

Women show growing preference for treatment by female physicians

Susan Thorne

Résumé : De plus en plus de femmes de tous âges préfèrent les femmes médecins, tendance que l'on ressent très bien dans la pratique, affirment certains médecins de Kingston (Ontario). On explique cette tendance notamment par deux raisons, soit l'augmentation du nombre de femmes médecins et leur façon différente de communiquer avec les patients.

Last winter, when our family physician of many years announced his retirement, my husband, our children and I set about choosing a replacement.

Four of us opted for a male physician whom we'd come to know during the past few years, but my 14-year-old daughter insisted that her own doctor must be a woman; she eventually decided on a female GP in the same medical centre.

To her it was a natural choice. She feels she can communicate better with a woman and believes a female physician will more readily understand her. Although she doesn't say so, I suspect that she believes a woman physician will be more sensitive to a teenager's physical modesty. She may also feel she will be more relaxed with a woman when discussing issues related to sexuality or puberty.

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Although a number of my daughter's peers have made similar decisions, this is not just a trend among teenagers. A significant and growing number of women in other age groups share this preference and it is becoming noticeable in practice. In Kingston, Ont., for example, there are already several female family physicians whose patient caseloads are predominantly female. Four of them say their sex has definitely been an important factor in building their practices; many, or even most, of their patients — male as well as female — have sought them out specifically because they wanted a female physician or therapist. In many cases, patients transferred from male physicians. "We even get a lot of women over 60 who are switching," said one member of an all-female group practice.

Why are more women choosing a woman to be their personal physician? Supply is one factor. The growing number of female physicians graduating from medical school has provided an option that was not widely available before. CMA data indicate that only 23% of Canadian physicians practising in 1992 were female, but they accounted for 40% of physicians under age 35. And their proportion is going to continue to increase. Last fall, the Association of Canadian Medical Colleges *Forum* noted that in 1993-94, for the first time, more women entered medical school than men.

Communication may also be a key factor. Women not only expect

greater empathy from a physician of the same sex, say the physicians I interviewed, but think that female physicians have superior "people skills."

"Women are finally giving themselves permission to do what they've really wanted," says Dr. Diana Wyatt, a Kingston family physician who specializes in women's medicine and treating sexual-abuse victims. "There are two main reasons why they say a female physician is better for them. Almost everybody says they weren't listened to [by a male physician], that their concerns were not regarded as most important or valid and, therefore, they didn't feel comfortable [enough] to speak. And frequently, in response to quite serious concerns, they were told, 'There's nothing to worry about.' I've heard that over and over again, from probably 50 [to] 100 women in the last few years."

Wyatt concludes: "I think a lot of women are switching to [female] doctors because they are better communicators. We're socialized to take care of people, and we [communicate] better."

The feminist movement has also shaped this attitude, observes Dr. Dianne McGibbon, membership and conference chairperson for the General Practice Psychotherapy Association. "My own sense is that the change began around 1985," she says. "At that point some women began to behave as if they had a right to a woman MD and a woman psy-

chotherapist." As well, the growing number of female physicians was beginning to have an impact.

McGibbon maintains that feminist criticism of the male domination of psychotherapy and medicine has also been a hidden factor in changing women's outlook. "This attitude was established well before the McPhedran commission," she says. [A task force appointed by the College of Physicians and Surgeons of Ontario and headed by lawyer Marilou McPhedran investigated the sexual abuse of patients by physicians and issued a report about 2 years ago. — Ed.]

"My impression is that more female patients are undoubtedly looking for female physicians," adds Dr. Rachel Edney, a Kingston family physician who is past president of the Ontario college and was a member of the McPhedran task force. The trend has been noticeable for some time in the all-female group practice in which Edney works, but has recently become much stronger because of increased publicity about sexual abuse.

"Female patients who wish a referral for counselling to deal with issues of sexual abuse overwhelmingly want a female physician," she says. "It's a reaction to the fact that the abuser was a male. They [patients] have told me that they have developed a mistrust and would find it difficult to open up to a male."

Dr. Jean-Yves Gosselin, past president of the Canadian Psychiatric Association, agrees with that assessment. "There is no doubt that if we have to treat a female patient, she will prefer to address herself to a woman therapist," he says. "Some will accept being treated by a male, but it is more difficult for them."

Centres where sexual-assault victims are treated often are staffed wholly or in part by women. According to a 1991 study of the Sexual Assault Assessment Service at Vancouver's University Hospital (*Can Med Assoc J* 1992; 147: 1177-1184), 77% of patients presenting to this emergency service in-

dicated a preference for a female examiner. The authors concluded that emergency services for women who have been sexually assaulted should aim to have female physicians available whenever possible, although physicians' attitudes toward sexual abuse and assault is likely a more critical factor than their sex.

McGibbon also thinks that women seeking medical attention for matters related to sexual activity or menstruation-related mood disorders show a strong preference for female physicians — a fact that may make male physicians feel excluded: "Four male residents came up to me recently and said they felt rejected because some women insisted on seeing a female physician for gynecological problems. Those patients reportedly said 'they'd only speak to a woman about that.'"

The demand for female physicians may begin to exceed the available supply. In Kingston, the female physicians I interviewed report that new medical practices opened by female colleagues usually fill and are closed to new patients in a matter of months, while the practices of some male physicians never reach capacity. However, factors other than the sex of the doctor are involved. Some of these female physicians work part time and acknowledge that they may spend more time per patient than is the norm; there is also a greater counselling component in their practices, so they are not typical of family practice in general. But even with those qualifications, the preference for a female physician is changing the demographics of medical practice here.

Edney reports that patients have a problem finding enough female therapists or counsellors (not necessarily physicians), especially those whose work is covered by the Ontario Health Insurance Plan.

Gosselin anticipates a growing demand for female physicians as treatment related to sexual abuse becomes a more prominent component of psychotherapy. More than half the

patients in his own group therapy practice at the Ottawa General Hospital are victims of sexual abuse, he reveals. A few years ago he had only a handful of such patients.

"Over the last few years there has been a great increase in concern and awareness of sexual abuse," he says. "This may trigger more maladjustments and depression disorders. We see an increase in the need for female physicians as a result."

He considers the increase in the number of female medical graduates — 44% of 1994 graduates will be women — a positive development. "We look at the admission figures at medical schools and the increase in the number of women, even in psychiatry, and we think that is very good for psychiatric medicine." He adds that there is a need for female physicians not only in psychiatry but at the "first stops" — the primary care level.

A spring 1990 survey by the Canada Health Monitor touched on the sex-of-physicians issue; 1171 female patients were asked: "Are you more comfortable when the doctor or other health professional is male or female?" Of those surveyed, 26% responded female compared with 16% who answered male, while 57% had no preference. But there was wide disparity in the results in different age groups. Among women aged 65 and older, 25% favoured a male and 13% preferred a female; 60% did not care. Among those aged 55-64 the difference was much smaller: 18% preferred males, 16% females, and 63% did not care. Survey participants in all other age groups expressed a greater preference for female health care professionals, with the sentiment strongest among those aged 15-24, of whom 56% preferred a female, 10% a male.

If today's young women maintain this attitude as they age, and if younger age groups continue to have a strong preference for health care delivered by females, Canadians may expect the demand for female physicians to be even stronger in the future. ■