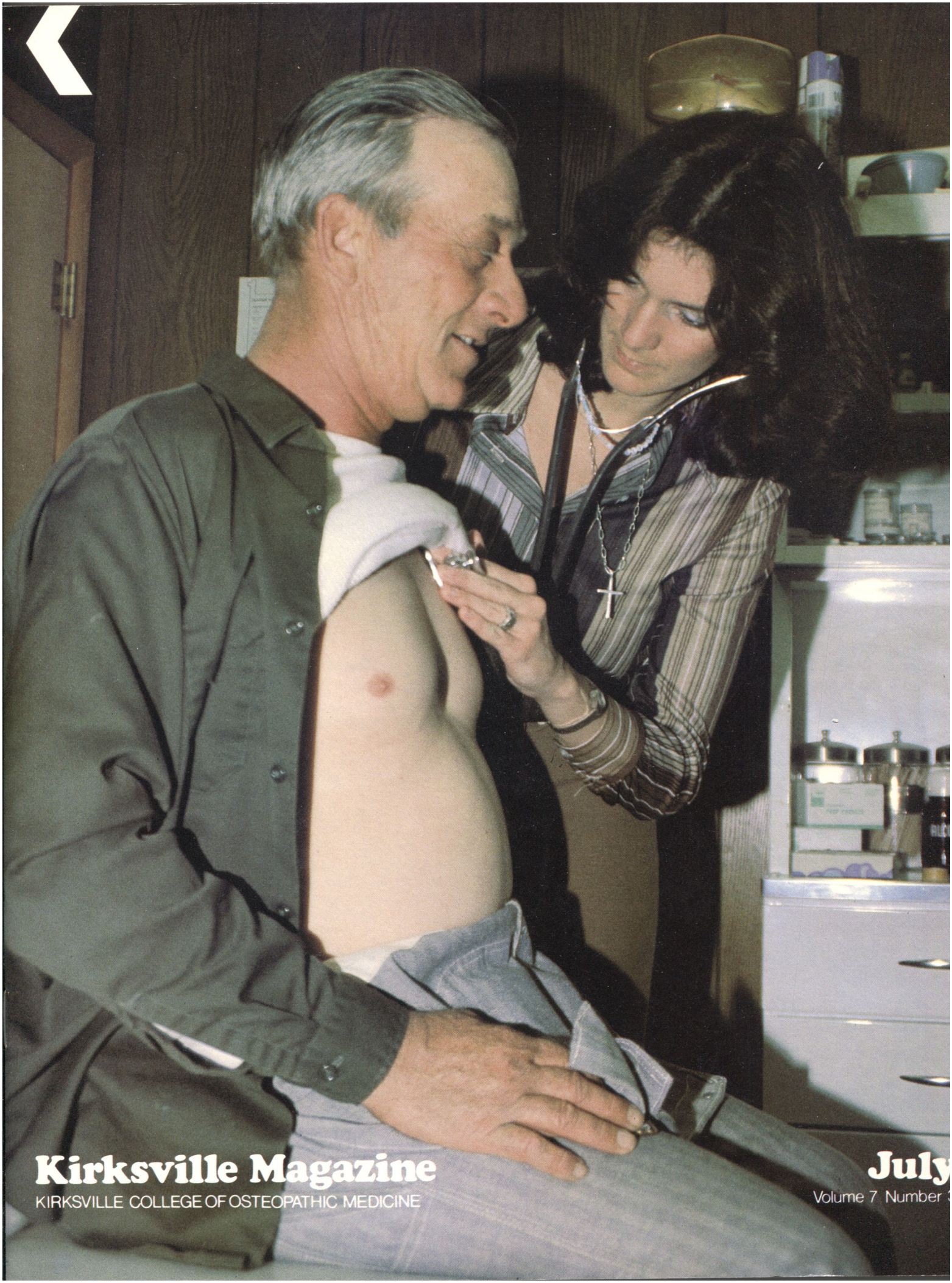

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The Female Physician

by Carl Jón Denbow

Within the next few decades admissions to the nation's medical schools and residency programs will be 50 percent female. At least that's the optimistic prediction of Mary L. Theodoras, D. O.

