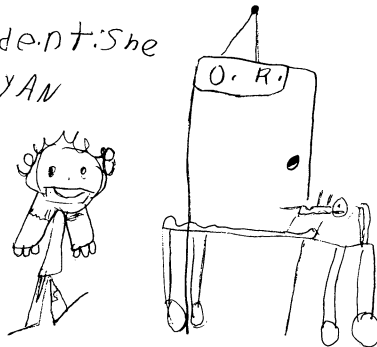


Rx: More Women in Medicine

Beverly Pannell

MY MOM IS A MEDICAL STUDENT. SHE
WORKS ON PEOPLE. BY RYAN



There's an old riddle making the rounds that goes something like this:

A boy and his father were driving along a dark highway on a rainy night when suddenly two bright headlights appeared to be heading straight for them. There was a head-on collision and the boy was seriously head-injured, while his father was killed. The boy was rushed to the nearest hospital where the neurosurgeon on call was waiting to perform emergency surgery. As the boy was admitted to the emergency department, the neurosurgeon came to examine him. Immediately the surgeon spoke up and said, 'I can't operate; he's my son.'

Who was the neurosurgeon?
The neurosurgeon was the boy's mother.

If the answer to this riddle was perfectly obvious to you, give yourself a great, big, women's movement pat on the back. If you sat there trying to figure around about step-fathers and so forth, take a kick in the backside from me—AFTER you finish kicking mine. I didn't get it either. And I have no excuse, because I'm a medical student. And maybe someday I'll even be a neurosurgeon. Some feminist!

Perhaps it's because in the post-war Deep South where I grew up, women were returning to their homes to make room for the soldiers re-entering the work force. They settled in to build families and to glorify their positions as homemakers. Not that all this glorification isn't deserved, as *one* alternative. But in a society in which all the women you know—mothers, aunts, cousins—see 'work' as a way-station to 'marriage', a 'career' is incidental to the core of life: home and children.

As someone who always knew I'd be something other than a homemaker (though I might be that *as well*), I was a non-conformist. The easiest area to be a non-conformist in was the Art World, and there I found my niche. When time for University came, I thought longingly about medicine or law, but there was no money. The only scholarship I could land was in the liberal arts. I took it thinking, 'Maybe later. . .'

For the next ten years, my work in theatre, dance, photography, journalism and opera both fed and drained me. I loved it, but it seemed so insular. Along the way I had two children, and as a consumer of obstetrical health care, I became interested once again in medicine and its practice.

Because I had taken a teacher certification programme as an adjunct to my university work in the arts, I qualified to take a training programme in teaching Lamaze prenatal classes. It took two years to become certified, working largely at night after my children were asleep. I taught for five years, working with, around, and sometimes in spite of, medical professionals. I enjoyed the work tremendously and never tired of hearing stories of women's labours.

I decided I wanted to be more involved, so I considered getting a Masters degree in Health Sciences or Health Administration. I went to see Corinne Devlin, an Obstetrician-Gynecologist on the medical faculty at McMaster University. I asked her if she would write a reference for me to the Master of Health Science programme there. She said no. I was astonished. I asked her why, and she answered by asking me what I wanted it for. I described my feelings about women's health care, health care in general, and how I wanted to change it. I wanted it to be more responsive to patients. After listening attentively, she said, 'You want to be a doctor. Now, if you want to apply to medical school, I'll write you a recommendation.' Astonishment yet again.

I claimed that I was too old (I was thirty-three).

She countered with, 'The time has to pass somehow.'

I protested that I have small children to whom I felt very responsible.

She challenged, 'Which would be harder: to have a mother in medical school, or to have a mother who might someday look at you and say, "If it hadn't been for you, I might have been a doctor"?''

I stated the obvious: I might not be accepted into medical school.

She admitted, 'Yes, that's true. But I think you have just the qualifications McMaster is looking for. And it's for sure you won't get in, unless you apply!'

That day was a turning point and the rest is recent history. I was accepted, and I'm doing well. I'm enjoying it, my children are flourishing—thanks to their father who really took over

home and hearth. 'What's the big deal?' he says. 'After all, you did it for years!'

So, like more women, I've joined the ranks of medical trainees. The overall Canadian average of women in medical schools is something like thirty percent of the total enrolment. My class of a hundred is nearly half women. Most are young, just out of some phase of university work, but some others are similar to me—coming to physician training after functioning as professionals in other fields. I'd like you to meet some of them. We are all quite different in most other ways—style, likes and dislikes—but we'll all have the initials MD in 1981!

And if you ask my seven-year-old what his mom is going to be when she grows up, he answers quite nonchalantly, 'A neurosurgeon.'

