CORRESPONDENCE

- *All letters must be typed with double spacing and signed by all authors.*
- *No letter should be more than 400 words.*
- *For letters on scientific subjects we normally reserve our correspondence columns for those relating to issues discussed recently (within six weeks) in the BMJ.*
- *We do not routinely acknowledge letters. Please send a stamped addressed envelope if you would like an acknowledgment.*
- *Because we receive many more letters than we can publish we may shorten those we do print, particularly when we receive several on the same subject.*

Survival of female doctors in Switzerland

SIR,—The increase in the proportion of women entering medicine and subsequently the medical profession has been commented on.[1] Reports have said that female medical students[2] and doctors[3,4] commit suicide more commonly than other women. The myth of the stressed woman doctor was thus created. The few studies that actually looked at the total mortality of female doctors found that they had a lower mortality than the general population.[5,6] A German study compared the mean age at death of female doctors with that of the female population, reinforcing the myth of the stressed woman doctor[7]; it is this study that, in spite of its methodological shortcomings, is quoted in a medical textbook for third year medical students in Switzerland.[8]

To obtain data to argue against such prejudices we analysed mortality of all the women who graduated in medicine from all Swiss universities between 1900 and 1945. A registry kept at the federal office of public health comprising their name, date of birth, and citizenship (which in Switzerland is a city or village where all documents of a person are kept) allowed the study population to be identified (n=693). In the Swiss medical statistics and in the citizenship files 651 female doctors could be identified (369 still alive at the end of 1987, 282 with the date of death). The remaining 42 (6%) had either moved abroad (12) or could not be traced.

The figure shows the survival curves of the female doctors in different birth cohorts. Each cohort's curve is above the one of the preceding cohort, thus getting closer to a rectangular shape that would be considered "ideal" in a healthy population. Standardised mortality ratios for the doctors compared with the female Swiss population were calculated for different time periods (table). Obviously female doctors in Switzerland have considerably lower mortality than the general female population.

Standardised mortality ratios (SMR) for women doctors in Switzerland compared with female Swiss population

	Deaths (observed/ expected)	Mortality	
		SMR	95% Confidence interval
1900-14	1/1·805	0·550	0·00 to 2·17
1915-29	7/12·133	0·577	0·23 to 1·08
1930-44	72/30·390	0·888	0·58 to 1·26
1945-59	47/64·121	0·733	0·54 to 0·96
1960-74	86/138·837	0·619	0·49 to 0·76
1975-87	114/185·574	0·614	0·50 to 0·73
1900-87	282/432·860	0·651	0·58 to 0·73

Considering the fact (which is known for smoking) that the general population will achieve the level of health of doctors within 20 years, female doctors could be looked at as an example on which to measure the effects of prevention.

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1 Eisenberg C. Medicine is no longer a man's profession. *N Engl J Med* 1989;**302**:1542-4.
2 Roy A. Suicide in doctors. *Psychiatr Clin North Am* 1985;**8**: 377-87.
3 Ametz BB, Horte LG, Hedberg A, *et al.* Suicide pattern among physicians related to other academics as well as to the general population. *Acta Psychiatr Scand* 1987;**75**:139-43.
4 Pitts FN, Schaller AB, Rich CL, Pitts AF. Suicide among US women physicians. *Am J Psychiatry* 1979;**5**:694-6.
5 Goodmann CJ. The longevity and mortality of American physicians 1969-73. *Milbank Memorial Fund Quarterly; Health and Society* 1975:353-75.
6 Asp S, Hernberg S, Collan Y. Mortality among Finnish doctors 1953-75. *Scand J Soc Med* 1979;**7**:55-62.
7 Falck J, Thiels C. Das Sterbealter der Ärzte in Berlin-West und Hessen 1964-76. *Med Klin* 1979;**74**:1140-3.
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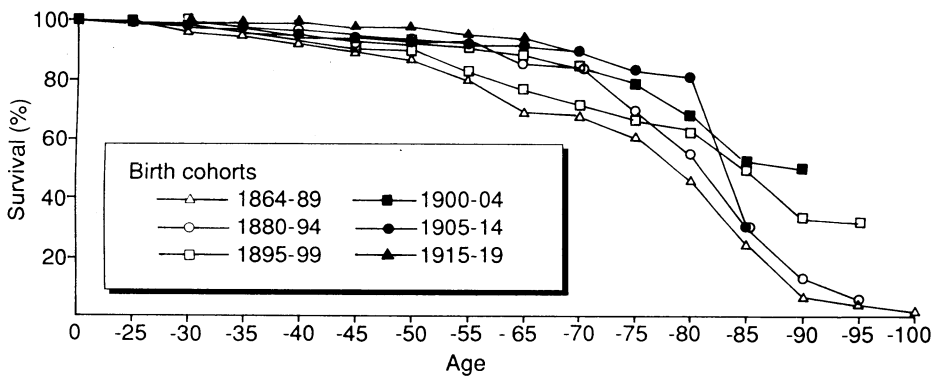

Survival curves of different birth cohorts of female doctors in Switzerland

Consent for examination or treatment

SIR,—The Department of Health's recently published booklet, *A Guide to Consent for Examination or Treatment*,[1] is excellent in most respects. However, the consent form for male or female sterilisation published in appendix A(2) makes no provision for the individual's partner to sign that they agree to the procedure. Indeed, there is no indication of whether or not the person being sterilised has mentioned the fact to their partner. Nor is there any suggestion in the notes to doctors on the back of the form that the counsellor should discuss such a final decision with both parties.

I raised this matter at the Division of Obstetrics, Gynaecology, and Neonatal Paediatrics of Bloomsbury Health Authority, and their support for my concern was unanimous. It is perfectly true that there is no legal requirement for a partner to sign consent for sterilisation and that in law a person has a right to have surgery done to his or her body without requiring the consent of any other party. Nevertheless, in most relationships it is a very positive thing to involve the partner in the discussion. In our clinical experience most partners (whether married or common law) positively desire to show their involvement by signing the same piece of paper.

On the negative side, the appendix A(2) consent form risks damaging relationships. It makes it easier for individuals to go behind the back of their husband or wife, causing avoidable trauma to the other party and existing family. Moreover, we find it difficult at this centre to persuade partners to attend for counselling as they often have to travel some distance. At present it is helpful for administrative staff to be able to explain that it is normal procedure for both members of a couple to sign the consent form. Without that incentive we believe that even more men and women will be counselled alone at the hospital. Although good general practitioners or family planning clinics will often counsel the couple together before the referral letter is sent, this cannot always be assumed.

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1 NHS Management Executive. *A guide to consent for examination or treatment*. London: Department of Health, 1990.

John Guillebaud's letter was sent to Duncan Nichol, who replied:

I am sorry if the absence of a "partner consent" on the forms for sterilisation and vasectomy causes your committee some anxiety. As you correctly state, the legal position is quite clear; such a countersigning is not necessary and there can be no