



Where have all the young men gone? *Not to obstetrics and gynecology*

More than 4 of every 5 ObGyn resident physicians are women. Should we worry because men are bypassing the specialty?

Where have all the young men gone?
Long time passing
Where have all the young men gone?
Long time ago

—Pete Seeger (1961)

The first decade of the 21st century brought amazing changes in medicine. New technologies were introduced at a vigorous rate—and were often accepted with little analysis of their benefits and at higher cost than older technology.

The physician workforce also was transformed. Baby Boomers continued to retire, and we saw an influx of practitioners from Generations X and Y.^{1,2,3}

One additional change appears to be unique to the specialty of obstetrics and gynecology: a complete gender reversal among practitioners. Before 1980, female ObGyns were uncommon—and that was a problem. Today, 80% to 90% of all ObGyn residents are female!⁴ That's despite the fact that the genders are roughly equal in number among medical

students. The question that folk singer and songwriter Pete Seeger asked 50 years ago is highly relevant today: Where have all the young men gone?

The leaders of our profession clearly need to decide whether this gender disparity is healthy for the specialty. If they decide that it is not, we need to formulate a set of actions to address it.

A perfect 10

The breadth of this gender gap came home to me recently as I read the Sunday newspaper. I spied a half-page advertisement for an ObGyn group practice with the following headline: "A perfect 10" (a possible reference to the 1979 motion picture "10," starring Bo Derek). The advertisement depicted nine young women—all of whom appeared to be younger than 40 years—and one man, considerably older, who represented the "gray-hair" of the group. I would venture to predict that, when the gray-hair retires, he will be replaced by a practitioner of the opposite gender.

What message does such an advertisement send to male medical students who may be considering a career in ObGyn? I believe that many male medical students worry whether they will have a place in the profession once they finish their training.

A recent American Medical Association member communication (September 20, 2010) discussed a report that men are entering the nursing profession at the highest level ever recorded. One has to wonder what social and economic issues are fomenting changes such as the surge of male nurses and the predominance of female ObGyns? How will medical care be affected (if at all) by these role reversals? Has the medical profession truly become blind to gender? It certainly does not appear to be that way in the fields of orthopedics and neurosurgery, where men predominate, or in obstetrics and gynecology, where women do.

No diatribe

Although this commentary may be viewed by many readers as nothing more than a sexist diatribe by a resentful Baby Boomer physician, I can assure you, that is not the case. Throughout my career, I have emphasized our need for the best and brightest physicians—regardless of gender—in our profession. I have also written about the need to make lifestyle accommodations for Generation X and Y physicians—again, regardless of gender—so that they can be happy and successful practitioners.^{1,3}

Why is the gender shift in

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obstetrics and gynecology worthy of our attention?

Because if it continues, there is the potential that many gifted and caring male physicians will bypass our specialty. Who knows if one of these male physicians would have been the discoverer of the cause of preeclampsia? Also, evidence suggests that female physicians work shorter work weeks than their male counterparts, take less call, and leave the practice of obstetrics earlier than males, even after accounting for generational differences.^{5,6} This means that the predicted physician shortage will become more severe if this trend continues.

One often-cited reason for the increasing numbers of women entering the ObGyn workforce is a desire to meet the needs of female

patients. The evidence suggests that gender is rarely the sole criterion a patient uses when selecting an Ob-Gyn. In fact, gender seems to be a minor consideration, compared with other physician attributes, such as respectfulness, attentiveness, and the ability to perform a painless pelvic examination.⁷

A few recommendations

Regardless of how the gender-disparity issue is resolved—or isn't—a few steps can help to make obstetrics and gynecology better for everyone, including the patient:

- Limit the physician work week to 50 hours (soon the federal government will mandate this)
- Implement the laborist model for any obstetric service that

delivers more than 1,000 babies per year

- Institute job sharing, with part-time professional liability policies or policy slotting made available
- Educate all practitioners about time and money management so that they can deal with family and personal issues and manage the large debt accumulated during medical education.

Will we ever return to gender parity in obstetrics and gynecology? Personally, I think not.

Nevertheless, I would hope that all of us are trying to create a profession that will be welcoming to all. 🍷

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