

Editorial

Editorial Comments on “The Landscape In Pain Medicine For Women Physicians: A Perspective”

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It is incredibly gratifying to see Dr. Rajput and colleagues bring attention to the topic of gender disparity in pain medicine in her article “The Landscape in Pain Medicine for Women Physicians: A Perspective”, a timely read as we come upon the anniversaries of two major Supreme Court decisions that carry profound implications for communities that have struggled for their rights for decades. Women have undoubtedly made significant strides in medicine since the first female medical student was documented enrolling in the 1890s. Women made up less than 10% of the medical student population up until the 1970s, and since that time have now grown to make up near, and sometimes greater than 50% of medical school classes (1).

And yet, while there has been an increase in female representation in medical schools, this representation has not translated into all specialty and sub-specialty choices, especially those with traditionally higher levels of compensation. Rajput mentions that while women make up 48% of all medical students, they make up 18% of pain physicians, even as the number of fellowship positions continue to grow (2). Despite the increasing focus on gender equity in medicine as a field, disparities and underrepresentation of women continues to be a problem in pain medicine.

Rajput points out that female medical students gravitate towards specialties that focus on women, and uses examples such as obstetrics and pediatrics. Notably, the Pain Medicine subspecialty could be, but is not, included in this group. Although this is not universally recognized, women are disproportionately affected by chronic pain, being at higher risk of developing various chronic pain conditions and with about half of chronic pain conditions being more common in women than men (3,4). Studies examining gender differences in the pain experience showed women to report more severe, more frequent and longer duration episodes of pain. Women were also more likely to report chronic pain disorders and more likely to develop post-traumatic chronic pain syndromes. And while women are more likely to seek treatment for their pain, they are also more likely to be inadequately treated (5).

A common complaint from patients suffering from chronic pain is that ‘they don’t feel heard.’ A Kaiser Family Foundation study found that 29% of women 18-64 years old report their doctor dismissed a concern they had, with 15% reporting that a provider did not believe they were telling the truth about their symptoms, and that 13% say

their provider suggested that the patient was to blame for their medical problem (6). Chronic pain is a difficult diagnosis for patients and physicians alike, carrying with it a significant emotional and functional burden and in turn, psychosocial impact on patients’ lives. It has been demonstrated that the patient-physician relationship is strengthened when patients find similarities between the physician and themselves (7). Women physicians have been shown to spend more time with their patients, are more likely to care for those with complex psychosocial issues and provide more counseling and preventative care (8). As women physicians have been found to utilize more patient-centered communication (9), the patient population with chronic pain who finds themselves being ignored or blamed for their symptoms may find more satisfying conversations with them. It seems that

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Pain Medicine as a specialty would benefit from more women physicians in the workforce.

The question becomes: How do we recruit and retain women in Pain Medicine? It would be a valuable investigation to understand reasons why women either choose to forego it as a fellowship choice, or to leave the specialty altogether. To become a Pain Medicine physician, one typically applies for a year of sub-

specialty training after completing 4 years of residency. Despite its ubiquity and broad implications, pain education is lacking in undergraduate medical education (10). We would advocate that aspects of pain education should be expanded into earlier stages of medical careers, reaching broader audiences (11). Ideally, then, with earlier exposure, the specialty can recruit more future female pain physicians.

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