

Gender shift in dermatology: implications for the profession

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The number of women entering the medical profession has grown steadily in recent years.¹ This gender shift is reflected more widely across the whole medical profession but some specialties seem to be more affected than others. Among them dentistry and veterinary medicine stand out as they were previously known to be predominantly male specialties.^{2,3} Dermatology is also one such domain which in the recent years has shown a great influx of female doctors. This trend is changing the face of the dermatology workforce, raising many questions along the way.

Dermatology in our country has been originally dominated by great names which included very few female ones up until the early 90s. In fact the field was dominated by men for a long time with only 24 female names among the first 100 registered members of Pakistan Association of Dermatologists. This change is reflected in the figures of last 100 names of newly registered PAD members, 58 out of whom are females.⁴ The new inductions of residents show an even greater shift. In almost all of the teaching units of Lahore there is an increase in number of female PG trainees with a ratio of on average 1:4 of male to female trainees (**Table 1**).

The reasons for this change have been discussed

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by many. With the open merit policy of admissions in medical colleges female students outnumber males on virtue of merit. Dermatology is considered to be a cold specialty which females tend to prefer due to its increased compatibility with family life. Also the subspecialties of cosmetology and procedural dermatology tend to lure many females as areas of added interest. Potentially important areas related to gender, include impact on work hours and training, the doctor-patient relationship, clinical philosophies, specialty practice, academia and leadership. Apart from the more obvious implications, this gender change is likely to result in like increased number of breaks in training and career due to family reasons, clustering of specialist services in urban areas and lesser number of working hours of females as compared to males. The long-term implications of this gender change need to be reviewed. Will this shift be paralleled by changes to the profession? Some speculate that feminization will have significant implications in terms of practice characteristics and professional ideals. With different social and familial pressures, will female dermatologists have different goals and expectations? How will this affect patient care?

In our social setup it is difficult for patients of the opposite gender to feel comfortable about exposing themselves in front of female doctors. Similarly some female doctors feel hesitant in examining male patients. This problem was previously dealt with by asking a male colleague to see and describe the

Table 1 Number of postgraduate trainees in different dermatology departments of Lahore.

<i>Name of department</i>	<i>No. of postgraduate trainees</i>	<i>Male</i>	<i>Female</i>
Jinnah Hospital, Lahore	21	3	18
Mayo Hospital, Unit-I, Lahore	24	2	22
Mayo Hospital, Unit-II, Lahore	8	1	7
Sir Ganga Ram Hospital, Lahore	16	3	13
Sheikh Zayed Hospital, Lahore	8	5	3
Lahore General Hospital, Lahore	13	3	10
Services Hospital, Lahore	18	6	12
CMH, Lahore	8	1	7

lesions on private parts. With a dearth of male dermatologists around this problem is going to be increasingly faced and may impair quality of patient care if attitudes of both doctors and patients are not changed accordingly. Also traditionally dermatology has been bracketed with venereology and still a large part of patients attending the dermatology clinics presents with sexually transmitted diseases. Generally these patients are males especially of the younger age group. Hesitancy to discuss their problem with a female doctor may lead to undiagnosed disease thus increasing the burden of STD in the community. These problems can be countered by taking some time for patient education and awareness. Presence of a suitable male chaperone while examining sensitive areas usually helps in majority of the cases.

The history of women in dermatology is marked by challenges and achievements. Women have proven themselves equals in terms of the manual skill, finesse and the three-dimensional spatial ability necessary for dermatology, making them capable and competent dermatologists.⁵ Their accomplishments are increasingly gaining recognition and respect. They are professors,

speakers, presidents of societies and conferences, writers and researchers. This new era of female dominance in dermatology is here to stay however difficult it may be for some to accept. The increasing number of female dermatologists makes it imperative that women be recognized as vital for the future workforce. The only way to cope with the problems associated with it is to bring a change in attitudes in these changing times!

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