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Why Are There So Few Women in Neurosurgery?

ONLY A FRACTION OF NEUROSURGEONS ARE FEMALE

More than half of all students accepted in the medical schools are women, but only a fraction of neurosurgeons are female. A new paper highlights these challenges and some realities to this problem. Welcome to ReachMD XM 157, the channel for medical professionals. I am Bruce Japsen, healthcare reporter of the Chicago Tribune and joining me today is Dr. Gail Rousseau. Dr. Rousseau is Chief of Surgery at the Neurologic and Orthopedic Institute of Chicago and Director of skull-based surgery services at the Chicago Institute of Neurosurgery and Neuroresearch also in Chicago. She is a member of the Department of Neurosurgery at Rush Medical College at the Rush University Medical Center in Chicago. She is a board certified and has been an examiner for the American Board of Neurological Surgery. Dr. Rousseau has won numerous awards and offered many papers including coauthoring this article that appears in the September issue of the Journal of Neurosurgery on Workforce Challenges for Women in Neurosurgery.

BRUCE JAPSEN:

Dr. Gail Rousseau welcome to ReachMD.

DR. GAIL ROUSSEAU:

Thank you Bruce, happy to be here.

BRUCE JAPSEN:

So tell us about this, I mean your group sent me this release and I was stunned. I mean I had an idea that there were not many women in neurosurgery, but I was surprised that it was so few given the trends of more and more women going in the medical school.

DR. GAIL ROUSSEAU:

Oh Bruce you are absolutely right and I think it was actually the journal was neurosurgery that (01:30) sent this out. It is the first press release ever and a 60-plus year history of this premiere medical journal, so it speaks to how important the editor feels the information is in this article. It has been called a compiling paper and it is certainly provides food for thought because it provides in its statistics and in its characterization of this high-tech profession what it is like to be a highly male or gender specific profession, which is what neurosurgery has traditionally been and to a large extent continues to be.

BRUCE JAPSEN:

And why do you think this is? I mean did the paper get out that at all was to why there are fewer. I mean because what < ____ > it is 2008 and you would think that there would be more female neurosurgeons?

DR. GAIL ROUSSEAU:

Oh you are absolutely right and there are some rather interesting statistics that this well-crafted study brings to light. As late as the 1990s, at least 30% of neurosurgical residency programs had never graduated a female resident and yet in other areas such as general surgery, there are many more residents who are women, so that there are a couple of things that we look at and brought to light in this paper. One is the challenges that face anyone going into a surgical discipline. It is long working hours, the length of training is long, the risk of medication, and so forth, but neurosurgery, in particular, seems to not be attracting women into its ranks the way the surgical practice of (03:00) obstetrics or the surgical practice of general surgery does. So, we had to look beyond that, and in so doing I think then able to characterize some of the barriers, and what is the good news about all of this is that the leadership of the American association and neurosurgical surgeon is absolutely committed to making sure that the best and brightest of all medical students is a male or female, pink or blue, black or white are attracted to neurological surgery. So that is the good news in this paper.

BRUCE JAPSEN:

Could you tell me actually given your < ____ > we have known each other for some time. Tell me a little bit about you know may be why you went into neurosurgery and may be there were some challenges even from your personal experiences and also if you could highlight that relative to the paper that could you know may be overcome.

DR. GAIL ROUSSEAU:

Sure. Well the reason why I chose it and I think the reason why anyone would chose neurosurgery is because of the endless fascination we all have with the human nervous system and in particular with the brain. We all are fascinated by that, but another point to remember is that it will never be a haven for the timid as our president, James Bean, writes in his editorial about this paper. It will and I think we will always want it to be a haven for people who are very serious about very high-tech precised work and are willing to commit long hours to learning (04:30) how to do it right and safely. So, we are certainly not looking to dump down the profession or make it in any way easier to get into or to excel at, but what we want to do is to convey the thrill of the specialty to young man and young woman, but increasingly the reality is that the best and the brightest students in medical school are women and we want them to feel that this is haven for those who are fascinated by the central nervous system.

BRUCE JAPSEN:

And could you tell us a little about some of the barriers that you found because I think people would generally be surprised. I mean it is good profession. It is good. I mean I know from being a healthcare business reporter that it has better reimbursement that some other areas of medicine. Some of the barriers to that you found for women in neurosurgery?

DR. GAIL ROUSSEAU:

Well, in doing a survey of women neurosurgeons, it became clear that there are gender inequities in regard to salaries, academic promotion, and achieving leadership positions within the specialty, but in recognizing that there are these barriers, it also suggested solutions that there needs to be much more focus and light shown on what salaries are and the process for academic promotion, there needs to be more exposure of male and female medical students to neurosurgery and mentoring of those, so that there is this special opportunity to ally oneself (06:00) and relate to the mentor, which is really a very traditional way of achieving success in any profession, medicine just been one example. So, some of the things that have been suggested as ways of meeting these challenges and getting beyond these barriers have been to introduce more students to neurosurgery in the curriculum. Many medical schools do not have that kind of exposure, so we are working hard and making that available. There is also a gender competency program that has been developed so that all of those male or female who ascend to the ranks of being leaders within organized neurosurgery be they committee chairs or officers of the organization will be expected to have had some training and gender competency, so they can see the hidden problems. They really are overt barriers, but there are sometimes subtle barriers that do exist. We tend to call them errors of omission rather than commission. They are there, but they are subtle.

