

TOWARDS A BETTER FUTURE IN PROFESSION AND LIFE FOR WOMEN NEUROSURGEONS AND THEIR PATIENTS

YOKO KATO

Department of Neurosurgery, Fujita Health University, Japan

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INTRODUCTION

Almost 30 years ago, women rarely chose surgery as a profession. Even in 1978 when I graduated, 7 or 8 women out of a 100 student group, kept away from surgery, which was considered to be too intense and heavy. They tended to choose ophthalmology, otolaryngology, or pediatrics. At that time, without a doubt, there were many female doctors who were especially interested in surgery, as they were efficient and skillful. However, they didn't know anyone who had managed family, children and housework all together, being primarily a doctor, not even thinking of becoming a neurosurgeon. There were not enough social environments and confidence built to undertake such a career at that time. However, time passes rapidly, and now the percentage of female students and female doctors in Europe approaches 70-80%. There are more women-neurosurgeons nowadays, but still female interns tend to avoid tough specialties, and surgery is given a cold shoulder.

A national survey of women surgeons in Canada¹¹ was undertaken to evaluate their ability to combine career with personal and family care. A 93 item questionnaire was mailed in July 1990 to 459 female surgeons. Most surgeons were married. Only 6.5% were separated or divorced. 70% of them had at least one child. The most common surgical specialty was obstetrics and gynecology. Women surgeons practicing in Canada were able to combine productive careers with rewarding family lives and were satisfied with their

decision to do so despite the compromises involved.

Medical science has been dominated by men. There are still very few women researchers in medical science. This science should be developed by both male and female researchers if it is to be equally fair and offer good medical service to female and male patients. Thus, gender neutrality in medical research is most desirable.

Sandrick has given her comments of the residency experience: the woman's perspectives in the *Journal Bull Am Coll Surg*. She comments that every surgeon has to go through residency with its long hours, the heavy case loads, the three-in-the-morning emergencies, the probing questions on rounds, the snatches of sleep in the on-call room, and the physical and emotional rigors of the OR. Many surgeons characterize residency training as brutal, uncompromising, even harassing; it is no different for men or women.

Female neurosurgeons in Japan comprise only 3% of total number of neurosurgeons in Japan, while the total number of female doctors will hopefully reach 30% of the total Japanese doctors by the end of 2015. However, the present work environment of female neurosurgeons is not so good. The recent tendency amongst the younger generation is to enjoy life and thus to avoid selecting such professions where there is a lot of dedication and hard work demanded, besides a long residency program. The present generation of

female doctors does not want to take up surgical fields, especially the cardiac and neurosurgical fields of surgery where maximum work load and tension exist in the' profession. It is the previous generation who still have to struggle to maintain their positions and to progress ahead of their male counterparts. The social scenario for and aspiring young female doctor to become a professional neurosurgeon in any institution is not favorable. Hence, a basic solution lies in making social romance has prevented female neurosurgeons from progressing and proceeding a step ahead of male neurosurgeons in both the research field and clinical practice. The male chauvinistic thinking of females being a weaker sex, whose only role in society is to bear and rear a baby, is an absolute misconception. We see achiever, women in all walks of life, topping their fields of interest, but the situation is not the same for female neurosurgeons as hardly ever do we see a lady neurosurgeon being the president of any neurosurgical institution or a neurosurgical conference.

Recently there were a series of medical reforms that drastically changed the medical system of education and practice. Increased monitoring and control of responsibility in medical practice and higher interest toward the QOL (Quality of life) among the patients and general public, has shifted the frontline forward. Achievement in the treatment of certain illnesses is considered a significant QOL improvement. In this new environment, in which female doctors, account for nearly 40% of all doctors in Japan, have to work. Neurosurgery has aspects that will keep young aspiring physicians away from it: long working hours and many emergencies, and thus increasing numbers of female doctors may therefore stay away from neurosurgery.

There is no maternity leave in Europe and this states that environment has been arranged for female doctors. I hope that Japan will be the same way like Europe someday. There are currently 369 female neurosurgeons in Japan. As the numbers of female doctors is growing, we are facing lots of problems in neurosurgery. We have just established a "Women doctors' bank" and I hope this will give us some kind of solutions.

Regardless of the mixed responses, pregnancy, delivery and child raising, family problems, inconvenient working time and discrimination have been clearly found. That is the main concern at choosing residency too. The need for social, Financial and educational support has been outlined as a recommendation to the institutions regulating the health care labor force. The implementation of a reform is very important and may help the currently practicing women neurosurgeons, however, increasing their number is a process that will be the result of the active intervention of our organizations and supporters to all levels of social interaction-at national, governmental, academic, NGO, informal groups, through media, family support and education, educational institutions. We are certain that the evolution of the Japanese society we are witnessing now will provide the highly qualified professionals-women the place they deserve.

I am having a hard time trying to envisage how neurosurgery will look in the future and how can I, personally, contribute. Let me talk a little bit about myself-1 received enthusiastic congratulations from the media when in April 2006 I became the first female Japanese Professor in 60 years of neurosurgery, considered as a very male dominated field of surgery. Neurosurgery has numerous charms and thrills. This is the only branch where you can get actively in contact with living brain, and I am quite sure this is one of the medical specialties where you are constantly able to refine your skills, as if there is a mistake it can lead to disastrous results. Therefore, it was considered a "scared" area in medicine. However, it also means it is stressful, with long hours of surgery, with dedicated care for the patient for prolonged periods, making it a difficult specialty to choose for a woman. As in the proverb "We tend to be good at those things we like," the first priority in choosing your specialty is that you must love it to make it a life-long work. As for myself, I love neurosurgery and this is why I have chosen it. I can not remember regretting my passion toward it because of the hard work. My desire to complete it as my life-long treasure was always bigger than my worries. On the other hand, you may think it would be physically easier in the specialties, such as dermatology or internal medicine. That, however, totally

depends on how you live and how much you are dedicated to your medical professional role and what are you trying to accomplish in medicine. If you think that way, there is no easy choice. At any department of surgery, operations are the daily routine, but in medicine the personal psychological contact with the patients and the beginning I found some families stating they did not like female doctors, but as I built up my confidence after each case, these minute issues became less and less important to me. I felt very strongly that once I built up relations of trust and personal contact with patients, everything should be fine.

Now in the age of less invasive treatment, neurosurgery will see significant changes in treatment methods. But the important thing is to "have the spirit of a surgeons and improve your skills, and this is something that should not ever change as time goes by. As said in the old days, "Once in doubt, go for it," if you are hesitating, take the challenge, and if any young female doctors have this spirit, step in and go for

neurosurgery. If you can pursue that endeavor for the rest of your life or not, depends on your own determination and spirit, and if you are brave enough, people around you will accept you, approve you, and help you improve. When you have those hours of fatigue and desperation, stop for a while and rest, and then start again, to make your dream come true with each step forward you make. If you like neurosurgery, take it seriously, do not hesitate, and take the challenge, and think of it as your future.

REFERENCES

1. Mizgala C, Mackinnon S, Walters B, Ferris LE. Women Surgeons. The results of the Canadian population Study. *Ann Surg* 1993; 218: 37-46
2. Enker IC, Schwarz K, Enker J.. The disproportion of female and male surgeons in cardiothoracic surgery. *Thorac Cardiovasc Surg* 1999; 47: 131-135
3. Sandrick K. The residency experience: the woman's perspective. *Bull Am Coll Surg*. 1992; 77: 10-17