



Renaissance School of Medicine

Stony Brook University

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No grants or consulting fees

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No funding from pharma or medical
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No financial disclosures

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Renaissance
School of Medicine
Stony Brook University



From EBM to FBM: Gender Equity in the House of Medicine

Datta and Milne
October 7th, 2021



54 yo
Heterosexual
Cis Gender Male
Atheist Nerd

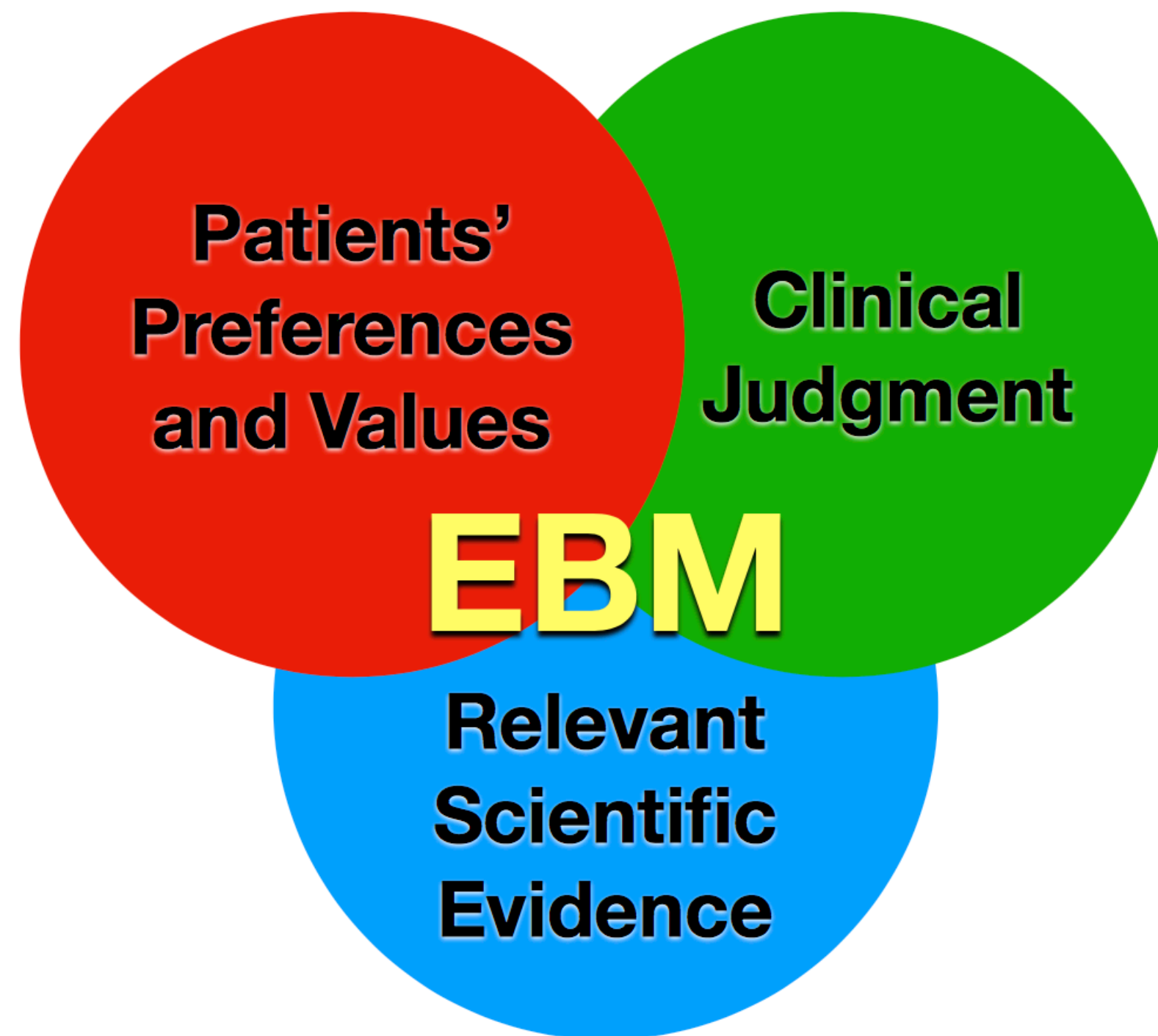


36 yo
Heterosexual
Cis Gender
Female
Med-Ed Fanatic
Mom of 2
Married to Best
Friend



***“People
won’t
listen to
you or
take you
seriously
unless
you’re an
old white
man...”***

Objectives





Renaissance School of Medicine

Stony Brook University



Critical Access Hospital



Pregnancy



Night Shifts



Car Accident





Breast Feeding





Back to the City



Strength or Weakness?



