Bravo!

Bravo for your article "Smile! Women as family doctors" in the July issue of *Canadian Family Physician*, Dr Dhara![1] As a fellow female family physician I wholeheartedly agree with many of your statements. I would like to add that I often feel patients have different expectations of female family doctors in terms of time spent per office visit, as well as explicit expressions of warmth and empathy from physicians. I wonder if there is also a different expectation in terms of payment for noninsured services. Thank you for your article, Dr Dhara. It is a valuable contribution to the discussion on women in family medicine.

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Competing interests
None declared

Reference
1. Dhara A. Smile! Women as family doctors. *Can Fam Physician* 2019;65:497-8.

Women and family medicine

Dr Dhara, I was moved by your gutsy and heartfelt article "Smile! Women as family doctors," which appeared in the July issue of *Canadian Family Physician*.[1] I was moved enough to respond with an acknowledgment of your experience to mitigate the risk of minimizing an everyday experience for most, if not all, female physicians.

I suspect you debated whether it was even worthwhile to put your thoughts down, let alone think them. After all, you are a practising family physician and a faculty member who is a role model and who teaches future physicians. Why make a fuss? we might all ask.

Well, I for one am glad you did. First, you decided to reflect on why this incident with the nurse who called out for you to smile got under your skin.[1] That is notable when we as female physicians have become quite accustomed to what Beagan[2] refers to as *microaggressions* throughout our training. These daily transgressions that communicate that we do not belong, or are not equal, have a cumulative effect that whittles away at self-image. Virtually every female physician experiences these events—none of them "big enough" or egregious enough to comment on or complain about. Just many ... daily.

The coping strategies we employ include self-blame (I could read this all through your statements[1]), disengagement, desensitization, and finally resignation. We call them *coping,* but with the evidence that female medical students become less confident as their training proceeds (compared with our male colleagues whose self-confidence increases with training),[3,4] can we really sit complacently and ignore the effects these experiences have on more than 50% of our trainees? You and other readers might find a newly published book, *Female Doctors in Canada. Experience and Culture,*[5,6] to be informative and engaging.

You tie your experience of marginalization as a female physician to the issue of career choice and a restriction or narrowing of the career choices of female medical students. I concur that this is a very important consideration in the choices that female students make and how the not so "hidden curriculum" of medicine is a gendered experience.[7] Female and male students have considerably different experiences in their medical education. The result is a horizontal segregation of female students into a narrower career choice than our male colleagues have. Moulton and colleagues refer to this as *paradigmatic trajectories* and suggest that female physicians are absent from many disciplines because they lack opportunities to see and experience that discipline owing to gendered exclusion, and they think that they are not welcomed as legitimate participants in that discipline's community.[8]

Female medical students when making career choices have a complex and conflicted task. In our 2018 study about medical students' career choices published in *Teaching and Learning in Medicine,* colleagues and I identified differences in how male and female students articulated the factors in their career choice.[9] Male students appeared to have a very harmonious integration of their personal and professional goals. Female students on the other hand experienced numerous conflicts between the personal and the professional. These contextual factors that created dissonance we identified as part of the culture of sexism, including lack of mentorship; inequitable treatment on clinical teams; stereotypes of "appropriate" specialty choices perpetuated by faculty, friends, family, and the students themselves; expectations of and commentary on their appearance and choice of dress; and partner and future family influence.

So women do choose family medicine more often than men do, and this is partly because of the factors