Soft bodies

Feminized care labour is remaking medical leadership

Elizabeth Niedra MD CCFP(COE)

To the kind and tired women who quietly show the way.

Women and physicianship and hierarchies. Where even to begin? I am tired; so are the women who make up the teams where I work, the women I call my friends. They have children and homes and worries and mysterious pains. They are afraid of Twitter and are impossibly soft, and they feel that they have given almost everything away. Where to begin about them? Perhaps in saying they are excellent in every way. They are quietly remaking physicianship through their soft skills and the hard work of their weary bodies, and I would like to lift them up. As far as I know, they each believe they are alone, standing in the same tough wind.

In medicine, women have been trained to see ourselves for what we are not. *Not assertive. Not decisive. Not old enough or tall enough to be a doctor, surely? Not strong.* For women and for all health workers who have femininity woven into their identities, any of these things may be true. But these intrinsic traits too often become negative judgments, and the weight of that gaze, over days and years, wears on us uncomfortably. We are asked to masculinize ourselves to make ourselves *fit*. To don the white coats of our physician forefathers, stand up taller, speak louder, hide weakness, puff out our chests. To change under an othering gaze to make ourselves pass, and to divert questions about our capacity in a clinical world that still expects us to be masculine authorities.[1]

An anonymous friend, an amalgamation of many—all so alike in their unease—shares her instincts with me in a small voice after hours. She shares how she lives and works in an academic hospital system but also feels that she is constantly hiding. Making herself less feminine, or else filing down her sharper edges—the anger, the exhaustion, the frustration in her spirit—lest she be marked a nuisance, a nag, or an *angry woman* unpalatable to her team.

She writes tweets and deletes them. She puts her hand halfway up in the auditorium, questions herself in a room of loud voices, then quietly pulls her hand down again. She is an expert on a unique brand of soft physicianship that has the power to flatten hierarchies and rebuild entire worlds, on principles of collaboration, reflection, and equity. In her soul there is a change maker of the most powerful and earnest kind, fueled by knowledge, experience, empathy, and rage.

But she is crippled by the fear (or the knowledge) that the same soft traits that make her good at caring must be sacrificed on the altar of bitter patriarchal rhetoric to find public space for her voice. Or else, and at greater cost, she must open herself to vulnerability in a place that does not allow for it. The arena of medical advocacy snatches the air from her voice as soon as it leaves her mouth, or else spears her soft body with a vitriolic criticism on a scale her masculine counterparts do not face. She does not know how to lead without climbing—with its critical implication of *over others*—in such a power hierarchy. She does not know how to create change with her softness, without first putting on the tough and ambitious armour of the patriarchy.

She is one of a dozen, a hundred, perhaps thousands of women in medicine who feel in their hearts the urgent need to flatten medical hierarchies and end the rampant misogyny and toxic individualism therein; to do the work of change making, but in radical, leaderless collaboration with their communities. But they have all been so trained in the medical art of competition, and have been made so used to jostling for a single seat at the table of change. The benefits of the old boys club are so laughably outside the realm of feminine possibility; much more rarely is there a formal network of women ready to pull other female physicians in and empower them.[2]

Change makers gathering in the in-between

Female physicians gather in the in-between, deprofessionalized spaces—they whisper by text, go for long, cathartic walks, and sit on front stoops over coffee, wine, or the shared supervision of children. They collect one another in the vast and varied wilderness of Facebook groups for every kind of female doctor. There are huge and active online spaces for doctor-mothers to newborns, for doctor-mothers to toddlers, bookworms, designers, writers, equestrians. These are not just spaces for sharing lightly in advice and interests—these are the physician lounges that these women have carved out for themselves, safe spaces beyond the walls of institutions where they can exist within a network of kin. Why is that? Why do these women gather in the in-between? A million and one reasons, but among them, to be freed of the hierarchical and highly gendered power rules of their professional space. Here they can be among peers with their full softness; they can safely be the type of colleague and physician that they most joyfully wish to be.

For some, this gentle, feminine physicianship is only just rising as a possibility in their hearts; elsewhere it is already well in clinical play, if only on the small streets

of community practice where the phenotype of the feminine care labourer reigns supreme. In a meadow of laterally organized peers in highly feminized roles—personal support workers, community nurses, daughters and mothers, dietitians and therapists, to name only a few—medical practice is being rewritten in a powerfully collaborative and deeply feminine way.

In clinical work with both physician and nonphysician peers, these soft-handed care labourers stand in the proverbial doorways of cooperative decision making and tango to yield the way. Deciding who should follow up, what the next treatment plan should be: *After you. No, really, after you!* they seem to always say. But what is often labeled as indecision or even weakness is, in fact, the opposite. "I *actually don't* have a preference," a colleague tells me after another verbal doorway shuffle. "I can make anything work. I just want what makes sense for the team." She is not unassertive; rather, she is practising with extreme reflectiveness, giving her care in a truly patient-centred and team-based way. She works hard to remove herself and her ego from the equation of caring, to flatten the hierarchy; she freely gives up space or lends service to whatever best suits the collective need.

She can afford to do this because she is not afraid of being bulldozed or erased. She knows instinctively there is a covenant of trust, that the caring her colleagues will offer in return is the same. She knows she is one in a community of similarly vulnerable care labourers with a shared objective—often themselves also spouses, daughters, and mothers, with no choice but to parse their labour and do their best amid competing needs. They cover each other in the after hours, plan meetings around personal appointments and day-care drop-off times. They hold their children up to Zoom screens; they ask for and offer help to the drowning. They make no apologies for their existence within full and heavy families; they make no excuses and offer ready forgiveness for absentmindedness, for overwork, for laundry.

When empowered to create change, these female leaders of community care yield that power with a striking humility. They quietly unify networks of colleagues and build realistically around their neighbourhoods' practical needs. Rather than gatekeep or jostle for authorship, they cut red tape and share knowledge freely. In other words, they collaborate en masse, creating decisive, faceless waves of action in their communities. A physician who quietly wrote protocols for the rollout of COVID-19 vaccines to homebound seniors shared her unsigned work joyfully and widely. She carried her immunization supplies in a reusable shopping bag while being interviewed on CBC.[3] Seeing her in her understated jacket and pragmatic slacks, we swelled with pride for the banner she unselfconsciously carried for so many like her in the community—a care worker and a teammate first, a physician second, and, last and absolutely least to her mind, someone visible and transactionally important, a momentary celebrity.

This is a colleague I would like to hold up in the palm of my hand for all the world to understand and see. This one and so many like her; any care labourer who leads in radical, non-hierarchical ways, who works in the dissolving space between armour and erasure, unafraid of the strength in their femininity. I will use this space to lift them up—the tired women with the softest bodies who are quietly crushing the patriarchy.

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Competing interests
None declared

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