Women in Nuclear Medicine

Women comprised 42.2% of the entering medical school class in 1993, a portion which has increased from less than 10% thirty years earlier. Women now make up a stable pool of 30%-50% of all medical school classes. This tremendous demographic shift has meant higher visibility of women physicians. It has also meant increased competition for tenured positions and clinical jobs—a trend which has closed doors even while others are opened. Moreover, women still face the additional challenges of maternity, family responsibilities and lower pay scales. The slower track for women has been especially prevalent in academia. An April 1995 article in *JAMA* reported that while productivity and attrition rates are the same, women are much less likely to achieve full professor rank after serving 11 years on a medical school faculty than their male peers. Moreover, an article in the August 1994 *Radiology* by Naomi P. Alazraki, MD, professor and codirector of nuclear medicine at Emory University Hospital in Atlanta, GA, and her colleagues noted that while women make up 15% of practicing radiologists and 20% of radiology faculty at U.S. medical colleges, only 9% of those women are full professors compared with 24% of their male peers. "It takes years for positions to become available, to trickle up to them," says Letty G. Lutzker, MD, chief of nuclear medicine, department of radiology at St. Barnabas Medical Center, Livingston, NJ. "And you cannot have it both ways—to raise a family and to stay on the track that leads to certain positions or appointments is not always possible."

Nuclear Medicine Fosters Women's Contributions

Although there is scant literature about how these issues affect nuclear medicine, the women *Newsline* interviewed suggest that the specialty has felt the pull of larger changes in medicine, albeit in some unique ways. On the one hand, women nuclear practitioners are still a tiny minority—1993 AAMC data reported in *JAMA* showed that women comprised 0.2% of first-year nuclear medicine residents, compared with 20.9% of internal medicine, 14.4% of pediatric and 10.2% of family practice residents. On the other hand, in contrast to surgical specialties, women continue to see nuclear medicine as a small community beckoning to those who do want to enter. Carol S. Marcus, PhD, MD, director of the nuclear medicine outpatient clinic, division of nuclear medicine at Los Angeles County Harbor-UCLA Medical Center in Torrance, CA, is grateful to Franz Bauer, a founder of the Society of Nuclear Medicine, for his encouragement and revolutionary ideas and for enabling women like herself to become role models for women entering the specialty today. "With new discoveries in nuclear medicine all the time, women are welcomed into the field as contributors rather than viewed as competition," says Bernadette Tomas, MD, a research fellow at the department of nuclear medicine at Long Island Jewish Medical Center in New Hyde Park, NY. Tomas adds that in the past two years she has noticed increased female participation in SNM meetings, which she attributes to a sense of comfort fostered by the continuing support of her male colleagues.

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Is Gender Discrimination a Factor?

Our sources agree that gender discrimination is not integral to the fabric of medicine—as in other professions, some work environments are more supportive and encouraging for women than others, and problems such as salary inequities are difficult to generalize. At a hospital where Lutzker worked in the early 1980s, for instance, women physicians filed a complaint with the City Commission on Human Rights to protest a lower salary curve for women. The result was that the women were made to feel uncomfortable and unwelcome, so they left. "Such discrimination is not institutional, but really comes up as pockets of problems," explains Lutzker. "Women must deal with these local issues locally." In a general sense, however, the dedicated women of nuclear medicine view themselves in a way that transcends gender barriers: Lutzker and others deem it inappropriate for themselves or other women to play the sex card to get ahead. "The politics of victimization [have] no place in nuclear medicine," says Lutzker. "We need to focus on the problems that really affect us, such as splintering off an area of the specialty, radiation phobia and oppressive radiation regulatory policies."

This is not to say that women in radiology and nuclear medicine have been shielded from the traditional biases affecting women physicians. An article in the November-December 1993 issue

of *JAMWA* reported that over half of female residents in orthopedic surgery said they had experienced gender-based harassment, discrimination or discouragement during their residency training. This situation is bound to ripple beyond surgery, Frances Conkley in the *Radiology* article pointed out, in that postgraduate training opportunities for women in traditionally male dominated specialties will probably shrink in the crusade to produce more primary care physicians. As in any other profession, ambitious female physicians at times have to overcome the 'aggression factor' in specialties throughout medicine. "Women aren't as good at politics as their male colleagues," says Judith H. Murphy, MD, who formerly practiced cardiology and nuclear medicine and is now director of medical marketing at Dupont Merck in North Billerica, MA. As a result, she says, women often have to play hardball, rather than deal in subtleties, which stigmatizes them as troublemakers. "I was once told that I read too much when I was summarizing the literature in a case in which the diagnosis was missed by a male attending and I caught it." Sally Gottstine-Loewke, MD, now a resident in nuclear medicine at the State University of New York, in Buffalo, NY, adds that in her experience as a medical student, a great deal of the bias against women in medicine comes from other women—male students often received more respect from female nurses and colleagues. Many of today's residents who are foreign medical school graduates confront an added layer of discrimination from patients who do not associate women or minorities as physicians, says Tomas, who came to the U.S. in 1986 after receiving her MD in the Philippines. "In the first few weeks of my residency, a patient screamed when she saw me, saying that she didn't want a student to inject her. It was a traumatic experience for the both of us."

