. Wasylenko, Regina, Sask.; Dr. Jean Mailloux, Montreal, Que.; Dr. M. A. Marchand, Trois-Rivières, Que.; Dr. F. M. Fraser, Halifax, N.S.; Dr. I. W. Bean, Regina, Sask.; Dr. W. V. Johnston, Toronto, Ont.; Dr. E. C. McCoy, Vancouver, B.C.; Dr. M. E. Hobbs, Millbrook, Ont.; Dr. R. A. Stanley, Vancouver, B.C.; Dr. G. L. Fortier, Baie D'Urfee, Que.; Dr. G. R. Diehl, Winnipeg, Man.; Dr. Max Avran, Winnipeg, Man.; and Dr. H. D. Rosenberg, St. John's, Nfld.

- Emily Howard Stowe (1831-1903) graduated from New York Medical College for Women in 1867. Her daughter, Ann Augusta Stowe-Gullen, was the first woman graduate in medicine in Canada, in 1883.
- Maude Elizabeth Seymour Abbott (1869-1940) graduated as a medical doctor from Bishop's University. She had been barred from medicine at McGill University in Montreal because she was a woman. She was never promoted beyond the rank of Assistant Professor despite her international reputation.²

I continued my search.

- October 1967, Dr Marilyn Trenholme, a medical student, wrote a report on women doctors in family practice. This was an ambitious project, and she received replies from 329 of the 410 women physicians contacted. She concluded:

[C]ertain generalizations about women in family practice appear to be appropriate,... the excellent relationships with female patients and with children, the extremely small amount of discrimination experienced on the basis of sex, the broad interests of these women doctors, their professional relationships and perhaps the ultimate criterion—their intention on the whole to remain as family doctors.³

- In the April 1969 edition, a photograph of Anna Mary Burditt, MD, announced her position as President-elect of the College of Family Physicians (New Brunswick Chapter). This was a first for women in family medicine in Canada.

The 1970s

In an editorial in May 1970, David Woods commented on the paltry 9% of physicians in Canada who were women and asked, "How can we encourage more women students into our medical schools?"⁴ Women, in fact, entered medical school in increasing numbers in the 1970s, although this change likely had very little to do with the medical profession but was in response to the broader social changes fostered by the second wave of "the women's liberation movement." I recall in the late 1960s discussing medical school with my chemistry professor. I believe his intentions were respectful, but he encouraged me to think of another profession. I would be too busy as a doctor to be a good wife and mother, he advised. It took several years before I decided I was ready to apply to medical school, and I suspect my experience was not unique.

In the March 1972 journal, I found a fascinating article entitled "Men's Liberation: The Oppression of Masculine Instincts in Western Society."⁵ The summary is worth contemplating.

North American society tends to cause the male to repress his natural physical aggression to the point where he feels anger towards females because of their ability to make him feel unsure of himself. Dr Smith describes this process and some of its attendant complications, showing how conditioning finally leads to poor communication between husband and wife, usually causing the wife to seek a doctor's help for her own unresponsiveness.

Does it surprise you that this was published such a short time ago in *Canadian Family Physician*?

In an editorial in 1975, Dr May Cohen challenged all family physicians to a critical examination of their knowledge and attitudes with respect to women's health and in so doing to make International Women's Year more meaningful.⁶ Ms Margaret McCaffery responded to this editorial with an open letter⁷ and questioned, "How can physicians expect to treat their female patients without condescension when they don't even do that for their women colleagues?"

The 1980s

By the 1980s women were firmly established in medical school with an enrolment up to 42%. Studies on professional attitudes, career patterns, and physician profiles dominated this era. In the September 1985 issue of *Canadian Family Physician*, male and female physicians responded to the question: "Should there be more part-time training positions and working arrangements?" Our male colleagues voiced their concerns for more flexibility for all physicians, regardless of sex. Besides this focus however, the voice of women physicians became increasingly prominent as women moved into academic careers and became increasingly involved in research.

In 1983, *Canadian Family Physician* published an article about Dr Carol Herbert and her pioneering work with abused women. She is quoted as advising, "If you don't ask questions, you'll never know."⁸ At that time, Dr Herbert was an Assistant Professor in the Department of Family Practice at the University of British Columbia. She continued to be a strong voice on family violence as a health issue and a pioneer in providing services for sexually abused children. Before the 1980s were over, the College of Family Physicians of Canada elected its first woman national President, Dr Joan Bain.

The 1990s

The transition from women physicians as subjects for study in the 1970s to women physicians as

leaders and researchers in the 1990s continues. *Canadian Family Physician* is a testimony to this change. In the 1994 May issue, with the theme "Women's Health," a range of topics were discussed, including the effect of poverty on women's health, detecting abuse of women, and empowering women in a violent society. Research articles focused on educating physicians about women's health and lesbian expectations and experiences with family doctors. In the same issue, Dr Shelley Rechner asked, "Is research about women's health an outrageous act or an everyday rebellion?"⁹ The 1990s were also an era when women physicians became increasingly clearer about their roles and stopped comparing themselves with their male colleagues, even though recognizing a need for ongoing research on the differences between male and female practice styles.^{10,11}




Figure 2. "If you don't ask questions, you'll never know": Dr Herbert was appointed Dean of the Faculty of Medicine and Dentistry at the University of Western Ontario in London in 1999.

In a delightful editorial in 1993, Drs Doris Steg, Perle Feldman, Janet Dollin, and Ann Rothman described their "Ladies Home Journal Club." They were a group of eight to 12 women who met to discuss journal articles, difficult cases, and how real life affects medical practice. They concluded, "We are a cohort with few role models. Juggling professional and personal lives is not news. What is new is that the club provides a forum for discussing these issues and recognizing that this balance is important to a well-rounded medical life. Women physicians have always done this, but they used to do it alone. Creating such groups requires a large number of

women doctors. It is not enough to be defined simply by profession and sex alone;... this is what distinguishes our generation. We can find a support group where we have more in common than our sex alone. More women are practising medicine and rising to influential positions. It is no longer just a man's game. The rules are changing."¹²

Indeed the rules are changing. Dr Carol Herbert was appointed Dean of the Faculty of Medicine and Dentistry at the University of Western Ontario in London in September 1999, and most certainly this marked an important milestone for women in medicine (**Figure 2**).

2000 and beyond

As we enter the next millennium, we know for sure that women family physicians have new opportunities. Our daughters will not be advised to stay away from medical school. We will continue to be challenged, along with our male colleagues, in the daunting task of providing primary care in Canada. 

Dr Radomsky is in private practice in Red Deer, Alta.

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