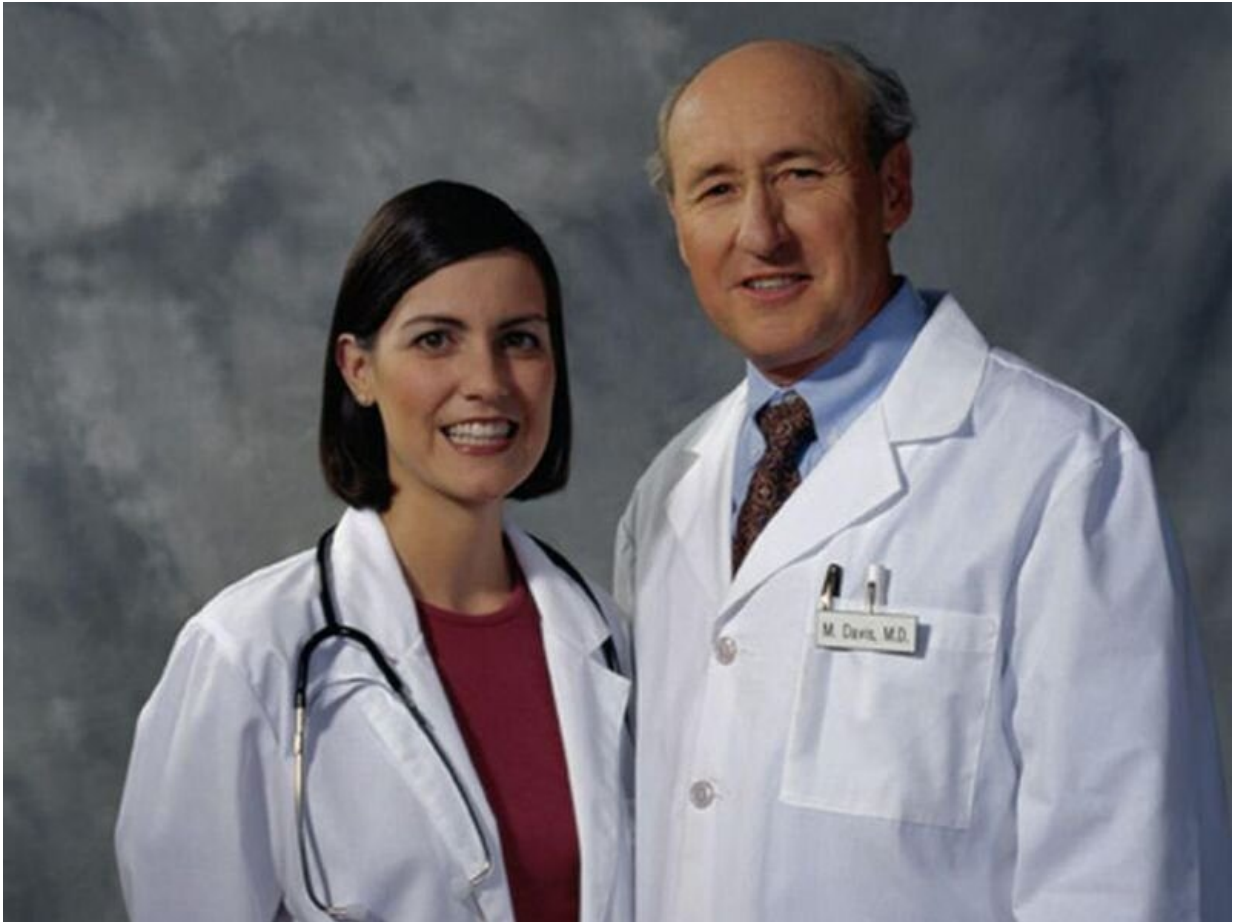


Do women or men make the best doctors?

July 19 2021, by Cara Murez



(HealthDay)—When you're hospitalized, you'll want qualified medical professionals treating you, but does it matter if your doctor is a man or a woman?

It might.

A new study in Canada found that patients cared for by female physicians had lower in-hospital death rates than those who had [male doctors](#).

"Our study overall shows that female doctors have lower patient death rates compared to the patients of their male colleagues, but the difference could not be explained based on imaging tests, CT scans, ultrasound, things like that," said the study's lead author, Anjali Sergeant.

"However, the lower death rate in the patients of female physicians was partially explained by the fact that a higher proportion of new medical grads are female and that these new grads may be more up to date," added Sergeant, a medical student at McMaster University in Ontario.

The study was prompted by past research in a primary care setting that suggested there could be differences in how male and female physicians practice. This included reports that female doctors spent more time with patients, provided more patient-centered care and care with an empathic focus. A U.S. study, done in 2017, also found a similar difference in patient death depending on [physician](#) gender.

The new research included patients admitted to general medical wards at seven hospitals in Ontario between April 2010 and October 2017. The patients received care from a general internist or a family physician hospitalist.

Half of the more than 171,000 patients were older than 73. They were seen by 172 physicians, 54 female and 118 male.

The female physicians ordered more diagnostic imaging tests, but that

did not explain the modest difference in death rates.

The study team found that 4.8% of patients treated by the female physicians died in the hospital, compared with 5.2% of the patients of male physicians. The difference was 0.47%, similar to the 0.43% difference found in the American study involving Medicare patients.

"I think that because the Canadian and American health systems are so different one might expect that the findings would be hard to replicate, but it seems like we did have a similar finding," Sergeant said.

The results remained the same when the research team adjusted for various patient characteristics. But the team found the difference was statistically insignificant when they accounted for the number of years the doctors were in practice.

"What this told us was that patients with female doctors may have better outcomes partially because more women make up more newer medical grads in Canada," Sergeant said, noting some evidence suggests that new medical grads, male and female, may be more up to date on clinical guidelines.

But Sergeant added she would like to see more research on the gap in death rates. She and her colleagues also cautioned against perpetuating gender stereotypes.

Dr. Theresa Rohr-Kirchgraber is a professor of medicine at Augusta University/University of Georgia Medical Partnership in Athens, Ga.

Men and women bring different strengths to the job, she said. Women are more often caregivers in their own homes and they bring that outlook to their jobs, added Rohr-Kirchgraber, who was not involved with the study.

"We're thinking about what's going to happen when [patients] go home, who's going to be with them," Rohr-Kirchgraber said. "It's not only about the care while you're in the hospital, but it's the forward thinking about what's going to happen when you get out."

These types of studies are important because women physicians still don't make as much money as their male counterparts, Rohr-Kirchgraber said. Quoting other research, she said about 40% of female physicians leave the practice of medicine or reduce their hours within six years of completing their training.

"Talk about worsening the physician shortage, and it's not because we're not smart enough or good enough. It has to do with the fact that there's such inequity when you get out into the workplace," Rohr-Kirchgraber said. She called for paid family leave policies that would benefit both male and [female physicians](#), and more transparency about salaries.

"When you make things like family leave policies that are conducive to having families, you help the whole family, not just the women physicians, but the guys, too," Rohr-Kirchgraber said.

The findings were published online July 16 in *JAMA Health Forum*.

More information: The Association of American Medical Colleges has more on the [evolving physician workforce](#).

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