A 1956 graduate who practices in Dayton, Ohio, Mary says that even such traditional male bastions as surgery will eventually be made up of equal numbers of both sexes. These projections may be correct, but research by Mary Walsh of the University of Lowell (Mass.) shows that as early as the 1890s many women felt that sex discrimination in medicine was nearly at an end.

With federal pressure since the early 1970s already increasing female enrollment to over 20 percent nationally, she says, the men are beginning to feel threatened.

A number of factors helped produce this era of high expectations. Of special significance was the founding of the medical school at Johns Hopkins University by a group of women whose endowment gifts stipulated an admissions policy devoid of sex discrimination. This success resulted in a short-lived euphoria, and optimism was so rampant, Walsh says, that "by 1903 fourteen of the seventeen women's medical colleges had either closed or merged with a coeducational university." Paradoxically, female enrollment nationally had already reached a peak in 1894, which in absolute terms was higher than the level half a century later in 1945.

Also in the late 19th century, of course, an eccentric but brillant doctor was establishing in the hinterlands of Missouri the world's first osteopathic college. college. KCOM's sex-blind policy, which probably had little impact on the national mood, resulted in relatively high numbers of female students. In fact, in 1908 when women made up 46 percent of the graduating class, no M. D. coeducational school, either regular or sectarian, had a higher percentage. Why then did this stronghold the women had in Kirksville slip away? The question is difficult to answer. Factors could have included the death of female rights' champion A. T. Still in 1917 and loss of momentum in the feminist movement of that period.

Although admitting there were prejudiced attitudes against women at KCOM, one retired official says he feels the problem was primarily due to declining levels of female applicants as both the curriculum length was expanded from two to three to four years and as more pre-professional work was required. "Women in those days," he said, "generally did not want to spend seven or eight years preparing for a career when they could be raising a family."

But what is the attitude toward women in medicine today? Despite her rosy predictions for the future, Mary Theodoras thinks male doctors currently are more negative about women in the profession than when she was a student. With federal pressure since the early 1970s already increasing female enrollment to over 20 percent nationally, she says, the men are beginning to feel threatened.

Kiki Phillips, D. O., one of this year's graduates, expressed similar thoughts and says that while her male classmates were used to academic association with the opposite sex, the 18 women in her class seemed to represent a "change in environment" for her professors. "But," she said, "more than the professors, it is the professionals I've met on clinical rotations that have 'prejudices' about women in medicine.

"So much of it," she continued, " is very, very subtle. A lot of the older clinicians probably had few if any women in their classes and haven't been used to relating to them on a professional basis, because in the past there were so few women in medicine."

The exact form these prejudices took, Kiki said, differed depending on the individual clinician. "Some of them were very fatherly and protective and gave us advantages that we really didn't want and some of

them were unduly hard on us because they didn't expect us to perform up to par with the males. But, I think, it was unusual to find one that was comfortable working with us."

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Marlene Wager, D. O., '72, who practices in Durant, Iowa outside Davenport, related an incident involving a male classmate. "I remember one day when all the girls in the class were standing together and this male student walks up and blurts out, 'I just wanted you to know that I feel women have no place in medicine.'"

A native of northeast Missouri, Karladine Graves, D. O., has just moved back to the area and set up practice with her husband Wayne in Macon, Mo. She says that her first major brush with negative male feelings about her professional role was during clinical rotations as a student. "I actually had male physicians tell me that I should be home with children doing dishes and once I got out of school I would never use my training."