MIND THE GAP







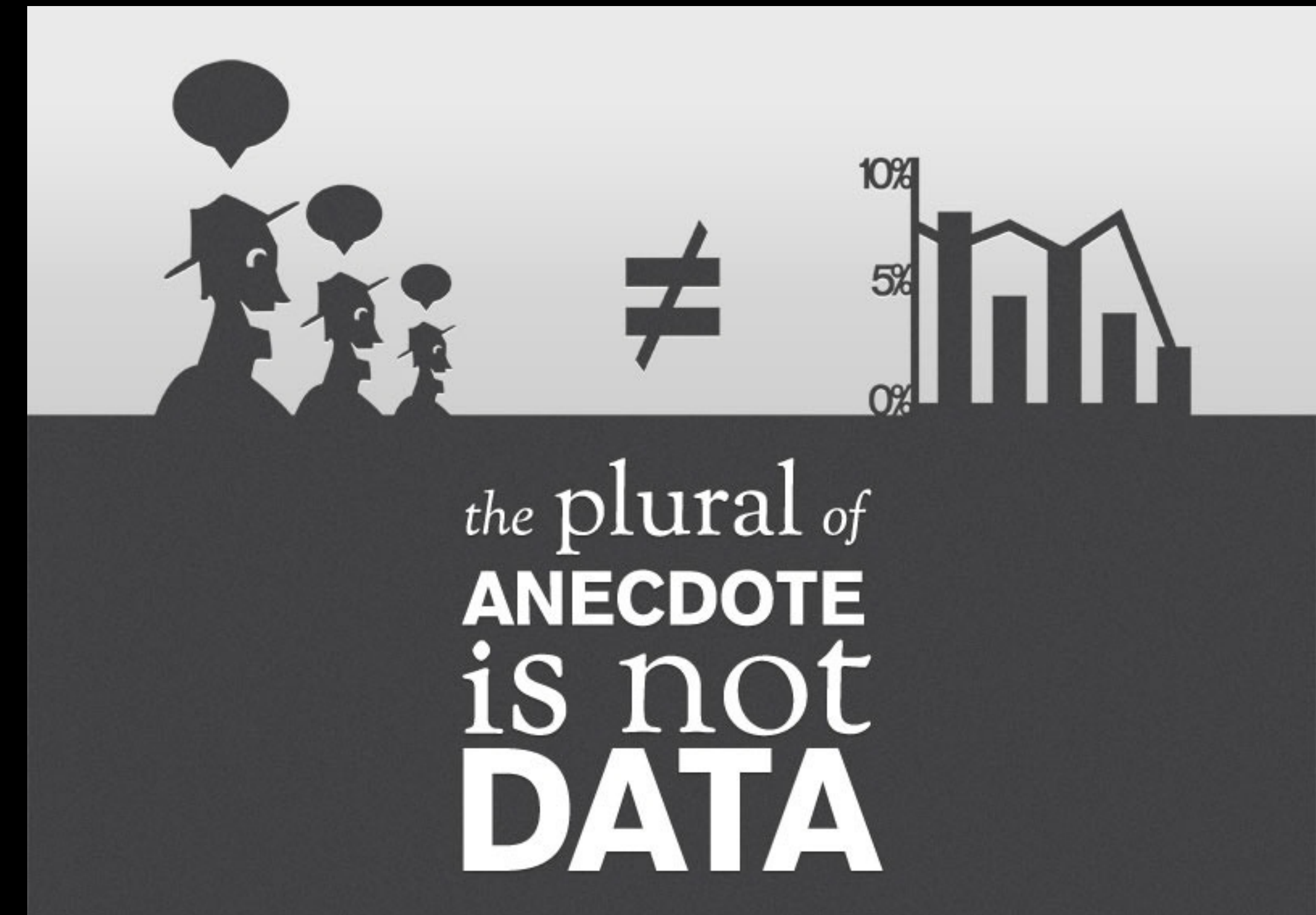
Do you have any evidence?

