WOMEN IN DERMATOLOGY
ASSESSING OUR PROGRESS...AND OPPORTUNITIES

♀ ROUNDTABLE: WHERE ARE WE NOW?
♀ ADVANCING WOMEN IN LEADERSHIP
♀ CONFRONTING HARASSMENT
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♀ SNAPSHOT: BALANCE, GENERATIONAL SHIFTS
Gender Equity in Dermatology: Are We There Yet?

A virtual roundtable discussion with leading female dermatologists.

As depicted in the new film "On the Basis of Sex," Supreme Court Justice Ruth Bader Ginsberg devoted her legal career to eliminating gender-based discrimination. While great strides have been made in promoting gender equity in recent decades, some inequities remain in many areas including dermatology. Practical Dermatology® reached out to several top female dermatologists and asked them to share their very personal experiences and offer advice to female dermatologists who are just beginning their careers.

Many facets make dermatology an attractive specialty for women (…and men), including its inherent flexibility and the breadth of diseases and conditions that fall under the dermatology umbrella, which is why many of the panelists opted to become dermatologists.

Heidi Waldorf, MD: I grew up with a dad in dermatology, so I never thought about it as a “woman” choice, but as a life choice. I went to medical school not wanting to like dermatology. However, I couldn’t ignore how pervasive dermatologic issues were in every other field of medicine and the happiness of the dermatology consultants.

Vivian Bucay, MD: Dermatology affords many of the same advantages (e.g. procedures, compensation, opportunities for research, etc.) of other specialties that place greater demands on our time. The most obvious advantage is the ability to tailor the practice to one that excludes a call schedule and whose clinic hours are usually limited to weekdays during usual business hours. Dermatology allows for a great deal of flexibility, including part-time practice.

Jeanine B. Downie, MD: Dermatology encompassed the ability to see surgical, medical, and cosmetic patients. Additionally, I liked being able to see all ages of patients and really love not being tied to a hospital. As an African-American female in private practice, my mother, who is a pediatrician, as well as my grandfather, a dentist, taught me the flexibility of practicing medicine early in life. While running a private practice in 2018 is far more complicated, I enjoy being my own boss, setting my own hours, and being able to see the progress of what I treat on the skin in real time.

Diane Berson, MD: Dermatology is an attractive specialty for everyone. We treat patients of all ages from babies to the elderly. We treat conditions that range from medical to cosmetic, and everything is visual. We can diagnose underly-
ing systemic diseases by what we see on skin. Dermatology is not dependent on a hospital setting, which allows for a great balance between personal and professional time. We can still be paged by patients at night, but we are less likely than other specialists to have to go in to a hospital in the middle of the night to see a patient.

There are so many choices. Dermatology is a field where you can practice by yourself, with a partner, or in a big group. You can define your practice times and be available for patients but be available for others who need you. You can create a schedule that works for your life and give 110 percent to your patients and your family. I am very fulfilled as a clinician educator and leader in organized dermatology but also as a parent.

GENDER DIVERSITY IN DERMATOLOGY:
THE TABLES HAVE TURNED

The gap between the number of men and women in dermatology is not as wide as it is in other specialties. Slightly more than 41 percent of dermatologists are female; males represent 58.7 percent of all dermatologists, according to data from the Association of American Medical Colleges. A pronounced uptick in the percentage of female dermatology residents suggests that we may be nearing a tipping point. The Association of American Medical Colleges’ 2017 Report on Residents shows 64.4 percent of dermatology residents are female.

Dr. Downie: There is gender diversity in dermatology, however we can do even better. There are more women entering the field of dermatology now than ever before. We need increased racial diversity in dermatology, and quite frankly we are not doing as well in this area.

Dr. Bucay: The number of female dermatologists has increased since I matched in dermatology in 1987. Of course, the number of women in medicine has also increased since I began medical school in 1983, when my class was about 20 percent female.

Dr. Berson: The tables have certainly turned and basically the best and the brightest are applying to dermatology because of the many benefits that this field has to offer.

THE ART OF MAINTAINING A CAREER-LIFE BALANCE

Many panelists feel that dermatology allows for a more balanced life, largely due to the many types of practices possible, but achieving balance takes work, involves setting boundaries, and carving out what one panelist calls “oui for me” time.

