

## HEART &amp; SOUL

## “Feminization of medicine — people say it like it’s a bad thing”

Women are partly to blame for today’s physician shortage? Shelley Ross doesn’t buy it.

“It’s easy to say, ‘It’s those darn women,’” says Ross, a Burnaby, BC, family physician who heads the Medical Women’s International Association (MWIA). “But it’s not just women who want to work fewer hours. Today men aren’t any more keen to work those silly hours that we older doctors work. There have been societal changes regarding how people want to work. They want more time for family, more time to enjoy life. And these societal changes mean we will need more physicians.”

Ross, who works 4 days a week in a group practice, delivers 250 to 300 babies a year and serves on various committees, knows how “silly” those hours can be. Now 51, she survived them because her husband took a 5-year “baby sabbatical” when their second son was born. “We [doctors] had to prove ourselves,” says Ross, who graduated from the University of Alberta in 1974. “We’ve all worked like dogs. Now women have more options.”

“Feminization,” she adds. “People say it like it’s a bad thing.”

Today 29.8% of Canada’s practising MDs are women, but this will rise quickly — in 2001, 59.2% of first-year medical students were women. Ross thinks the main ramification will be the challenge it raises for retaining medicine’s leadership role in health care. “Male-dominated professions tend to have more influence,” says Ross. “We’ve got to be careful that medicine doesn’t turn into a pink-

collar profession in which people aren’t politically involved. We have to train women to look after the profession, to influence policy and be advocates for patients.”

Ross leads by example. She has

tend to become more involved in medical politics; fewer women do because of factors such as having young children at home. She says the CMA’s new Office for Women in Medicine is a major step in the right direction.

Led by Dr. Gail Beck, a long-time FMWC member, the brand-new office is dedicated to addressing the needs of women physicians across Canada. Ross, who is looking for ways to encourage women to become leaders, also notes that the Society of Obstetricians and Gynaecologists of Canada recently decided to provide daycare services during its meetings.

Ross, who took over the MWIA helm in April 2001, is steering it in new directions. As well as encouraging its members in 70 countries to launch various projects, the

MWIA started 2 projects of its own. A training manual written by Ross and Dr. May Cohen looks at determinants of health, such as culture and education, and how these are influenced by gender. “If physicians can understand the woman’s circumstances, they can get better results,” says Ross.

The MWIA has also applied to the Global Fund for HIV/AIDS to run mother-child HIV transmission projects at clinics in 5 underdeveloped countries. Up to 52 000 women will be tested, and treated if necessary. It will be the MWIA’s biggest project to date if approved.

As for Ross, the most illuminating fact about her career is found on the last page of her résumé, under offices held: “Mother, 1981 to present.” — *Barbara Sibbald, CMAJ*



**Drs. Shelley Ross (left), May Cohen and Gail Beck: a leadership trilogy**

been involved in medical politics since completing her residency at UBC in 1976. At the time, the Burnaby Hospital had 2 women physicians on staff. She joined the MWIA and the Federation of Medical Women of Canada (FMWC) and became the federation’s BC president. After being named president of the FMWC in 1984, she helped organize the MWIA’s international conference. Today she’s serving a 3-year stint as its president. She also chairs the BC Medical Association Board of Directors — one-third of its members are female.

Ross, a CMA member for 27 years, says the CMA has been an “old-boys’ club” for too long, with only 3 female presidents in its first 135 years. She concedes that one reason is that men