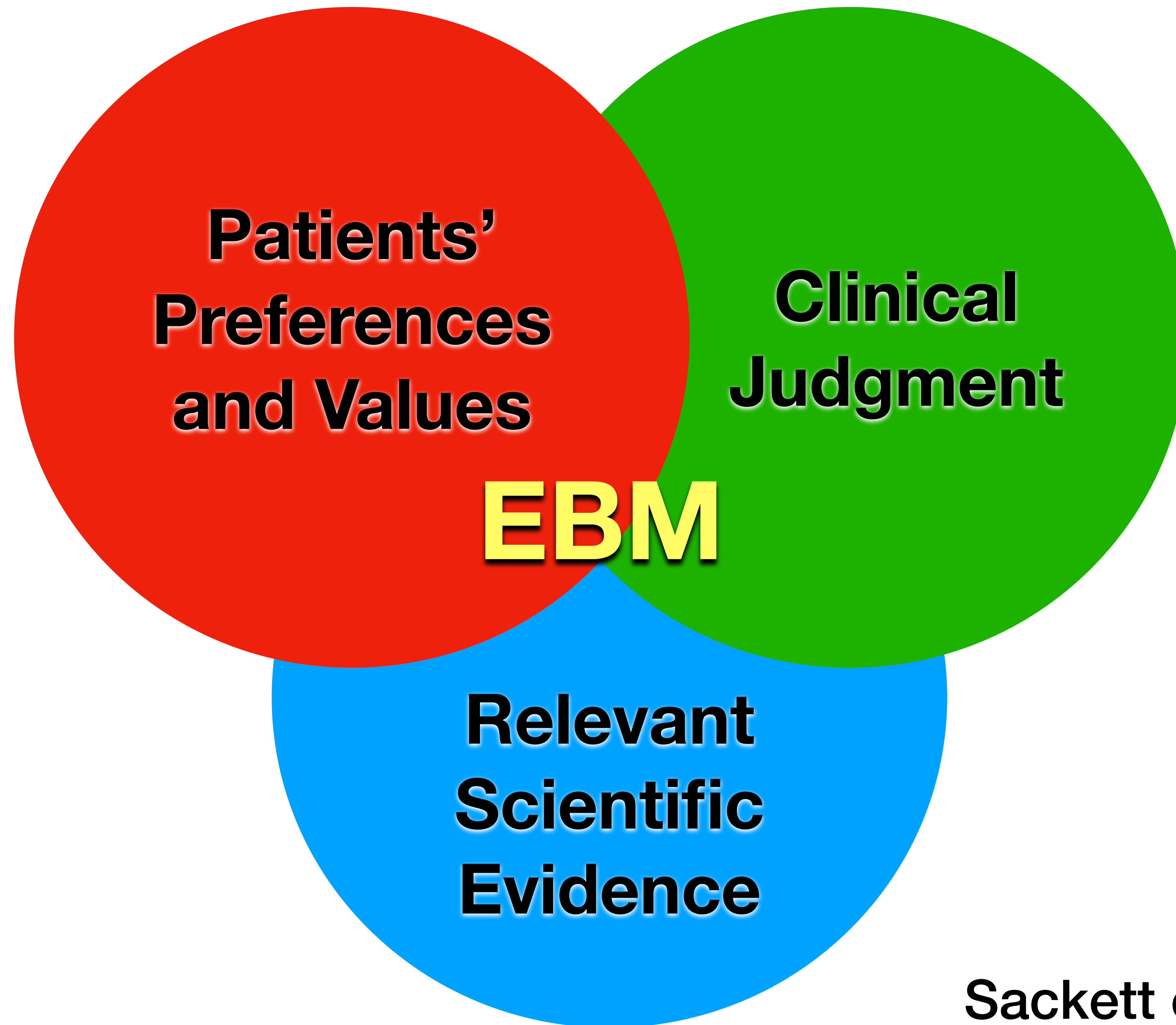


I have these anecdotes



That's not good enough!





