

Transcript Details

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Female Physicians: Balancing Home and Career

THE IMPACT OF WOMEN IN THE MEDICAL WORK FORCE AND CONCERNS FOR THE FUTURE FOR PROVIDING CARE FOR OUR AGING COMMUNITY.

The Institute of Medicine predicted an upcoming shortage of medical professionals by the year 2020 of approximately 75,000 physicians. Do the increased flexible hours that women physicians demand contribute to this upcoming shortage of medical providers or as a recent business week article said, are there just too many women physicians.

You are listening to ReachMD XM157, the channel for medical professionals.

I am your host Dr. Lisa Mazzullo, a Practicing Physician, and with me today is Dr. Joseph Flaherty, Dean of Medicine at the University of Illinois in Chicago and Professor of Psychiatry and Community Health Sciences, joining us to discuss the impact of women in the medical work force and concerns for the future for providing care for our aging community.

DR. LISA MAZZULLO:

Welcome Dr. Flaherty.

DR. JOSEPH FLAHERTY:

Thank you.

DR. LISA MAZZULLO:

So do you think that this predicted shortage of medical providers is really a true statement?

DR. JOSEPH FLAHERTY:

Yeah, I believe there is a true shortage of medical providers with the increased aging in the population and with the no attempts to increase it. I do think, however, the shortage could be ameliorated by an addition to increase in the number of doctors by an

examination of the other health professionals and their role with patients and I think that's something not always discussed, the use of nurse practitioners, physician extenders, use of telemedicine, and monitoring patients in their homes, so there are a lot of things including human resources as well as technology that may abet the use of physicians.

DR. LISA MAZZULLO:

I think that you are absolutely right. We are starting to certainly feel an influx of midlevel providers in an effort to extend the physician's ability to watch their patients well. I think we are changing the culture and patient's expectation have to change to go with that.

Do you think that the aging baby boomers that are commonly talked about in the media are part of the impact we are expecting in this problem?

DR. JOSEPH FLAHERTY:

Yeah, there is no question about it. People are living longer in general and the boomers in addition to probably going to be a longest living generation, also have been a generation with fairly high expectations for service. So, you combine those 2 things and add to that the advent of newer medications in lowering cholesterol and variety of other things, we are going to have people that are going to be maintained on fairly expensive medicines, require monitoring, and have the options of putting in stents in to their heart, coils into their brain, stents into peripheral vessels to improve the quality as well as the longevity of life. We can expect the desire for increased services will be there.

DR. LISA MAZZULLO:

So, do you think going back to this business week article that there are just too many women physicians, in addition to the things we have just mentioned, that having women in the workforce that need more flexible hours are contributing to the concern of a lack of physicians later on.

DR. JOSEPH FLAHERTY:

I really find that argument hard to buy, it's not asked of any other profession. The only reason it's asked of medicine is the expense it takes to train a physician and the length of time and who is paying for it. Increasingly, the physicians themselves are paying for that time, that even in state schools like the University of Illinois, which is largest in the country, the equation is substantial and so students are facing 150,000-180,000 dollars of debt after 4 years. They are making the choice just as lawyers make the choice and lawyers work anywhere from 10 to you know 500 billable hours a week and no body questions whether that is a good thing to have women in or not. I think though the <____> of issue that people are raising is the women work fewer hours and it is therefore we are going to need more numbers and the studies in both Europe and the United States show a slight difference, although not a major difference that what is happening is that young people that are going into medicine today are making much more lifestyle choices and quality of life choices with respect to careers in medicine, so that while there are some that resemble those dinosaurs of us, they work the 80-hour work week. There are many more that are looking at it as a good career/job rather than a calling or a profession and I can't help it think that there are good aspects to that, but the bottom line is you probably need more doctors, because they are not going to work 80 hours a week and be on call every night and forgo all their vacation time. Those changes are increasingly non-gender specific.

DR. LISA MAZZULLO:

I think that's so true. I think, you know, there is a total culture change going on and we are seeing that in this reduced-work week, it does not mean people don't enjoy what they doing aren't dedicated physicians, it just means they want to have balance to their life, whether they are men or women.

DR. JOSEPH FLAHERTY:

That's right.

DR. LISA MAZZULLO:

It's interesting, as part of this business week research that we were doing, it also was talking about women choosing different specialties because that was more flexible to their needs for their balance and with that in mind, they are going into things like primary care and pediatrics where the shortages may be the greatest.

DR. JOSEPH FLAHERTY:

Unfortunately, that has been one of the hopes. There is not a great deal of data supporting it. Women are choosing, for example Ob/Gyn more often than men and that's a specialty with really demanding hours.

DR. LISA MAZZULLO:

If you are just joining us, you are listening to a discussion on women physicians and their affect on the workforce in these shortages that are expected to come in our aging population for medical care. I am Dr. Lisa Mazullo and today I am speaking to Dr. Joseph Flaherty on these issues.

We were just talking about some of the questions of whether the specialties people are picking are really making a difference and I will tell you from experience with partners who work both part time and full time in OB, they see almost as many patients as their full-time male counterpart in the days they are there because of the demand for patients to see them and so I wonder if they are actually seeing fewer patients, even though they are working fewer hours.

