

Hospitalized patients treated by female physicians show lower mortality

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Elderly hospitalized patients treated by female physicians are less likely to die within 30 days of admission, or to be readmitted within 30 days of discharge, than those cared for by male physicians, according to a new study led by researchers at Harvard T.H. Chan School of Public Health. It is the first research to document differences in how male and female

physicians treat patients result in different outcomes for hospitalized patients in the U.S.

The researchers estimated that if male physicians could achieve the same outcomes as their female colleagues, there would be 32,000 fewer deaths each year among Medicare patients alone—a number comparable to the annual number of motor vehicle accident deaths nationally.

The study will be published online December 19, 2016 in *JAMA Internal Medicine*.

"The difference in mortality rates surprised us," said lead author Yusuke Tsugawa, research associate in the Department of Health Policy and Management. "The gender of the physician appears to be particularly significant for the sickest patients. These findings indicate that potential differences in practice patterns between male and female physicians may have important clinical implications."

Previous studies have found differences in the way female and male physicians practice—for example, female physicians are more likely to adhere to clinical guidelines and provide more patient-centered communication—but this is the first national study to look at whether the differences in the way male and female physicians practice affect clinical outcomes.

The researchers analyzed data from more than 1 million Medicare beneficiaries age 65 years or older hospitalized with a medical condition and treated by general internists between 2011 and 2014. They adjusted for differences in patient and physician characteristics, and considered whether differences in patient outcomes varied by specific condition or by severity of illness.

The researchers found that the patients, if treated by a female physician,

had a 4% lower relative risk of dying prematurely and a 5% lower relative risk of being readmitted to a hospital within 30 days. The association was seen across a wide variety of clinical conditions and variations in severity of illness. When the researchers restricted their analysis to hospitalists—physicians focused on hospital care, to whom patients are randomly assigned based on work schedule—the results remained consistent, suggesting that patient selection, in which healthier patients might choose certain types of doctors, didn't explain the results.

Female physicians now account for approximately one third of the U.S. physician workforce and comprise half of all U.S. medical school graduates. There are important gender differences in how women physicians are treated—they are less likely to be promoted and are generally paid less, said senior author Ashish Jha, K.T. Li Professor of Health Policy and director of the Harvard Global Health Institute.

"There was ample evidence that male and female physicians practice medicine differently. Our findings suggest that those differences matter and are important to patient health. We need to understand why [female physicians](#) have lower mortality so that all [patients](#) can have the best possible outcomes, irrespective of the gender of their physician," said Jha.

More information: "Physician Gender and Outcomes of Hospitalized Medicare Beneficiaries in the U.S.," Yusuke Tsugawa, Anupam B. Jena, Jose F. Figueroa, E. John Orav, Daniel M. Blumenthal, Ashish K. Jha, MD, MPH^{1,2,8}, *JAMA Internal Medicine*, online December 19, 2016, [DOI: 10.1001/jamainternmed.2016.7875](https://doi.org/10.1001/jamainternmed.2016.7875)

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