Sackett et al BMJ 1996

Gender Inequity in the House of Medicine

COMFORT ZONE



The Literature:

- Grants
- Universities
- Medicine
- EM
- First Author
 - Medicine
 - EM & PEM



WOMEN AND HEALTH RESEARCH

ETHICAL AND LEGAL ISSUES OF
INCLUDING WOMEN IN CLINICAL STUDIES

VOLUME 2

Workshop and Commissioned Papers

INSTITUTE OF MEDICINE



The Clinician:

Women in Healthcare

- 3% of CEOs
- 3% of CMOs
- 6% of Dept Chairs
- 9% of Division Chiefs
- 50% of Med Schools
- 80% of the Workforce





Why Do Men Make More Money?

Men tend to choose higher paying careers like doctor, engineer, lawyer, or CEO.

While women tend to choose lower paying careers like female doctor, female engineer, female lawyer, or female CEO.

Male Physicians Get Paid More



\$20,000/year

\$17,000/year

\$12,000/year

Male Docs Make More

Canada

33% More Annually

23% More Daily

14% More*

U.K.

17% More

Steffler et al
JAMA Sept 2021





SGEM Xtra

Five Questions About the Gender Pay Gap

cmaJ

Closing the gender pay gap in Canadian medicine

Michelle Cohen MD, Tara Kiran MD MSc

■ Cite as: *CMAJ* 2020 August 31;192:E1011-7. doi: 10.1503/cmaj.200375

Is it Real?
Work Less or Less
Efficiently?
Root Causes?
Other Jurisdictions?
What Can Be Done?

The Patient:





