

Changing face in medicine: a new trend

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Despite all odds in society and lagging of women behind men in many sectors in Bangladesh, the country's girls are going ahead of the male counterparts in the medical education and health services.

The first Bangladeshi woman physician, **Zohra Begum Kazi** (15 October 1912 - 7 November 2007), graduated (MBBS) in 1935 from Lady Hardinge Medical College for Women in Delhi. She ranked First Class First and was awarded the Viceroy of India's Medal. She came from Kazi family of Gopalpur in the Madaripur District what was in the Bengal. She has been called the Florence Nightingale of Dhaka.¹ About 73 years later, Bangladeshi women started to outnumber men in admissions to medical colleges. According to official statistics female students make up around 60% of the enrolled medical students and the trend continues to grow stronger every year. During the last five years, Bangladesh produced female doctors in the same proportion.²

Not only in Bangladesh, this increase is keeping with the worldwide trend. Over the past 30 years the proportion of women attending medical schools has steadily risen in many countries including the UK, US, Canada, and Australia. In 2002-3, all UK medical schools had more female students than male, with the percentage of women exceeding 65% in some.³ In the neighborhood, India and Pakistan, there is much higher proportions of woman than man in medical colleges, 55% and 70%, respectively.⁴ For many years the relative lack of female doctors was bemoaned, but the picture has been turning and soon male doctors will be in a minority.

As the female students are more attentive and serious about their studies they get admission in medical colleges on merit. The male students spend more time on unnecessary pursuits and less on their studies. By

concentrating on their studies the female students easily outscore the male students in the admission tests.

Too many female graduates are bad for medicine, just as too many male ones have been in the past. The numbers of men and women entering medical school should roughly reflect the numbers in society. The case for this is simply on grounds of equal opportunity.³ Medicine needs and wants to attract the best and brightest people, whatever their sex. Some patients prefer to see the same sex doctor as themselves, so we should ideally have equal numbers of men and women.

Though literature suggested that female physicians endure bias, and a larger burden with home duties. They are more likely to cut back professionally to accommodate household responsibilities. Female physicians are also more likely to face work-family conflicts, even divorce than male physicians. They also face a greater risk of burnout / depression than male counterpart.⁵ However it is a good sign of women empowering and for the health services as well in Bangladesh. It would be better for the country's health service to have more female doctors known for their inherent quality to care for others.

Since women now constitute a majority in the ranks of younger doctors, a transition that is likely to put pressure on healthcare institutions to change their practices around scheduling, supporting and promoting female physicians. As women become a major force within the medical community, healthcare executives and administrators, many of whom are men, are tasked with creating an environment that prioritizes retaining and supporting female physicians in order to maintain a robust workforce, like provision of flexibility in scheduling, part time job, maternity and paternity leave, adequate day

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care service at working place, secure accommodation facilities specially in rural community. Hopefully, all these changes contribute to accommodate the new trend in medicine.

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