

HEALTH CARE April 17, 2008, 5:00PM EST

Are There Too Many Women Doctors?

As an MD shortage looms, female physicians and their flexible hours are taking some of the blame

by Catherine Arnst

Finding a doctor could soon be even harder than paying for one. Various studies have projected a shortfall of anywhere from 50,000 to 100,000 physicians in the U.S. relative to demand by 2020, and the Institute of Medicine, a federal advisory body, just reported that in a mere three years senior citizens will be facing a health-care workforce that is "too small and woefully unprepared."

This looming shortage is forcing into the open a controversy that has been cautiously debated in hospitals and medical practices for some time: Are women doctors part of the problem? It's not the abilities of female doctors that are in question. It's that study after study has found women doctors tend to work 20% to 25% fewer hours than their male counterparts.

The British Medical Journal went public with the debate on Apr. 5 when it published a commentary by Dr. Brian McKinstry, a general practitioner at Scotland's University of Edinburgh, titled "Are There Too Many Female Medical Graduates? Yes." McKinstry argues that "society still expects women rather than men to reduce work commitments to look after children and not to return to full-time work until the children are older." He laments the unfairness of it all but concludes that "in the absence of a profound change in our society in terms of responsibility for childcare, we need to take a balanced approach to recruitment."

Plenty of medical staffing experts reject the notion that women should shoulder the blame. Even McKinstry does not want to set the clock back to the 1970s, when only 10% of U.S. doctors were women. Today women account for one-third of the physician workforce. In U.S. medical schools, they make up half the class.

But even those who disagree with McKinstry's position acknowledge that women doctors in the U.S. work less—47 hours per week on average, versus 53 for men. They also see about 10% fewer patients and tend to take more time off early in their careers. "It's pretty much an even bet that within a year or two of entering practice they will go on maternity leave," says Phillip Miller, a vice-president of the medical recruiting firm Merritt, Hawkins & Associates. "Then they are going to want more flexible hours."

Such demands tend to irritate older doctors. "The young women in our practice are always looking to get out of being on-call," says a male internist at a large New York-area medical group who asked not to be named. "The rest of us have to pick up the slack. That really stirs up a lot of resentment."

On the plus side, women are willing to take on lower-paying specialties that male doctors are moving away from, such as primary care, pediatrics, and obstetrics. Since 1996 there has been a 40% jump in the number of women choosing primary care, offsetting the 16% decline in men entering the field.

A lighter workload also has its advantages. "Lots of studies show that doctors who work fewer hours have less burnout," says Dr. Joseph Flaherty, dean of University of Illinois College of Medicine. "There is a strong association between long hours and medical errors."

The issue of shorter work weeks may in fact be as much generational as gender-based. Newly minted male doctors are also rejecting the heroic 80-hour weeks put in by physicians of yesteryear. Ultimately, medicine will have to accommodate the lifestyle demands of a younger generation if it is to address the physician shortage, says Dr. Nancy Oriol, dean of students for Harvard Medical School. "If there is a problem with retention, it might serve us well to investigate details of the career paths themselves."

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