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Significance of Lifestyle Choices

Nonetheless, the women unequivocally view their careers in nuclear medicine and in radiology as a result of pursuing individual interests rather than gender corralling into specific areas such as OB-GYN, ultrasound and mammography. While women on the whole are less ambitious for title and rank than their male colleagues, they are no less dedicated to practicing quality medicine—the main difference is that lifestyle choices matter more for women. Sue Abreu, MD, Lieutenant Colonel and chief of nuclear medicine at Womack Army Medical Center in Fort Bragg, NC, says that while her engineering background attracted her to nuclear medicine, working in a specialty that does not "go to war" has benefited her as a female army physician. In nuclear medicine as it is practiced in the army, there is less pressure to move into the administrative roles that lead to commanding army hospitals or other medical units. This allows her to focus on the clinical work she loves. "I was actively recruited into orthopedic surgery, but I wanted time for an outside life, which nuclear medicine allowed me. If I had stayed in surgery, I could have become a general, but I don't want to be a general, I want to practice medicine." Indeed, says Abreu, "the fact that I stand out as a woman army officer and medical practitioner has made me a leader before my male peers." Still, standing out is interpreted differently in different contexts, says Neeta Pandit, MD, a resident at Elmhurst Hospital in Queens, NY. "In India, where I was trained, the willingness of a female to work overtime was always in doubt when you're seen as the only one—my career was initially seen as a passing "phase" by teachers and other male colleagues."

Maternity Issues

In contrast to the often elusive issues of gender discrimination, maternity discrimination has the most tangible affect on hiring and job placement outside of women's own choices, says Dvorah Balsam, MD, director of the radiology residency program in the department of radiology, Nassau County Medical Center, East Meadow, NY. In the past, male physicians commonly saw no acceptable occupational radiation risk for pregnant staff. While policy no longer bars pregnant women physicians from practicing, the individual institution largely dictates the level of ease of practicing during pregnancy today, explains Alazraki. Teaching hospitals are typically more accommodating than private practices, in that even small nuclear medicine departments generally provide excellent personnel support for schedule adjustments. "We look at our pregnancy policy in terms of protection, not restriction," says Balsam. "We don't want mothers blaming themselves in the possible event of a birth defect." Although guidelines allow fluoroscopy using lead-lined maternity aprons, in Balsam's program, the chief resident schedules rotations around fluoroscopy in the first trimester. In addition, attending physicians are taken off

angiography, and nuclear medicine residents swap injection duties with colleagues in exchange for on-call coverage. "We've had 8-10 babies born to women physicians since I became director, and there have been no problems with colleagues helping each other."

As pregnancy becomes more familiar and accepted in radiation medicine, however, the other side of the coin is that staffing losses may become more acute. "Discrimination today is mainly a catch-22 situation—men tolerate their female colleagues' taking advantage of their pregnancy and maternity leave, and then justify their hesitancy to hire other women," says Balsam. Two women, one of whom applied for a job in Balsam's department, recently lost jobs at their previous institutions when the director learned of their pregnancies; neither woman chose to pursue her rights, fearing professional repercussions. Balsam says she feels fortunate that she has never personally experienced maternity-related discrimination, even though five of her six children were already born when she joined the staff. "I was lucky enough never to experience any discrimination," Balsam said.

The American Association of Women Radiologists first addressed maternity discrimination issues in the mid-1980s by recommending institution-wide maternity policies for radiology departments. While many institutions still do not have maternity policies, even for those that do, some women question the fairness of the American Board of Radiology ruling on a six-week leave cap for board certification eligibility. Roberta C. Locko, MD, director of radiology at the Harlem Hospital Center-Columbia University Affiliation, New York, NY, found her residency requirements difficult but not impossible. "I had to face scheduling difficulties and skepticism from my colleagues about my commitment. However, I forfeited my vacation so I could complete my rotations on time and continue with my fellowship." By contrast, however, the nuclear medicine staff at the Harlem Hospital was extremely supportive when her third child was born with a serious heart condition, and she was on leave for six months to care for him. "I was thankful to be able to be a mother at this time without any negative ramifications."

Maintaining Balance Between Professional and Familial Responsibilities

Sensitivity and cooperation of colleagues still does not alter the fact that family responsibilities affect women more than men, both in terms of time devoted beyond clinical work and the constraints of a spouse's career, Locko adds. "Compromises are made to publish, and time commitments with family and children sometimes negatively impact on the ability to extensively publish articles. However, appropriate time management can allow you to do both," said Locko. Attaining clinical rank also requires women to make greater time compromises, adds Balsam, who turned down chairmanship and chief residency positions to balance work and family responsibilities. On the other hand, on-call scheduling of radiology and nuclear medicine provides for more regular hours which, says Locko, has made a difference in her attempt to balance career and family. The responsibilities of a director, however, impact upon this balance. "My husband, who is a physician, is on-call every third and fourth weekend. My on-call hours are scheduled but less rigorous ." Despite the added sacrifices women must make, our sources all stressed the necessity of having a fully understanding and cooperative life partner in achieving a successful balance between work and family.

— Jill Steuer

Gender Statistics for Board Certified Nuclear Medicine Practitioners

Newsline contacted the American Board of Medical Specialties (ABMS) to gather statistical data on the number of women practicing nuclear medicine in the United States. Of the 3934 American Board of Nuclear Medicine (ABNM) certified nuclear medicine practitioners, 3420 are male, while 362 are female. Of the female population, 350 actively practice nuclear medicine in the United States, 14 in Canada and none in Mexico (the ABMS notes that 21 women also practice in countries outside of North America). For comparative purposes, the American College of Radiology estimates that 15%-20% of all nuclear medicine practitioners are women.

The American Board of Radiologists report that of all radiologists certified by the American Board of Radiologists 26,815 are male and 4542 are female. These numbers include diagnostic as well as therapeutic radiology. Before certificates began to be issued by the ABNM for nuclear medicine practitioners in the mid-1970s, 138 male and 7 female radiologists specialized in nuclear medicine. To date, there are 617 men and 111 women who perform both nuclear medicine and radiology, according to the American Board of Radiologists.