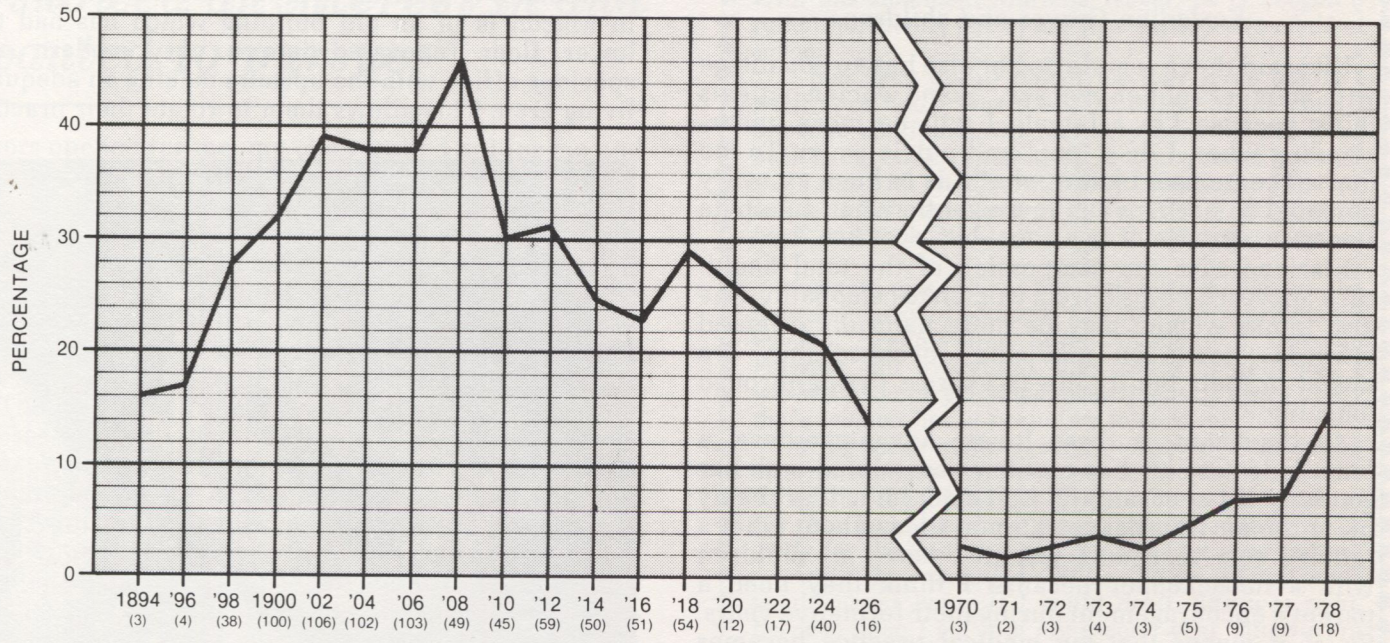
It was even worse, Karladine says, when she and her husband began looking for internships as graduation approached in 1975. She was pregnant with their first child, Natasha, and found it very frustrating when Wayne was accepted and the same hospital rejected her. "These hospitals seemed to feel like I was nothing but a total loser, who would be out all of the time and would not make a reliable intern."

They both finally did get internships at Riverside Osteopathic Hospital in Trenton, Mich. and after successfully completing this requirement set up practice in the Detroit area. Karladine and the other women interviewed say they have had little problem with patient acceptance, although each can relate a few incidents involving such things as the initial shock of patients, quite often women, when confronted for the first time with a female doctor.

There is general agreement, however, that one group—teenage boys—don't especially care for women physicians, particularly when it's time for the annual sports physical which requires being checked for hernias. "They are a little bashful at that age," Mary said, "but I treat it as routine and don't give them a chance to become overly self-conscious."

Despite the obstacles, today's female physicians are carving out an increasingly large piece of the action for themselves. And, not surprisingly their perception of their own role is taking into account that which is uniquely feminine. There was a time, though, when this would have been impossible, when women who wanted to be professionals would have to sacrifice their femininity because society equated maleness with competence. The women interviewed show clearly that this is no longer true. They range in age, in marital status and in professional maturity, but they all seem both thoroughly feminine and at the same time very excellent doctors.

PERCENT OF KCOM FEMALE GRADUATES



YEAR OF GRADUATION
(NUMBER OF FEMALE GRADUATES)

In fact, it may be that at least in some instances these feminine qualities enhance their abilities to deliver first-rate osteopathic health care. "At the Wyaconda Rural Clinic I've had women bring their children to me assuming that because I'm a female I probably have the 'motherly' instinct and will be more considerate and gentle," Kiki relates. "To some extent I think that is probably true."

Several of the other doctors mentioned female gentleness as an asset, but Mary cites an example which is more psychological than physical. She has found that men patients are more open about sexual problems than they would be with a male physician. "New patients often say, 'I just didn't feel like talking to my doctor because he would've probably just brushed it off.' If it is a matter of performance they are afraid of being judged by another male and that they may come off looking like less of a man."

