

#MeToo in Pediatrics

Ann F. Beach, MD

The explosive litany of complaints about men behaving badly that has surfaced in the past year has resonated deeply for me. I alternated between being glued to the news in fascination and refusing to watch in disgust. What am I to make of the current #MeToo movement? How should I think about Harvey Weinstein, Charlie Rose, Matt Lauer, Garrison Keillor, and the circus surrounding Brett Kavanaugh's nomination?

I have been practicing pediatrics for >30 years, a woman in a man's field. I was a young student during the years of Gloria Steinem and the Equal Rights Movement. I was 1 of 22 women in my medical school class of 96 students, the largest number of women who had ever been accepted to my school. I did not think much of it. My parents had always told me that anyone could accomplish anything with hard work, and my wanting to be a doctor had never seemed exceptional in my home environment. Forget the fact that in kindergarten through sixth grade, when I said, "I want to be a doctor," someone (usually a teacher) said, "Oh, you mean a nurse, don't you?"

During the medical school application process, I interviewed at a high-profile, prestigious school (which shall remain nameless). The interview format was 7 (exactly) minutes in front of a panel of 3 physicians, not much time to make an impression. When my turn came, I faced the 3 male doctors across the table as they looked at my application. I could feel the clock ticking while I anxiously tried to make an impression. The first doctor said, in a condescending tone, "Young lady, don't you think you're going to have trouble being a wife and a mother and a woman and a doctor?" I figured there was no way I was going to get accepted there. So, I threw caution to the wind and countered, "Don't you have trouble being a man and a husband and a father and a doctor?" He turned red, the other 2 doctors burst out laughing. Not surprisingly, I did not get in that medical school.

Another interview was quite different. That medical school's application included a blank page with instructions to write anything in the space that you felt the school should know. Most people would have spent weeks crafting the perfect personal statement. I was naive and just wrote something about the summer I spent hitchhiking in Europe. During my interview with an old, stern, intimidating female doctor, she said, "Out of all the women I have interviewed, you are the only one who did not use this page to defend her position as a woman in medicine." Without thinking, I blurted out, "It never occurred to me! I didn't think it was pertinent!" She smiled and said, "Wonderful."

Medical school was wonderful, hard, and all consuming. I just assumed everyone wanted to help each other make it through and turn into good doctors. I felt my classmates treated everyone equally. That was still naive. I guess I never saw that there were clear differences until it really was rubbed right in my face. That happened when I had a prolonged and heated discussion with a study partner (who seemed otherwise completely reasonable) about why he was sure male doctors should make more than female doctors. "C'mon, Ann," he reasoned, "I'll be the

www.hospitalpediatrics.org

DOI: <https://doi.org/10.1542/hpeds.2019-0067>

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HOSPITAL PEDIATRICS (ISSN Numbers: Print, 2154-1663; Online, 2154-1671).

FINANCIAL DISCLOSURE: The author has indicated she has no financial relationships relevant to this article to disclose.

FUNDING: No external funding.

POTENTIAL CONFLICT OF INTEREST: The author has indicated she has no potential conflicts of interest to disclose.

Dr Beach conceptualized the article, drafted and edited the article, and approved the final manuscript as submitted.

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breadwinner of my family and will need to make more money. You'll have a husband to make money and take care of you." My counterarguments that I might not get married, I might be the breadwinner, and we should all be paid on the basis of the value of the work we did, not how much we needed the money—all were totally lost on him.

At the end of my first year, I taped up a couple of posters at my study desk. One said, "Everything Fred Astaire did, Ginger Rogers did backwards and in high heels." The other said, "Everything a man does, a woman must do twice as well in order to be thought half as good. Fortunately, this is not difficult."

PERHAPS I WAS CHANGING

During my second year of medical school, a book came out, highly recommended, that was written by 1 of our faculty members. *Anesthesia for the Uninterested* was essentially a primer for anesthesia for students. It was livened up with photographs of Playboy Bunny-type women scantily clad (think bikinis and naughty-nurse outfits) in provocative poses. There were lots of innuendoes in the text. A group of women in my class was incensed. We went to the dean of the medical school. We could not go to the dean of students; he was the author! We were asked if we wanted to stay in medical school—so that was that.

Third-year surgery rotation was hard. The female medical students changed in the nurses' locker room, and the men changed in the surgeons' locker room. The guys would learn so much from the attending physicians; they talked while they were changing scrubs. The women used to stand outside the door, yelling, "Stop teaching! We need to learn that, too! Come out of there and teach us, too!"

