

# Alberta Doctors' Digest

## Our Equity in Medicine Community of Interest

“But we want the most qualified person in the role.”

“She’s just not ready.”

“She is too emotional.”

“We’ve already had a female chair.”

“She’s too busy to take on that role.”

“She is too aggressive.”

These are common responses that other physicians and I have heard, and perhaps have thought ourselves, when considering women candidates for leadership positions. The *Female Physician Leaders in AHS* report states, “The gender distribution of medical leaders lags behind the gender distribution of AHS medical staff.”

I have previously written in *Vital Signs* about the under-representation of women physicians who have served as AMA President. Dr. Alison Clarke is our current and fifth woman president since AMA’s inception in 1889. There are multiple reasons, including gender bias, why women are under-represented in medical leadership. The time has come for all of us to check our own unconscious biases and instill processes in our organizations that will manage these biases. We know that diversity and inclusion improve decision making and make good business sense. Addressing equity, diversity and inclusion (EDI) is not only the right thing to do, it is also economically sound.

My experience of gender bias over my 10 years of physician leadership, plus my desire to improve the medical culture for the younger generation, were huge motivating factors when I applied to the Canadian Medical Association for a Community of Interest (COI) one-year grant. We learned that our application was successful in the summer of 2018 and quickly went to work to help build our online engagement platform and to host live discussions with COI members and other participants. Our leadership team consists of seven physician leaders across Canada: me; Dr. Finola Hackett, AB; Dr. Alike Lafontaine, AB; Dr. Renee Fernandez, BC; Dr. Dennis Kendel, SK; Dr. Sarah Hanafi, QC; and Dr. Lesley Barron, ON. As our grant is only for one year, we decided to focus on gender equity but recognize that other related issues of inequity are also important and need to be addressed.

Our Community of Interest has hosted two national live webinars. Because of their success, we are planning to host two more in the fall. On May 14, our guests were resident physician Dr. Jenna Webber and Dr. Susan Phillips, Research Director for Queens University Centre for Studies in Primary Care. Both are authors of the 2019 research paper *Sexual Harassment of Canadian Medical Students: A National Survey*, which was the topic of our most recent live discussion. I co-hosted the conversation with University of Alberta’s resident physician Dr. Kaylynn Purdy. It is posted on the Equity in Medicine COI platform, [Sexual Harassment COI Live Chat](#).

During our live discussion, Dr. Phillips commented, “We need to blow this open into the public, make it okay for students to talk about this. This is not an individual problem but a systemic problem that needs a systemic solution.” Dr. Webber responded, “We need to decrease the stigma and increase the safety,” a statement that still resonates with me. Dr. Phillips credited Dr. Margaret Steele, the first woman Dean of the Faculty of Medicine at Memorial University of Newfoundland, for her courage to disclose sexual harassment at Memorial University and call for investigation.

Our inaugural live chat on March 5 featured Dr. Gigi Osler, the eighth woman CMA President, first woman of color and first woman surgeon in the president’s role. Dr. Osler remarked in her introduction, “Inclusion is a main objective, inclusive medical culture where everyone is welcome. This will make us stronger as a profession and make health care delivery better for Canadians. When we support each other, we will all rise up.”

During our first live chat, I spoke about our COI and explained, “The Equity COI will address gender inequity in medicine, which results in issues like gender pay gap, few women physicians in senior leadership positions and harassment. The COI will examine why gender inequity continues, for example due to hierarchy, power imbalance and privilege. We also want to do something about it through education, support, empowering our community members and leveraging action! We want to hear our community members’ priorities and what we can do together to positively affect change.”

Our leadership team is taking a summer hiatus, but we will be back with two live chats in the fall. Our tentative topics are intersectionality in medicine and gender inequity case discussions (with cases provided by the participants) with Ivy Bourgeault, PhD, Chair in Gender, Diversity and the Professions, University of Ottawa. We would be delighted for you to join our [Equity in Medicine COI](#), add your voice to the discussion and make a difference!

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References available upon request.

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