Karladine Graves and children.

Kiki said that a female doctor also has an advantage with members of her own sex. "Some women patients think because I'm a female I will be more understanding when I do a 'pap' and pelvic exam. To me that makes sense. I know what it is to have an ovary palpated so perhaps I'm more gentle when I palpate someone else."

Marlene says the compassion of the total health care approach helps attract women to osteopathy. She also thinks women may be more naturally oriented towards "hands on medicine" because they are taught in their family life to express caring through touching.

As important as these innate advantages are, a female doctor also has problems associated with her gender. "If I ever marry," Kiki said, "it will probably be to a man who has traditional ideas about what a father's role is. And, I wouldn't leave my children with a housekeeper because I think they need a parent's encouragement during their formative years. So, if it means that my medical practice becomes secondary, that's what it will be."

The question of this "conflict" of roles—motherhood v. profession—has, of course, been a traditional argument used by those seeking to limit female enrollment. However, there is some evidence to show that while a woman is more likely to have periods in her life when she "drops out of practice," this is compensated for in large part by her longer life-expectancy.

"I have become very upset with women who will take on the male role; who will not be women; who will give up their femininity for their profession."

Surprisingly, though, the two married physicians interviewed were both raising families with little interruption of practice. Mary has two teenage children and says that she had little problem when they were young. "We lived close to the office when our children were babies. I got home three or four times a day to feed them. I always held them during feedings. I think they felt loved even though someone else was there most of the day." She says now that both children are older she has had to give up the O. B. part of her practice because the kids love to fish and do other things as a family. "You can't be out on the lake an hour away and call in to see if anyone's in labor." She adds that once the children are of college-age she hopes to get back into O. B. work.

While Mary's husband is a layman, Karladine, as mentioned, is married to a physician. Their practice in Macon is in an old building which has had the lower floor renovated into a very modern and spacious office with the upstairs making an adequate living area. This allows them to rotate their practice

Mary Theodoras and patient.

so that on the average day Karladine takes care of the children in the morning while he practices and in the afternoon they reverse roles.

Such a setup is not without its problems. For instance, on one recent morning she had an O. B. at 6:30 and wasn't back in time for his surgery at 9:00. And, to top it off, the babysitter was late. But, she says it is working well for the most part, and her six day weeks give her at least the total practice hours of the average male physician.

And being a very religious woman, Karladine says that if there is a conflict in her roles she knows her priorities. "My husband and I both feel that God comes first, then our family and then our profession." She seems, though, to be very comfortable in her dual roles as a mother and as a doctor. "I have become very upset," she adds, "with women who will take on the male role; who will not be women; who will give up their femininity for their profession."

In a similar vein Marlene says she feels roles of the two sexes should be different. "I feel the male still is dominant and should be. I guess I still like to have

"If I could attribute my limited success thus far to anyone it would be to my mother because she is a highly motivated and accomplished female who told me that I could do anything I showed an interest in and wanted to pursue."

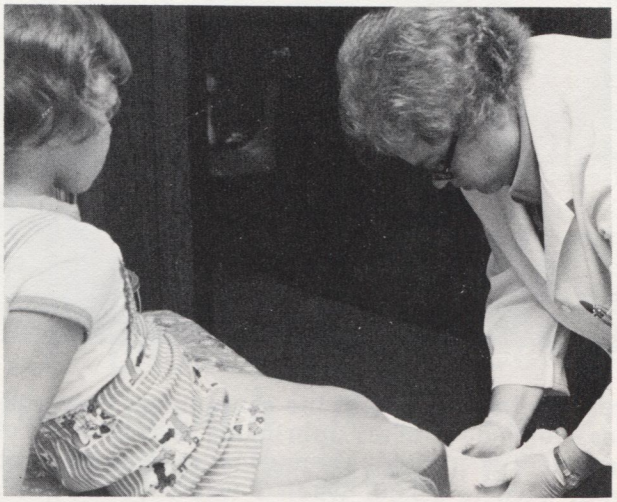
doors opened for me, my chair pulled out for me and be treated 'like a lady.'"