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NANCY PRICE-MUNN, Ph D in Latin American Studies, Phi Beta Kappa, aged 34, worked for some years in Latin America with CUSO.

'I can, I think, define myself in terms of two fundamental commitments: the first to other people, the second to positive social change. Like anyone else, I want to be happy in life, but my own happiness has its roots in that of the people around me. In addition, I see those people not as isolated individuals but as a part of a community, with hopes and aspirations that are collectively fulfilled or frustrated at the social level. These two fundamental needs were the basis for my original choice of teaching as a career.

Initially, as I prepared myself to be a university professor, language and literature were a passionate professional interest. There was pleasure in investigation, dynamism in teaching, and the enjoyment of involving others in thought and discussion. But it was not as satisfactory as I had anticipated, and I felt a growing need to relate my position to those in the extra-university world around me. Not the dedicated scholar who could find fulfillment researching in isolation, I questioned the relevance of a job which offered such tenuous connections with other people. I was, I discovered, largely teaching a population that viewed language and literature not as a tool for exploring vital human issues, but as something they could use in Acapulco for the summer. In terms of my personal priorities, which were grounded on the need to achieve a healthy balance between my function as a teacher and my concern with the society I lived in, my choice of profession was becoming indefensible.

My husband and I were offered a post in Latin America with

CUSO. Since we were both involved in re-examining the directions our lives were taking, it seemed an ideal opportunity to change environments and find out just what we wanted from the future. It was through my work there that I realized that I would leave my former profession, and that it was medicine that I wanted. Medicine because social change springs from *well* people. The more I looked about me the more I saw that medicine was a vital catalyst for social change. And I saw preventive medicine as the corner-stone of my commitment, a powerful field of action that makes the elimination of conditions that encourage ill-health the responsibility of the doctor and the health team of which he or she is a part. Basic health care is a human right; that thousands are without it obsesses me.'

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D.A. Franklin, Registered Nurse, former Clinical Nursing Instructor, aged 30.

'I grew up in a household with my grandparents, father, and younger sister. When I was thirteen, my grandmother died, leaving me as the "woman of the house." My father and grandfather were unwell, and they and my nine-year-old sister were very dependent on me. It was probably around this age that I first used "self-directed learning" in my attempts to discover solutions to various problems—from how to cook a turkey to how to teach my sister about menstruation! Though these times weren't easy, I persevered, graduating from high school with the Governor General's Medal for highest average.

I always wanted to be a doctor, so I went straight into pre-med at Dalhousie. But in the fall of my first year, there were several episodes of illness for both my father and grandfather. I realized then that I could not realistically plan a seven year commitment to study medicine. I withdrew before Christmas, worked as a ward clerk in a hospital, and helped the family as best I could. Working in the hospital enabled me to see that the various health team members each played an important role in helping the client. I believed that nursing would be a shorter and more realistic route to my goal to be part of the health team. I re-entered Dalhousie, this time in nursing, and graduated four years later.

I can say, honestly, that by the end of my university years I still did not know who I was at all. I was at times self-conscious, tended to become too involved in the problems of others, and put my own needs at the bottom of my list of priorities. But in the years following graduation, I became more aware of myself and my own needs. I believe this growth of self has occurred because of my relationship with my husband. To our marriage we each brought honesty, trust, support, sensitivity,

All the photographs in this article are by Beverly Pannell.



Nancy Price-Munn



Corinne Devlin



D.A. Franklin



Claire Kane

and encouragement. We have been able to share our goals and realistically make plans to reach them.

Finally I felt ready to enter medical school again, this time with firm support. I looked forward to its challenges, and have not been disappointed. Following medical school, I would like to practice family medicine, an area in which I believe I could use myself and my skills most effectively. I feel confident that I will continue to be personally, academically and professionally successful. Finally, I'm doing what I really want to do.'

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HEATHER McILROY, Registered Nurse, former Nurse-Practitioner, aged 35.

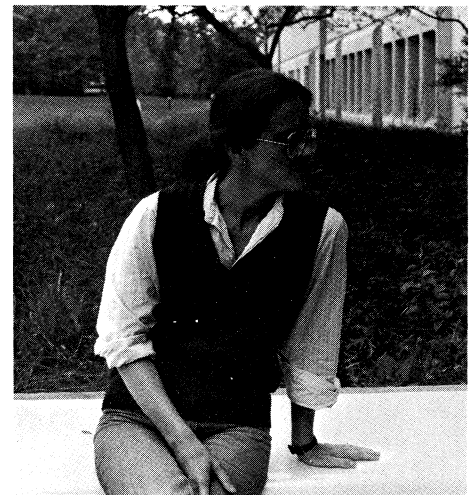
'Before entering medical school, I worked at a teaching unit in Family Medicine at McMaster University for ten years. During that time, I saw the role of the nurse change from the traditional doctor's support person to health care practitioner. I became involved in direct patient management. This included monitoring patients throughout the treatment of their health problem. At the same time we became more and more involved in

teaching medical students and residents. I was able to compare my abilities with theirs and decided that I had what it would take to become a physician. I was dissatisfied with nursing because I wanted more responsibility and accountability. I watched the medical students using the ideas I had taught them, and it was then that I decided that a career as a doctor was what I wanted. So I went after it.

