Together We Can Pave a Path

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Everyone walks into medical school with a bit of naiveté. Perhaps we were naïve to the vast amount of information we were expected to learn, or how to dissect a cadaver. I naively assumed that once I was in medical school prejudice wasn’t going to be an issue and that everyone would suddenly be more mature, understanding, and inclusive. I had already experienced plenty of tough situations with school advisors laughing at me when I expressed my interest in attending medical school and jokes about if I wanted to go to medical school just to get my “Mrs. Degree”.

It became clear from the beginning that medical school was not free from the same prejudices. From the moment I entered the doors I had professors assuming my husband was the medical student at welcome events, community members asking why we traveled all this way just for me to be a nurse, and religious outreach groups implying that I didn’t want children since I was going to be a doctor.

My school is a bit unique in that it has a Military Medicine Honors Track for individuals who are currently in the military and continue to serve our country after graduation, such as myself. We take extra classes that are meant to prepare us for the unique obstacles we will face in the upcoming years. For the most part we are a tight knit group as we are interdependent on each other due to the fact that we are part of the inaugural class and have no upperclassmen at our campus to help us navigate through military medicine.

One of the worst, most sexist comments I have ever experienced was during one of our military lectures. We were attending a lecture by a professor that was skyped into our campus, learning about PTSD and personality changes that soldiers undergo after battle. Histrionic personality disorder was one of the bullets listed. A classmate at our sister campus (where the lecture was being held) asked what the word histrionic meant and the teacher explained that it was a personality disorder that is associated with being over emotional, over dramatic, and attention seeking. A classmate at my campus chimed in and said that this personality disorder “only affected women”. His comment was not heard by the lecturer as our classroom is electronically muted unless we have questions. I chimed up to ask what he meant with his comment. He responded by voicing the opinion that women didn’t belong in the medical field, let alone the military as they are too emotional and simply cannot cope with the rigors of these careers. He further added while laughing that I needed a history lesson as the word histrionic was founded on a description that was exclusively used to describe women.

It is tough to describe what goes through the mind when situations like this occur. Anger, disgust, and sadness are just a few of the adjectives that could be used to recount how I felt. It is extremely difficult to navigate these types of scenarios with finesse. How does one stand up for themselves and women everywhere without being labeled as over emotional or a trouble maker? Is there even a correct way to respond to sexist, racist, or homophobic comments or behaviors? I replied to my classmate by telling him that histrionic personality disorder affects both men and women and is a personality disorder classified by the DSM (Diagnostic and Statistical Manual of Mental Disorders). While in actuality I wanted to call him a bigot and argue, I tried to maintain my composure so not to give him the satisfaction of seeing how his comment truly angered me.
In the following days, it was extremely hard to dismiss and forget the comment when I knew that there are people in my class who think that I do not belong there and that such individuals may remain my colleagues in the future. I continually have to remind myself that prejudiced individuals don’t get to decide who I am or what type of doctor I will be, only I do.

Every female in the medical field has experienced prejudice at some point in their life whether it’s from teachers, colleagues, classmates, preceptors, patients, or an individual from the community. Women everywhere walk through life experiencing occasional side remarks, microaggressions, or even unintentional bias. It is unfortunate that we have to go out of our way to be prepared to handle these scenarios, but until the world becomes more accepting as a whole, these problems will not simply disappear. The more I see and become aware that these issues are pervasive in my educational and career track, the more I hope to see a curriculum designed for the preclinical years of school to discuss these issues and better equip women to navigate them.

I think Dr. Brodsky herself said it best, “Together we can work to change the outdated practices that are still prevalent in healthcare organizations and institutions. We can motivate women physicians to transform their careers and their workplaces. And we can create an enlightened and engaged community of individuals who depend upon these women and these institutions and these organizations to provide them with the best doctors in their service.”

I am proud to be a part of an organization like AMWA that works not only to prepare me for these circumstances but also helps me to empower my fellow female physicians and health care providers. We must continue work together, to foster discussions among our colleagues and invest time into finding ways to prepare ourselves to counteract exclusionary practices. By working together and supporting the women around us we can spark a change and make healthcare as a whole a more accepting community. It is important to remember that we as physicians all have the same goal of providing better care to our patient populations and perhaps leaving a bit of impression on the world along the way.
References