BRUCE JAPSEN:

Well if you are just joining us or even if you are new to our channel, you are listening to the clinician's roundtable on ReachMD XM 157, the channel for medical professionals. I am Bruce Japsen, the healthcare reporter with the Chicago Tribune and my guest today is Dr. Gail Rousseau. She is the chief of surgery at the Neurologic and Orthopedic institute of Chicago. She is one of the authors on a very interesting paper on Women in Neurosurgery and actually it might even be called women who are not in neurosurgery because we were talking about the various challenges and realities in this workforce.

Dr. Rousseau, would (07:30) the healthcare system seem to benefit by more women in neurosurgery given the fact that there are the health needs of women.

DR. GAIL ROUSSEAU:

Well I think you are exactly right. I mean one tends to think of neurosurgery has been a very small slice of the medical field, but if you look at what we do all the day, you realize that really yes we take care of all kinds of trauma. There is a huge slice of American public. We take care of strokes. We take care of the patient's who have any kind of spinal pain. Think how many people you know who have neck pain or back pain. We take care of problems related to obesity, which gives you neck pain and back pain, and every problem associated with diabetes and hypertension, which are rampant in this country, can lead to stroke. So, once you look at it that way, you recognize that although neurosurgery is a specialty and a surgical subspecialty, it also touches because of those factors I just mentioned are huge broad slice of the American public and increasingly women are interested in having a like gendered physician. You may have noticed that pediatricians are very often women and the mothers and young children quite often prefer that. The same is true when OB/GYN, so that it stands to reason that the public may just simply want to see more of a choice among their practitioners of neurosurgery and we want to be able to respond to that. We also want to assure (09:00) the future of the work force. As we all get older, we all want to be sure that there are neurosurgeons to take care of us when we face those medical problems that are touched by neurosurgeons that I just mentioned, and at the end of the day for all patients, we want expertise and we want choice in our practitioners.

BRUCE JAPSEN:

And some people might be listening who might say well you know what may be the market would work itself out that if there are so few neurosurgeons and if I am a <____> hospital administrator, I would want to recruit a female neurosurgeon, do you think that that is going on or do you think that will go on or have there been challenges as addressed in the paper?

DR. GAIL ROUSSEAU:

Oh that is a very good question. I think it is certainly is something that although it is not happening a lot. I am not aware of it, but yet there are patients there in my personal practice that I have seen who have said I am coming to you because you are a women and they just simply feel more comfortable with that. I think in an era where we are talking a lot about preserving choice on every level in our healthcare decisions, we want to make sure that every kind of choice is available, but it is not so much to focus on whether women are better or worse than men. I mean it is important to keep in mind that the changes that we are recommending in this paper are likely to benefit all neurosurgeons irrespective of gender and in so doing ensure the viability of the profession and keeping enough neurosurgeons available (10:30) to treat the population as well as serving the needs of the individual young women whom we hope will choose the exciting field of neurosurgery for their life's work.

BRUCE JAPSEN:

Were there are any identifiable programs out there that are doing a good job at this in recruiting female neurosurgeons?

DR. GAIL ROUSSEAU:

Well, I think the exciting thing about this paper is that and what makes it so important and newsworthy is that this is the first time this topic has really been addressed in neurosurgery. In neurological surgery, we tend to be nose to the grindstone as I said it is certainly not a haven for the timid and the sheer volume of the work has kept everyone focused on advancing the frontiers of neuroscience, but along the way we have not thought a whole lot about how we are developing a specialty to keep pace with the changing nature of who are the medical students who will be populating our residency and our profession. So, I think that is what so important and interesting and even compiling about this paper is that it is first time neurosurgery has published anything like this and it is to the credit of the leadership of the organization now that they came to a group of senior women neurosurgeons and asked for a white paper on the topic and not only greeted its arrival with enthusiasm, but have really taken to heart these suggestions and it may choke what published in one of our premier journals and our adopting the action plans (12:00) that are outlined in the paper.

BRUCE JAPSEN:

Well, with that, I would like to thank Dr. Gail Rousseau who has been our guest. She is the chief of surgery at the Neurologic and Orthopedic Institute of Chicago and we have been talking about a very fascinating paper on Women in Neurosurgery, and if you would like to read this paper yourself, you can go online at www.aans.org.

My name is Bruce Japsen of Chicago Tribune. I have been your host on the clinician's roundtable on ReachMD XM 157, the channel for medical professionals. If you have comments or suggestions about today's show, please call us at 888-MDXM-157, and I would like to thank you today for listening.

This is Dr. Linda M. Tetor from St. Francis Hospital at Federal Way, Washington, Author of Common Medical Sense, and you are listening to ReachMD XM 157, the channel for medical professionals.