I believe that one very important aspect of practising medicine in the future is communication. It has become a cliché, but it really is an important ingredient of any team. And skills in communicating *have* to be a high priority for any physician. After observing various learners with patients, I realized just how difficult it is for people to really talk to each other. In medicine, there appears to be too much emphasis on "us" versus "them" (the patients). We have to recognize the basic humanity in us all when we engage with patients and their families. The importance of effective communication was emphasized for me when I worked as a volunteer counsellor with ARCAL—Association for the Repeal of Canada's Abortion Laws—in Hamilton. We saw a wide spectrum of women and/or couples who were seeking abortion information. It was imperative to speak the language of the women involved so they could be counselled as objectively as possible. All alternatives besides abortion were discussed with them and the final decision was theirs—not the interviewer's.



Raelene Kinlough-Rathbone



Heather McIlroy

I've been interested in women's issues for a long time. In 1974 I was appointed to the Hamilton Status of Women Council and acted as the chairperson for a subcommittee on local Hamilton advertising. Our committee created an action-oriented project to survey all advertising as it pertained to the image of women. The women on this committee worked as a team. We confronted several advertisers and their agencies with our findings. Our results were disclosed in a brochure we designed, published, and distributed to 45,000 people locally. We consistently relied on each other as a team to realize our project goals.

So I've worked as a member of a health care team, and a team member on various committees, and now I'm working with other medical students in teams. It seems that what I'm doing now is a natural outgrowth of everything I did before it. I'm looking forward to spending the rest of my life in medical practice.'

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CLAIRE KANE, Registered Nurse, former Executive Director, Planned Parenthood Ottawa, aged 34.

'I'm an involved person who enjoys life, and who is continuously learning from experiences, mistakes, other people, formal and informal education. I believe that I need to do satisfying, stimulating and useful work, and to be closely involved with others in order to be fulfilled. At this time in my life, I want to invest in a lasting career that promises to be both satisfying and challenging. I am more capable of hard work and study now than when I was younger, probably as a result of maturity, self-knowledge, and a stimulating professional, social and family life.

From my thirteen years of nursing experience, I learned to assess and communicate well with patients. VON nursing enabled me to acquire skills in working with the public and to gain a wide knowledge of community resources.

As a wife, I've experienced love and sharing, friendship and mutual support, as well as an awareness of the importance of a rich family life. When I was accepted into medical school, my husband was able to arrange a temporary job transfer from Ottawa to Toronto in order to minimize our family's disruption. I spend part of the week in Hamilton, and part of the week and the weekends in Toronto.

As a mother, I've experienced the shared parenting of our daughter, now aged ten. I've experienced pregnancy, childbirth, breastfeeding, as well as the feelings of pride, concern and love that accompany parenthood. Our daughter is, I hope, growing up with the idea that a woman can pursue her own goals without sacrificing those of the family as a whole.

A few years ago, we all went together to South America to work with CUSO. I worked as a head nurse in the maternity and gynecology units of a large urban teaching hospital, learning to improvise and adapt to a culturally different system of health care. I developed self-awareness and humility from being an inarticulate foreigner.

All of these things, I believe, will help to make me a good physician. I want to work in the areas of human sexuality, family planning and maternity care, probably through a family practice or community clinic. As a result of my exposure to these areas, I have become challenged and eager to contribute more fully. I know that I can contribute—from my perspective as a woman, as an already experienced professional who believes in preventative health teaching and counselling, as someone who could promote greater cooperation, trust, and interdependence between health care professionals.

That's where I'm going, and I hope to get there by constant self-evaluation and hard work, and by being sensitive to, and caring of others.'

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These next two women are not in my class, but serve as role models for me and my peers. Corinne has already been mentioned as the woman who encouraged me to enter medicine. She has been a major force in my life. Raelene was my first tutor; I admire her strength, wisdom, intelligence and rigorousness.