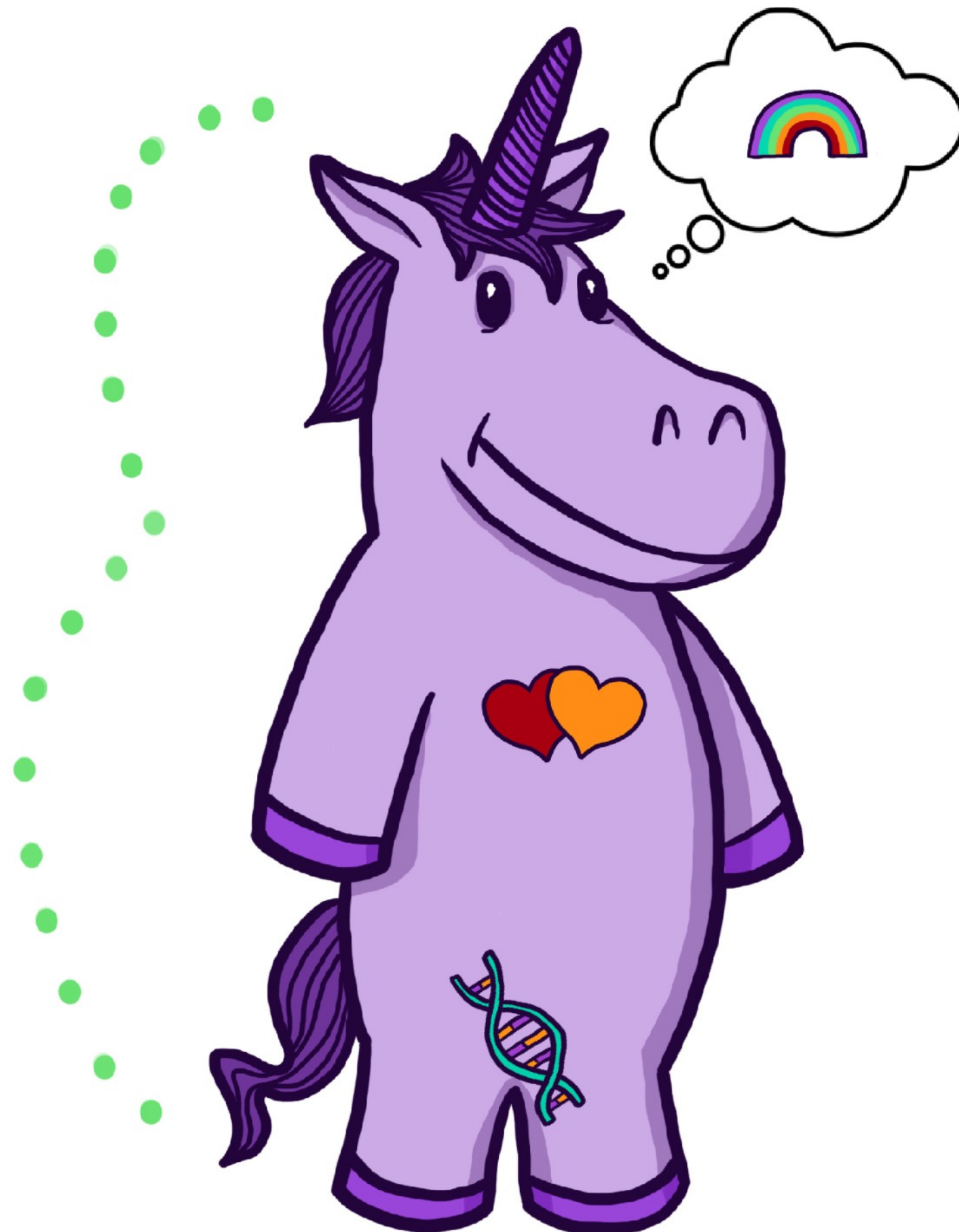
**Sackett et al
BMJ 1996**

A tall, white lighthouse stands on a dark, rocky outcrop in the ocean. The lighthouse has a glass-enclosed lantern room at the top, which is illuminated. The sun is setting on the horizon, creating a bright orange glow that reflects on the water's surface. The sky is filled with dark, dramatic clouds, and a faint lightning bolt is visible in the distance. The overall mood is serene yet powerful.

Anyone
Anything
Anytime

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources






Gender Identity

-  Female / Woman / Girl
-  Male / Man / Boy
-  Other Gender(s)

Gender Expression

-  Feminine
-  Masculine
-  Other

Sex Assigned at Birth

-  Female
-  Male
-  Other / Intersex

Physically Attracted to

-  Women
-  Men
-  Other Gender(s)

