

Feminization of the medical profession in Malta

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Gender is becoming an increasingly significant issue with respect to health-care delivery, as it affects men and women differently, both as service providers and as recipients. The health-care system itself in most European countries has traditionally been segregated: men were overrepresented in the medical profession, and women in ancillary health-related professions. From the Middle Ages onwards, women mainly practiced obstetrics, folk healing and alchemy, with some notable exceptions.¹ Women were barred from enrolment into medical schools and the admission of Elizabeth Blackwell, the first woman to receive a medical degree, in 1849 in New York State, was quite by accident.² Elizabeth Garrett Anderson was the first woman to qualify as physician and surgeon in Britain, in 1865, and later went on to co-found the London School of Medicine for Women. There was complete exclusion of women from admission to the Royal College of Physicians until 1909, when a by-law was passed allowing them to take examinations.³

Participation of women within the medical profession in Malta is relatively recent, and even though Blanche Huber became the first woman to graduate in medicine, in 1925, throughout her professional life she practiced as a pharmacist.⁴ Between the years 1925 and 1982, only 33 women qualified in medicine from the University of Malta, whereas between 1983 and 2014, a total of 636 women qualified.

Significant and stable changes in the level of participation of women within the Maltese medical profession started in the mid-1980's, and since 2004, more females than males are graduating in medicine, averaging around 52% per year, with a high of 62% in one particular class. In 2014, the largest annual cohort qualified in medicine from the University of Malta: of the 112 graduates, 56 were women. The stability of this 10-year trend will be maintained, at least over the next five years, given the demographic profile of the current medical student body in Malta.⁵

The shift in gender balance stems from several influences and there is a possibility that men are becoming less attracted to the medical profession. This may partly have its genesis in boys' relative educational underachievement at secondary school level, a geographically-widespread multifactorial phenomenon, and one that can be perceived at several domains in the context of Malta's educational system.⁶⁻⁷ It is possible that men are being increasingly attracted to careers in finance and IT, as less arduous and shorter career paths, as well as means of offering more lucrative prospects earlier on in life. Indeed, a BMA cohort study looking

into people's motivation to study medicine found that men place greater emphasis on status and income than do women, and this must have a relative impact on career attractiveness.⁸

The changing demographic profile vis-à-vis genders within the medical profession in Malta mirrors the situation in several other European countries, and reflects changing community-specific social milieux, and decline in prejudice and discrimination. Jane Dacre, current President of the Royal College of Physicians suggested that feminization is a fact and that 'there is a tsunami of women coming through'. More women are becoming consultants, and more female medical leaders are emerging, however this is a phase of reaching equality by bridging the gender divide, and not one of over-feminization.⁹

The differences in levels of feminization of medical professions across countries may be partly explained by differences in cultural and economic settings, as well as the extent of social organization safeguarding women's rights. Countries with restrictive cultural and social norms also tend to have marked gender inequality and poor representation of women in the medical profession. On the other hand, Nordic economic and social models promote gender equality and extensive egalitarian benefits, in tandem with policies to maximize labour-force participation. These social policies have encouraged and sustained the large participation rates of women within Scandinavian medical workforces, as well as their broad representation in all specialties.

Division of labour on the lines of gender within the medical profession in most countries is unequal and there is vertical segregation, with overrepresentation of men at the higher levels of the profession, as well as horizontal segregation, with concentration of women in certain areas of practice. It is clear that women have tended to gravitate towards certain specialties: the reasons for this selection are manifold and would include level of investment of time and effort, predetermined concepts, and a variety of real or conjectured hurdles. It may be that some women make conscious decisions to avoid certain areas of specialization for several reasons; some personal, others professional.

As more women enter the medical labour market in Malta, gender representation within particular segments of the medical profession is rapidly changing, and on comparing different areas of specialization, ratios are considerably uneven. Women make up 56% of the workforce in public health medicine, 50% in obstetrics/gynaecology and 42% in paediatrics. Around

25% of specialists in internal medicine and psychiatry are female, while they are significantly underrepresented in all branches of surgery.¹⁰ The gender-divide of medical specialties in Malta concords broadly with the patterns in many other developed countries, and in general, more women than men seek professional pursuits that provide people-oriented and comprehensive care, when choosing a career in medicine.¹¹⁻¹³

Women may be attracted to specialties that afford closer interpersonal relationships, as it is possible that women are generally more understanding in their approach to medical problems with strong social or emotional accents. This conventional stereotype may not however be an accurate one, and the reasons for attraction to particular specialties may be more pragmatic and mundane, such as flexible yet predictable work-patterns often sought by working mothers, avoidance of anti-social hours, and compromise between personal lifestyle and medical career.

Increasing feminization of the medical profession raises a variety of issues at different levels. The principal issue pertains to relative quality of care, as this matter is not only crucial at policy level, but also one that would concern individual patients most. There is no evidence to suggest that women differ from men in their evaluation of medical problems; however they do tend to be more interactive with patients, facilitating discussion of psychosocial issues and emotions.¹⁴ The gender of the medical practitioner usually determines approach and style of communication, rather than content of the consultation and resulting decisions.

Significant changes in the gender-composition of the medical profession affect the organization and delivery of healthcare. Feminization of the profession is having immediate and practical effects not only *per se*, but also within contexts of rapid changes in the practice of medicine, as well as society's rising expectations, and at times suspicion, of the medical profession itself.

The increasing female participation in delivery of medical services requires different approaches to human resources planning. Women are more likely to work on a part-time basis and to take breaks at some stage in their career in relation to motherhood and childcare. Appropriate strategies to accommodate the increasing number of women doctors would include provision of more flexible working arrangements and adequate crèche and child-minding facilities. Statutory policies that encourage and facilitate shared parental leave can also be way of creating a fair professional playing-field between genders. A counterpoint to the debate of female participation in medicine has recently been put forward by J Meirion Thomas, Professor of Surgical Oncology at Imperial College London, who suggests that part-time work on a large scale, especially in general practice, although politically correct, may not be in the public interest, mainly on economic grounds.¹⁵

The situation vis-à-vis the gender demographic profile in Maltese medical workforces is fluid, yet given current data and trend, it is also highly predictable: 34% of practitioners on the Principal List of the Malta Medical Register are female, rising to 53% on the Provisional List. The size and gender ratio of the medical workforce in Malta is now such that allows adequately powered studies and it is crucial that factual data informs future state health manpower policies.

There is a pressing and practical need for accurate information about the current participation, role and level of utilization of women as a workforce in the delivery of medical care in Malta. There is a need to identify and qualify possible reasons for any hurdles that women may come across both at undergraduate and at postgraduate medical education levels. At a conceptual level, one would wish to study to what extent the changes in balance of gender representation in medicine are due to nature, and to nurture.

The increasing feminization of the medical profession is only one of several facets of gender issues relating to healthcare delivery in Malta. There is scant information about interactions of medical practitioners with patients of their own gender, or otherwise, and questions may arise as to whether male and female patients are treated differently. The social construction of illness has many dimensions and varies with gender; in conjunction with viewpoints of the medical profession, it is necessary to study Maltese patients' perspectives regarding gender issues in their interactions with male and female doctors.

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Watercolours

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Mario R Borg graduated in Pharmacy at the University of Malta in 1986. After a number of years working in quality control and retail pharmacy practice, he pursued both a BA and an MA in History of Art. Following a brief apprenticeship at the Neue Pinakothek in Munich, he joined St Martin's College in the capacity of art teacher where he has been teaching for the past seventeen years.

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