Editor's Page

Women in Cardiovascular Medicine

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"Medicine is so broad a field, so closely interwoven with general interests, dealing as it does with all ages, sexes and classes, and yet of so personal a character in its individual appreciations, that it must be regarded as one of those great departments of work in which the cooperation of men and women is needed to fulfil all its requirements." Elizabeth Blackwell (1821-1910), the first woman to earn a medical degree in the modern era, obviously perceived the participation of women in the practice of medicine not as part of a "war between sexes", but as a vital contribution to the development of this sector of science.

Since then, many things have changed, but some not so much. The numbers of women at all levels of academic medicine are increasing and more women are graduating from medical school. This has led to a growth in the absolute numbers of women at each level. On the other hand, despite these increases, women are significantly less likely to reach the senior ranks of academic medicine. A gradual decline in the proportion of women as the level of academic achievement increases seems to be a uniform finding in most parts of the world.

In 1998, the American College of Cardiology Committee on Women in Cardiology published data derived from a questionnaire that was mailed to all 964 female ACC members and to an age-matched sample of 1,119 male members. The survey found that family responsibilities may represent an obstacle for women considering a career in cardiology, because it is not perceived as being as "family friendly" as are some other specialities. Female cardiologists were more likely than males to define their primary or secondary role as a clinical cardiologist, echocardiographer, transplant cardiologist, or researcher. This finding has important implications with respect to the chronic unmet demand for general clinical cardiologists. These choices with respect to what type of cardiology practice women seem to prefer relate, at least in part, to the perception that some cardiology subspecialties (e.g. interventional cardiology) allow less flexibility with respect to on-call duties that, in turn, have a significant impact on parenting and on what has been termed a "controllable lifestyle".

Although there is no evidence of discrimination against women in selection for the cardiology speciality, it is believed that many women are discouraged from choosing it because of a number of factors: absence of female role-models in the field; long, family-unfriendly hours of work; lack of childcare facilities in most hospitals; concerns about radiation exposure and foetal safety; negative public preconceptions regarding the suitability of women for interventional specialities.

Despite the difficulties, a career in cardiology can be as fulfilling for women as for men. More women today are completing basic training in cardiology, which is a cause for hope concerning the future of the female sex in the field. The Working Group of the British Cardiac Society 2005 on Women in UK Cardiology underscored the importance of the "AAA" approach in the quest for an enhanced female presence in cardiology: *A*wareness and *A*cceptance of gender inequalities, *A*ction to improve the opportunities of female cardiologists. This may help in creating the right conditions for

women to contribute with their special skills, sensitivities and way of thinking to the broadening of the academic and practical aspects of cardiology.

After all, we should remember that we owe the word mentor and the notion of mentorship to a woman—or rather a goddess. It was the goddess Athena who, according to Homer, assumed the form of Mentor, the teacher of Ulysses' son Telemachus, in order that she might give useful advice and guidance to the young man while his father was away fighting to conquer Troy. Is it, then, too much to say that we could certainly use some more goddesses in our practice of cardiology?