Emotionally Attracted to

-  Women
-  Men
-  Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore



EBM **FBM** **GBM** **HBM**





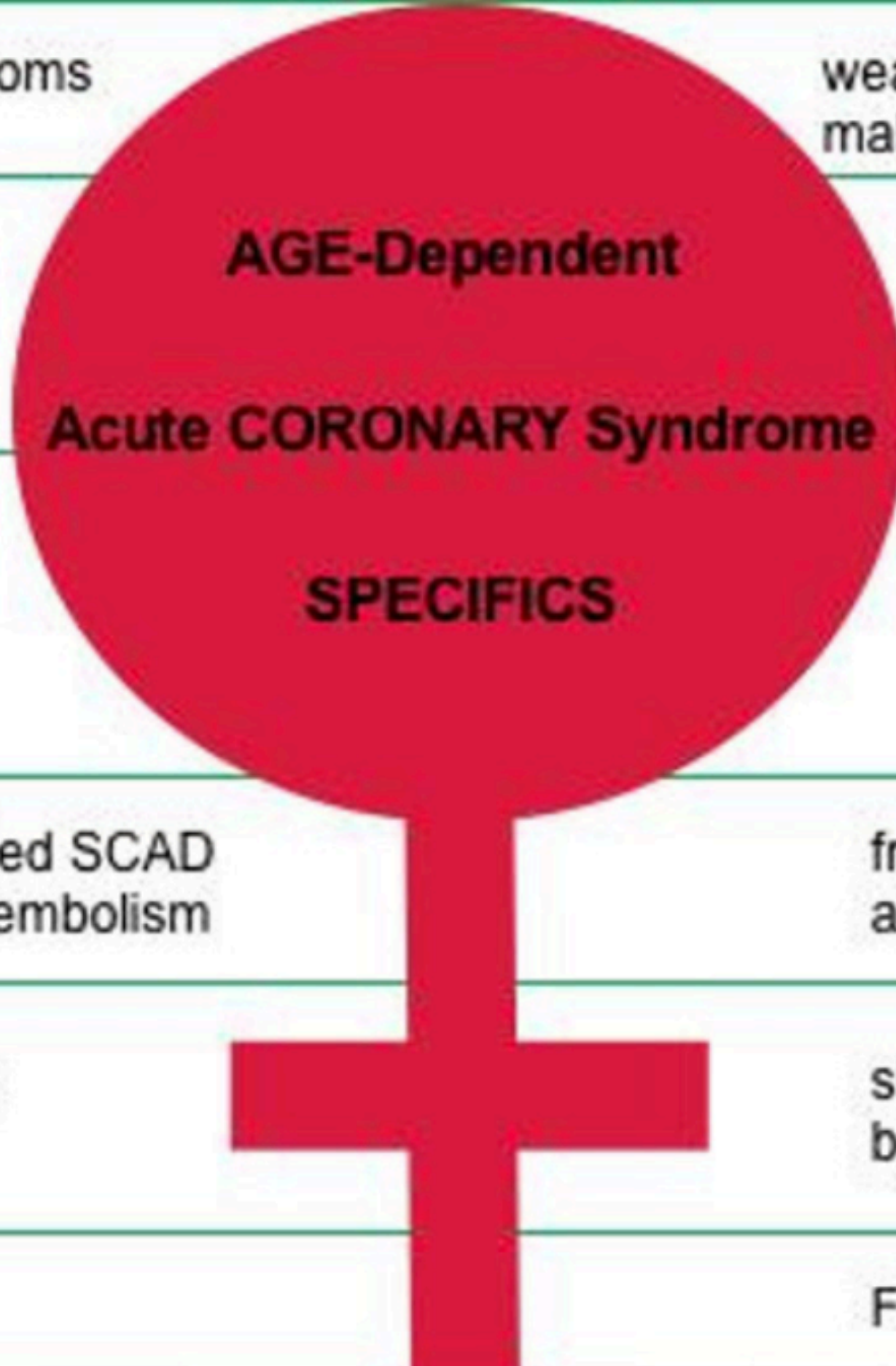


Risk factors for cardiovascular disease in women

Well-established, sex-specific, and under-recognised risk factors



Acknowledging the effects of these risk factors is crucial to understanding cardiovascular disease in women.
Read more: [The Lancet women and cardiovascular disease Commission: reducing the global burden by 2030](#)



Symptoms	frequently prodromal symptoms typical chest pain	weakness, breathlessness malaise and typical chest pain
Seeking care	early but very frequently misinterpreted	late due to symptom downplaying or misinterpretation
Risk factors specifics	history of pre-eclampsia early menopause polycystic ovary fibromuscular dysplasia	diabetes mellitus smoking arterial hypertension autoimmune and inflammatory disease
CAD specifics	stress- and pregnancy-related SCAD pregnancy-related thromboembolism	frequently presented as MINOCA and Takotsubo syndrome
PCI specifics	frequently catheter-induced dissections and spasm	single-vessel > multivessel CAD bleeds > ischaemic complications
Outcome modifier	Depression	Frailty
	REPRODUCTIVE AGE	POST-REPRODUCTIVE AGE

Figure 1 Age-dependent specifics of acute coronary syndrome in women. CAD, coronary artery disease; MINOCA, myocardial infarction in the absence of obstructive coronary arteries; SCAD, spontaneous coronary artery dissection; PCI, percutaneous coronary intervention.

Treatment & Outcomes

Canto et al
JAMA 2012



Strategies to increase the proportion of women in cardiovascular trials

Be inclusive

Avoid upper and lower age limits in exclusion criteria for enrolment in trials



Exchange knowledge

Educate recruiting personnel on importance of enrolling women

Share experience of enrolling women after each study

Conduct routine surveys on motivations for participation and non-participation in trials



Meet women where they are

Target outreach in community settings frequented by women

Involve primary care physicians and family members

Provide education and information about the risk but also the benefits of participation



Remove barriers

Arrange childcare and free transportation

Offer flexible hours and at-home follow-up



Read more: The *Lancet* women and cardiovascular disease Commission: reducing the global burden by 2030

Cardiovascular disease in women



35%

of all deaths in women
worldwide are caused by
cardiovascular disease

275 million

women were diagnosed with
cardiovascular disease in 2019

8.9 million

women died from
cardiovascular disease in 2019

Cardiovascular disease among women is

understudied,
under-recognised,
underdiagnosed,
undertreated,
and women are
under-represented in
clinical trials.

Read more:

The *Lancet* women and
cardiovascular disease Commission:
reducing the global burden by 2030

Objectives



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**Remember to be skeptical
of anything you learn,**

TheSGEM@gmail.com

**even if you
heard it from us.**