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M. Corinne Devlin, MD, FRCS(C), FACOG, Associate Professor, Obstetrics and Gynecology, McMaster University, went into nurses' training following grade 12. Later, as a Registered Nurse she worked for two years in an emergency room before deciding to return to high school for grade 13. Six years older than her classmates, it was difficult to return from the work world to a year's formality of education. But she did do her senior matriculation and was accepted at the University of Western Ontario taking pre-med and then medicine. She went on to McGill University and McMaster University for her specialty in Obstetrics and Gynecology. To pay for it all, Dr. Devlin worked throughout as a nurse.

She has distinguished herself not only in her training (she was elected to the AOA medical honour society and won two scholarships in Psychiatry), but as a practitioner as well. She is Programme Director for all postgraduate studies in Obstetrics and Gynecology at McMaster, the first woman in Canada to hold such a position. She has also been elected President of the Medical Staff of McMaster University Medical Centre—again, the first woman to hold the job.

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'I loved nursing. I didn't leave it because I didn't like it, or couldn't do it. I was first in my class in theory and practice. But I began to perceive nurses as being unable to practice what they knew so well. Some medical person, for example, who knew nothing about ankle strapping, might not only order me to strap a fellow's ankle, but also proceed to tell me how to do it—wrong. In other words, the job I was trained to do, I wasn't allowed to do. It was then that I saw that doctors were the only people who really were allowed to do clinical problem-solving, and since that's what I wanted to do, I decided I'd better go to medical school. It took thirteen years of my life to become a fully qualified obstetrician-gynecologist.

I spent a lot of my residency having to justify my interest in becoming an obstetrician-gynecologist. People—men especially—

kept asking why I had chosen women's health as my specialty. I found that amazing. As a feminist, I knew I could be responsive and more than competent. Why wouldn't I be interested in contributing to the care of women?

The whole idea of women now being "allowed" into medicine is ludicrous. Women belong everywhere where their capabilities can be utilized. And medicine is full of the kind of problems women solve every day, all over the world.'

Raelene Kinlough-Rathbone, MB, BS, MD, PhD. She spent six years in medical school, one year in internship, two years as a resident at the University of Adelaide, Australia, before becoming a practising MD. Then she was a Department of Medicine Research Assistant, and a clinical assistant before coming to Canada to work on her PhD in Medical Sciences at McMaster University. She is an Associate Professor of Pathology at McMaster University now, some twelve years later, as well as Senior Research Fellow for the Ontario Heart Foundation, co-Principal investigator with Dr. Fraser Mustard (Dean of the Faculty of Health Sciences) in experimental pathology. Together, they are involved in one current study called "In Vivo and In Vitro Studies of the Relationship Among Blood, Platelets, Blood Coagulation, and Endothelium." As a world-renowned Platelet physiologist (Platelets are an element in blood which help in the formation of clots), she is also currently studying "Mechanisms involved in Platelet Function In Vitro and In Vivo."

Dr. Rathbone is also a Phase I Tutor in the Medical School, a Phase II Planner, and a Resource Person. She is very involved in the program of Graduate Studies in the Faculty of Health Sciences, serving as Vice Chairman of the Graduate Policy and Curriculum Committee, as well as being on the Graduate Council for the whole university. She is also, as she says, supervisor for 2.5 graduate students!

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'When I'm asked about being a woman in medicine, I answer that it has been and is enjoyable. By that I mean that I get a lot of satisfaction doing what I want to do. I get a lot of stimulus from the people I'm surrounded by, and there are always new challenges. I don't really know whether it was harder for me as a woman, though I will say that there are some areas where women aren't accepted. For example, women aren't encouraged to go into surgery. And even if you did, who would refer patients to you? I mean, let's face it, a woman doctor has to make a living too. In my experience there might have been one or two obstetricians among the 10-15% of my class who were women, but they mostly became General Practitioners or Anaesthetists. And, oh yes, there was one plastic surgeon, but she went away somewhere else to practise.

When I was being trained as a physician, we weren't allowed to work in the men's V.D. Clinic—not that I minded. But we weren't really exposed to the whole of medicine. And perhaps we were challenged a little more, pushed a little harder. But part of one's view has to do with experience and tenacity. It might even be beneficial to be given extra loads.

If my daughter wanted to be a doctor, I'd tell her she has to be prepared to work extraordinarily hard—but then I'd feel the same about any profession. I certainly wouldn't try to discourage her. My sister's a doctor too, in Australia, and she is the head of a hospital there. We were encouraged to do whatever we wanted to do by our parents. I'd do the same for my daughter. Of course by the time she's making that decision things will have changed—she's only four. But she's informed me anyway that she wants to be an artist. And when I suggested that maybe she might think about being a doctor, she asked, "Do they get to colour things?"'