Dr. Downie: The key with career-life balance is to make sure that you are doing the things that fulfill you. If you always wanted to travel, you should be traveling. If you want to write papers and lecture, you can structure your dermato-
Unfortunately many women underestimate the power and value of their knowledge and expertise and they just “give it away” without being properly recognized for their work and efforts. Women are naturally and organically rising in leadership ranks and my hope and expectation is that we will continue to take on greater roles at the top of companies.

Dr. Waldorf: Dermatology has been at the forefront of having women in roles of leadership for decades longer than our colleagues in fields like Plastic Surgery and Facial Plastic Surgery. However, that doesn’t mean that we can slow down our efforts to support young women leaders, particularly in universities.

Dr. Bucay: I would like to see more mentorship programs through our societies. I definitely feel that the gap in female leadership has narrowed and am proud to have many close female colleagues actively involved in leadership positions within the American Academy of Dermatology (AAD) and the American Society for Dermatologic Surgery (ASDS).

Dr. Berson: There are still more men, but certainly we are seeing more and more women in leadership roles at the AAD, ASDS and WDS. I was president of WDS and on the board of ASDS and am now on the board of AAD. There are more and more women in these positions. It’s going in the right direction and I would like to see it continue to evolve.

Dr. Downie: Pay inequity still remains an issue for female dermatologists—especially as it pertains to consulting contracts.

Dr. Downie: We need equal opportunities for clinical trials, top level consulting contracts, and more monetary transparency between male and female dermatologists. Unfortunately, some older males are still offering younger male dermatologists significantly more money than younger female dermatologists with the same qualifications. This just has to stop.
Dr. Waldorf: This is still the world in which we live. The gender gap in wages, in number of chairs of departments, and in industry leadership are chronic issues. In fact, it still is normal to refer to the "male nurse" or "female doctor." You never hear anyone say the "female nurse" or the "male doctor," because if it isn’t specified, it is assumed.

Dr. Bucay: Unfortunately, there is still a gender gap in reimbursement for medical services, and there is most definitely a gap in compensation and opportunities for women when it comes to industry involvement. I once received a contract meant for my male co-faculty for a CME program. Our responsibilities were identical, but his payment was double mine. You can imagine how much fun I had with this! It was a golden opportunity to point out the unfairness that is pervasive across so many professions. I would like to see a program focused on how to negotiate the best contracts.

ZERO TOLERANCE FOR SEXUAL HARASSMENT

The #MeToo movement has given many women—including dermatologists—the courage to call out situations in which they were sexually harassed or assaulted by men in positions of power.

Dr. Downie: I have so many #MeToo moments that it is ludicrous. There was a cardiologist (call him Dr. X) back when I was a third-year student at SUNY Downstate/Kings County. Dr. X harassed me. He consistently asked me for sex. I told him no. I told him it was not appropriate and that I had a boyfriend. Despite this, he persisted. Dr. X informed a group of third year medical students (my peers, including my then-boyfriend) that he was playing basketball with that I had slept with him on his desk. I was informed of his flagrant lie almost immediately after the game. I confronted Dr. X in his office the next morning (where I knocked everything off of his desk and informed Dr. X that now someone could sleep with him on his desk, but that person still would never be me). I stormed out as security was coming and went directly to the Dean’s office and broke down crying. I was informed of his sex with him and he stopped there.

Growing up the daughter of a feminist was the best training I could have. It meant that instead of standing uncomfortably or angrily as an attending told a sexist joke, I could politely apologize that I must not have understood the humor and ask if he cared to explain it. (He didn’t). When threatened by a superior who had the ability to ruin my career, I politely told him I was very disappointed in him. Being a lady isn’t a weakness. It’s a strength! Remember Queen Victoria, Golda Meier, Wonder Woman, my mom—all ladies!

WOMEN MUST BAND TOGETHER

Sticking together and supporting other women, instead of putting them down, is one way to help achieve gender equity in dermatology and in life. Dr. Day notes, “In my career some of my greatest obstacles have come from other women. It’s something not openly discussed, but not all women are supportive of other women.”

Visit PracticalDermatology.com for more from the panelists, including insights on supporting each other.