Karladine, whose youngest daughter Larisha is just three months old, says that when she is with the children she gives them 100 percent of her time. "In the evenings we do things as a family. We take walks together, and go to the park with the children. And during mealtime we never allow the TV to be turned on."

The home environment was also very important to these women when they were growing up. Both Mary's and Kiki's mothers had wanted to be doctors and for one reason or another never made it. Kiki said that while her mother never directed her toward medicine, she was supportive. "If I could attribute my limited success thus far to anyone it would be to my mother because she is a highly motivated and accomplished female who told me that I could do anything I showed an interest in and wanted to pursue."

"I always wanted to be a nurse and it wasn't until I was in high school that my counselor told me I ought to be a doctor instead."

NOT ALL PREJUDICE IS BAD



Marlene Wager sets broken leg.

"During my first year at Kirksville I experienced what might be called a prejudice toward females from the women in the administration and on the faculty." With this statement Marlene Wager, D. O., began a rather harrowing tale of her first exposure to medical school.

"I had been out of school for four years before I went back and I was the third oldest in the class," Marlene continued. "It was very hard for me to go back to the books. Then in my second quarter not only was I sick with pneumonia for two weeks, but I lost my mother to whom I was very close. After all this I came back and took mid-terms and flunked three out of six."

Marlene was down but not out, thanks to the thoughtfulness of some of KCOM's more prominent women. "People like Billie Allison and Lorraine Peissner did everything they could to help me. I worked like crazy and managed to pass. I'd sort of say these women had a prejudice toward me."

During those awful second quarter mid-terms she also remembers the "kindness of Dr. Chornock who called the night after my first exam, in bio-chem, to say, 'hey look—you have passed this one with an 89, go study for the rest of them.' That meant a lot to me.

"And," she concluded, "Billie told me if I quit now I would never know if I could do it. She was right, because once I got into my second year things went quite well. Suddenly things were different."

Kiki Phillips

Karladine said about the same thing, "My outlook has a lot to do with my upbringing as a child. We were accepted as individuals and as people. My mother went back to school when I was a young girl and finished her undergraduate work and went on to get a master's."

There is also a remarkable similarity in the experiences these women had before entering KCOM. Marlene and Kiki both became nurses before applying, and Mary worked as a med tech and a surgical assistant. "I always wanted to be a nurse," Marlene said, "and it wasn't until I was in high school that my counselor told me I ought to be a doctor instead. Since I came from a poor family I decided I would go into nursing first to see if I really liked medicine and also to give me a way to support myself through school.

Karladine and Wayne Graves.

"I liked the D.O.s and the more I got acquainted with them the more I decided I wanted to become one. So that's why I applied at Kirksville."

"After I got through with nurses training," Marlene continued, "I turned around and went right into premed. When I finished my undergraduate work I was 25 and several medical schools said I was too old. So, I kind of dropped the idea and started working at an osteopathic hospital in Davenport. I liked the D. O.s and the more I got acquainted with them the more I decided I wanted to become one. So that's why I applied at Kirksville."

Because of the large number of female students in the early years of the profession's history, women have been politically active from the beginning. Nettie Bolles, D. O., who graduated in 1894 was vice president of the AOA the year of its founding and became the first editor of the **Journal of Osteopathy** from 1894 to 1895. Both Marlene and Mary continue this tradition. Marlene has served as both vice president and president of the first district of the Iowa Society of Osteopathic Physicians and Surgeons. She is currently vice president of the state association with the possibility of becoming president within a few years. Mary has been president of the Ohio G. P. organization, chief of staff at Grandview Hospital, and is currently president of the alumni board.

Not all the women agreed with Mary's prediction, which began the article, that within the foreseeable future medical school enrollment would be 50 percent female. Both Karladine and Kiki think it will go up some from the present level, but aren't sure how much. Karladine says that the dual pressures of profession and motherhood will eliminate some women from medicine, but Kiki sees the current crop of female graduates as "procreating" by encouraging increasing numbers of women to apply. Marlene, on the other hand, says that enrollment will probably go somewhat higher and then settle back to near present levels. But whatever the exact numerical totals, it is clear that women in medicine are a force to be reckoned with in the future.