DR. JOSEPH FLAHERTY:

You know, it is a very good question. It's very hard to cut practice back. The specialties that you can do that in are, for example emergency medicine, so people in emergency medicine full time typically work 12 or 15 shifts a month, there may be 12-hour shifts, etc. So a man or a woman can say "I would like to work 8 a month" and so you know that's shift work. It's more like nursing, where nurses can say, "I would like to work 60, 40, or 20 hours a week." If you are running a private primary care practice, it is very hard to do that. So the issue becomes in part what kind of jobs do men and women take within each specialty and I don't know US data because I haven't a good study, but in great Britain and other European countries, they are finding more of the newest generation of people and slightly more women are choosing not to be principles or major physicians in practices versus they are covering the clinic from 8 to 5, 4 days a week. So again a lot of the issue is what kind of control do they have over their schedule.

DR. LISA MAZZULLO:

I actually think we are seeing that a lot of ways too in the extracurricular things people do outside of professional clinic work, for example, having women in leadership roles and deans offices and in medical chiefs of staffs and such, they are not taking that extra meeting in the afternoon or evening because they need to get home to their families.

DR. JOSEPH FLAHERTY:

Yes, that is happening and I have predicted it will happen also for men, but probably more so with women. The interesting correlation that is despite the discussion 25-30 years ago that women are cursed both ways, they are doing more home and they are doing more in the work place as physicians. A new study shows women physicians are spending about a half hour a day on housework and about a half hour a day on cooking. So they have cut back dramatically. On that, particularly in every household where the income is sufficient, they have other people do some of the services, so that has been a development over the last 10 years that has helped somewhat.

DR. LISA MAZZULLO:

Do you think that regardless of the gender issue that the more flexible schedule or the increase in life balance is going to have a negative impact on the care of medical provider?

DR. JOSEPH FLAHERTY:

That's a great question. I think the simple answer is yes and the <____> is unless we can find a more creative way to doing it, we are running in 2 opposite directions with physicians in naturally, understandably desiring a little more control over their schedule, not being bombarded 24x7 and the patients desire for more access to physicians, more concierge-like services and to be able to call a doctor that knows them when they are concerned about something whether it be a little pain in their chest or whatever. So I think we have to look at new models of care that perhaps has small groups of patients that are pulled together among 4 doctors. The old group practice methods in some places and countries, they are called firms, so you have a group that knows each other's patients reasonably well and provides that access for the patient for a small group that they know and yet allows a physician a little more time that they are completely off.

DR. LISA MAZZULLO:

Sounds like the best of both worlds.

DR. JOSEPH FLAHERTY:

Some solution that has to be created, an American has to come about that otherwise there is going to be a clash of cultures. Part of this is going to be helped by Internet with all its problems and viability issues, there is one thing of responding to patients questions and concerns by e-mail that is a little easier than, you know, the people calling you at 9 on the phone and your kids, you know, interrupting you and getting you, particularly pediatricians, they get so much of that.

DR. LISA MAZZULLO:

Well, you know, at 3 o'clock in the morning if I could answer e-mail while I am waiting for someone to deliver that would be a very efficient use of time, for sure.

DR. JOSEPH FLAHERTY:

Yeah, that's right.

DR. LISA MAZZULLO:

Well, medical staffing experts feel women physicians are not fully responsible for the upcoming medical care shortage. In the last 30 years, women now make up a 50% of medical school classes and 30% of practicing physicians having life balance; we expect to see result and fewer medical errors and lower burnout rates. So for now, let say there are not too many woman physicians.

Thank you to Dr. Joseph Flaherty who has been our guest as we have been discussing this issue. I am Dr. Lisa Mazullo and you are listening to ReachMD XM157, the channel for medical professionals. For complete program guide and podcast, visit reachmd.com or call us for comments at 888 MD XM157. Thank you for listening.

DOCTOR

Well, hello Nancy.

NANCY:

Hi doctor.

DOCTOR:

How is the osteoporosis medicine I prescribed working for you?

NANCY:

It's fine doctor, but you know, I saw this commercial for something called Evista, raloxifene hydrochloride.

DOCTOR:

Yes, Evista, it's prescription only and it's the one medicine that treats osteoporosis and reduces the risk of invasive breast cancer in postmenopausal women with osteoporosis. It's important to note though that Evista does not treat breast cancer, prevent its return, or reduce the risk of all forms of breast cancer.

NANCY:

Am I at risk for invasive breast cancer? I don't have a family history.

DOCTOR:

Well, family history is important, but there are other risk factors that I need to take into consideration including your advancing age and personal history, and based on my risk assessment, you may be at risk.

NANCY:

So, you think Evista is right for me.

DOCTOR:

Now, individual results may vary, but I think for you the benefits of Evista would outweigh the potential risks. Let's switch you today.

NANCY:

Oh! Thank you doctor. I am glad I asked about it.

DOCTOR:

No problem. Evista increases the risk of blood clots. Should not be used by women who have or who have had blood clots in the legs, lungs, or eyes. Evista may increase the risk of dying from stroke in woman at high risk for heart disease or stroke. Talk to your doctor about all your medical conditions. Seek care immediately if you have leg pain or warmth, swelling of the legs hands, or feet, chest pain, shortness of breath, or a sudden vision change. Do not use Evista if you are pregnant, nursing, or may become pregnant as it may cause fetal harm. Woman with liver or kidney disease should use Evista with caution. Evista should not be taken with estrogens. Side effects may include hot flashes, leg cramps and swelling. For more information about Evista, contact your Lilly sales representative, visit www.evista.com, see our ad in good housekeeping or call 188844 Evista.