An Endangered Species: The Male Trainee in Obstetrics and Gynecology

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Beginning every December, our residency program conducts its interviews for the first-year class in Obstetrics and Gynecology, a ritual that never fails to inspire and renew my commitment to resident education. And yet, this annual rite increasingly engenders pangs of discomfort: Why is it that a diminishing fraction of the eager, intelligent, capable young candidates are men?

According to Dr Sharon Dooley, a maternal-fetal medicine specialist and the Associate Dean for Graduate Medical Education at Northwestern University's McGaw Medical Center, the decline in male enrollment in OB/GYN training programs is part of an overall trend for both genders. Only 5.4% of this year's medical school graduates chose a residency in OB/GYN (down from 7.2% in 1995). Various reasons are given for avoidance of a specialty which, to many of us who practice it, provides extraordinary professional and personal satisfaction. Among these reasons are the medical malpractice crisis, the demanding training program and postgraduate life-style, the relative attractions of other specialties, and flawed mentoring by OB/GYN faculty.

Both men and women would appear subject to these influences more or less equally. So why have men been avoiding our training programs disproportionately, with males comprising only 23% of current trainees—down from 51% in 1991 and falling? A big part of the explanation is that they experience gender-based discrimination in the wards and clinics, directed at them from patients and (even more disturbing) from faculty. In a survey of 263 third-year medical students at the end of their OB/GYN rotation, 78% of males indicated that their gender adversely affected their experience. In contrast, 67% of females felt that their gender had a positive effect.[1] In the same study, male students identified faculty as one of the factors facilitating their exclusion from clinical experiences. Students also know that employers are looking for young females to staff their offices in order to meet the demands of their patients. In 2001, 37% of ACOG members and 74% of first-year residents were female. Clearly, we are headed for a sea-change in the face of our specialty.

You may ask, "Doesn't this situation parallel that of the specialty of Urology, which has long been dominated by men? Is this such a bad thing?"

I answer: yes and yes.

Diversity is desirable in any endeavor. It is in no one's best interest to be deprived of the talents of nearly half the pool of potential practitioners of our specialty. The notion that women are better equipped to understand and manage women's problems is prevalent but arguable, if not unfounded. It is not my purpose to debate that question here. I do not fail to recognize the logic of women's health care being practiced by women, nor do I wish to deny patients their right to seek specific qualities in their doctors. Certainly, there are valid reasons for patient preference in the matter of gender. Yet, those of us who become uneasy when a patient asks not to receive care from a male medical student or resident do so with good reason. The resemblance of these requests to other forms of discrimination that all will recognize as both morally and legally wrong is too close for comfort.

Here's what should happen next:

- our medical schools should teach techniques to enhance communication and positive interaction between students and patients of the opposite gender.
- Research efforts should turn from documenting the discrepancies in male/female student experiences to evaluating interventions that can enhance equality.
- We should respond to patient requests for differential treatment based solely upon gender with respectful reminders that there are many traits other than gender that impact the quality of medical care, and that egalitarianism in teaching programs contributes to excellence.
- While we must respect patients' rights and ultimately honor their preferences in this matter, we should not participate in frankly discriminatory practices.
- Our professional societies should develop programs designed to attract more male students to OB/GYN.

The above measures notwithstanding, it is unrealistic to anticipate a dramatic turnaround of this demographic trend in our specialty. There is a perception among male students that their postgraduate career choices in OB/GYN are severely limited. Until this perception (and any reality upon which it is based) changes, whatever measures are adopted will have limited success. Is such a change desirable, justifiable, and achievable? And if so, how can it be effected? I welcome suggestions from readers, but in my opinion, it will be a long time before our society is blind to gender in the gynecologist's office.

For men who find the tables turned on centuries of sexual bias, there is perhaps some hope. Being male may already increase their marketability, as residency directors and employers try to correct an undesirable trend. Also, perseverance is likely to make them stronger and more empathetic, as our female colleagues have for generations learned the hard way.

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REFERENCES

1. Emmons SL, Adams KE, Nichols M, Cain J. The impact of perceived gender bias on obstetrics and gynecology skills acquisition by third-year medical students. *Acad Med*. 2004; 79(4):326-332.

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