Then my father had a myocardial infarction and was not expected to live through the night. I was halfway through a weeklong take-home examination that was a huge part of my grade for that semester. I took it to my professor, explained that I needed to race home to try to see my dad before he died, and asked if he could just accept

my half-finished test as it was. I did not like this professor; he was the one who liked to fondle women's bottoms in the packed elevators. We all knew about it and all tried to stay away from him. (Did we ever tell anyone? Of course not.) He began telling me how much he liked me and how much he had been wanting to get to know me better, and he made it clear in graphic terms what it would take for him to accept my unfinished test. I threw the test in his face, stormed out of the door, and went home to see my dad. Did I ever tell anyone about it? Of course not! It would have been his word against mine, and he was a lauded professor, and I was just a student without a witness to what had happened.

Pediatric residency was hard, great, wonderful, and the most difficult thing I ever did. Our chief was legendary, stern, demanding, and an "equal-opportunity" meanie. We all got the same hard treatment, no discrimination there.

My first job was as a small-town pediatrician in Georgia. I loved my patients, and loved the small town, where everybody knew everybody. However, my pediatric partner and I were not on the same wavelength, and soon it was obvious I needed to leave. I interviewed in Atlanta (I had lots of friends there) and accepted a job there. My departure was amicable. My partner and his wife took me out for a lovely goodbye dinner before I left. They handed me a going-away gift, and I opened it in the restaurant. I was expecting a nice stethoscope or a pen set. Nope. I was astonished to see a black, lace negligee. They both smiled. His wife said, "Well,

we know you're moving to Atlanta to meet a man, and we thought this would help." I'm still shaking my head.

I have had a long, happy, and fulfilling career, and I cannot think of many times when my gender has made a difference. In fact, mothers have often given us women credit for having great maternal instinct and knowing a lot about infants that we really did not know. I was a pediatrician for 6 years before I was a mother, yet my patients' parents thought I was an infant expert just by virtue of my gender. Sorry, guys.

When my son was a little boy, his pediatrician and his dentist were both women, and he knew I took care of sick children every day. I remember introducing him to my boss, the medical director. "Harrison, this is Dr Bruce Perry, my boss. Bruce, this is my son, Harrison." Harrison stared up at Bruce and said, "Wow! Boys can be doctors?" I looked at Bruce and said, "Oh, Bruce, I've waited years to say this!" I knelt by Harrison and said, "Yes, Harrison. If boys work really, really hard, they can be anything they want to be."

TIMES WERE CHANGING

So now that women are the majority of medical students (Table 1),¹⁻⁴ does that mean the problem of discrimination against women in medical education is gone? We have progressed a long way since the 1970s, right? Equal pay, no questions about pregnancy during interviews, no discrimination on gender, no pinup calendars in the workplace, right? Apparently not.

TABLE 1 Women in Medicine Through the Years

Year	Women in Medicine
1969	Women comprised 9% of total US medical school enrollment.
1972	Title IX of the Education Amendments was passed. This prohibited discrimination on the basis of sex for educational programs that received federal funding.
1974	Women comprised 22% to total US medical school enrollment.
1985	Women constituted 16% of practicing US physicians.
2003	Women made up the majority of medical school classes.
2015	Seventy-one percent of pediatric residents were women, and 64% of all practicing pediatricians were women.
2016	Thirty-six percent of all practicing physicians were women.

I teach medical students and residents now, and more than half of them are women. I keep reading articles written by women physicians who are recently trained and continue to feel discriminated against. There are still articles about how much harder medical school is for women, how much gender-based discrimination there is, and although the numbers have budged some, there are still fields with few women (surgery, urology, neurosurgery, and orthopedics). These women worry about looking too feminine (or not feminine enough), about dressing and acting in a way so that they will be taken seriously, about being too emotional, or not being emotional enough. They worry about taking maternity leave and whether doing so will hamper their career path. There are still patients who only want male doctors and still think all women are nurses (even when our name tags read doctor and we introduce ourselves as such). Why is it no different for these newer generations?

Sigh. So, has a whole generation gone by without improvement? Have we really made

no progress in 30 years? Did our struggles in the 1970s and 1980s accomplish nothing for the current young women professionals? Does every generation have to start from scratch and relive the same problems over again? Or is it that every generation feels the battle as strongly, although the fight is slightly different?

Are young women today breaking new ground or just going over the same ground again?

So how do I see it after all these years? My mantra throughout my career has been, "Just practice good medicine, and people will figure it out." I have always told students and residents, women and men, to just concentrate on being really good doctors, and the rest will sort itself out. I have always believed that our skill as doctors is the only yardstick people will measure us by in the workplace. Am I still naive to believe this? I hope not.

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Hospital Pediatrics 2019;9;729

DOI: 10.1542/hpeds.2019-0067 originally published online August 9, 2019;

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Hospital Pediatrics®

AN OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

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Hospital Pediatrics 2019;9;729

DOI: 10.1542/hpeds.2019-0067 originally published online August 9, 2019;

The online version of this article, along with updated information and services, is located on the World Wide Web at:

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