

**“WHERE HAVE ALL THE YOUNG MEN GONE? NOT TO OBSTETRICS AND GYNECOLOGY”**

LOUIS WEINSTEIN, MD  
(COMMENTARY; JANUARY 2011)

**Patients believe that two “X”s are better than one**

Dr. Weinstein lives in an alternate universe when he says patients choose their physicians on the basis of attentiveness and respectfulness. In the real world, women prefer a female ObGyn. Period.

For more than 20 years, I have been in a group ObGyn practice in middle-class suburbia. It is a highly respected and extremely busy practice, currently consisting of five women and two men. As the number of women in our group has increased, so has the demand for their services.

The gender decision is made on the phone when booking an appointment—not after meeting the doctor. Almost every patient calling for an appointment specifically requests a female provider. Only if all the women are busy and it’s an urgent matter does a new patient want to see a male.

Some patients feel so strongly that they refuse to see a male under any circumstances. This has become such a problem that our office requires our patients to sign a form acknowledging that either gender may care for them after hours or in an emergency.

The female physicians in our office are so busy that they limit their practice, seeing only those patients who have the best-paying insurance plans. This leaves the HMO patients to the male providers. These patients see a male only because the women don’t accept their insurance. All that is left for the new male doctor in our town are welfare patients, for whose care he is paid about 30 cents on the dollar.



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Discrimination is, in fact, acceptable in our specialty. Patients can refuse to see a man. Once, a female colleague needed my help with an emergency cesarean delivery. A couple of weeks later, I received a note from the patient declining to pay my fee because she had clearly told her doctor that she did not want any men involved in her care. I have seen countless ads for ObGyn job opportunities looking specifically for a female physician. Can any other business advertise a job stating that only men need apply? I don’t think so. Equal pay for equal work? I don’t think so.

Private practice medicine is a free-market economy. As more and more consumers request female ObGyn providers, the male providers will become extinct.

**William Phillips, MD**  
Pleasanton, Calif

**We should not tolerate discrimination in any form**

Dr. Weinstein made some very good points about the gender inequities in the field of obstetrics and gynecology. When I first brought to light the rampant gender bias against male physicians in the leading women’s

magazines in 2004, I remember that one of the reviewers did not believe that males could experience discrimination because, at the time, males were in the majority.<sup>1</sup>

Dr. John T. Queenan predicted our predicament in a commentary in 2003, when he wrote, “There is a risk that public perception could be exaggerated to a point where it becomes the norm to go to a female obstetrician-gynecologist. This could irrevocably tip the balance, making it almost impossible to recruit men to the specialty. If only a few men choose the specialty, and some women shy away because of poor prospects, the quality of obstetrics and gynecology candidates could plummet.”<sup>2</sup>

Sadly, his predictions seem all too true today.

Dr. Weinstein made some excellent recommendations, but I feel he overlooked the largest piece of this problem, a problem that has been ignored because of its sensitive nature—the problem of female physician discrimination against male physicians.

Perform an online search of any large city using the words: “obstetrics and gynecology” and “all female.” You will find physician clinic after physician clinic advertising its services with catch phrases such as “we have an all-female staff,” “women serving women,” and “women’s healthcare with a woman’s touch.” It’s hard to count the number of all-female ObGyn groups that are using their all-female status as a marketing tool.

One can only wonder why this type of discriminatory marketing is tolerated. If the ads boasted “whites serving whites” or “we have an all-white staff,” there would be a firestorm of justified protest.

When a group of female physicians decides that it will recruit and

hire only women at the exclusion of all qualified male physicians, with this exclusion based solely on gender, it is wrong! ACOG, as our governing board, should have the moral courage to state, without question, that it is wrong. If physicians were being excluded from hiring consideration because of their race, ethnicity, or religion, there would be an outpouring of well-deserved moral outrage—but when women are the discriminators, there is a surprising reluctance to discuss the issue.

When I first started my practice, I had two African-American physicians as my partners. There were times when a few of my patients stated that they were uncomfortable with my partners because of their race. In every case, I would tell the patient that they were my partners and, if she wanted me as her physician, she would have to accept my choice of partners as well. Not one patient left my practice over this.

If female physicians took the same ethical stand and placed it above their own perceived financial interests, the problem of male medical students not choosing obstetrics and gynecology would largely be solved. Let the male students know that there are welcoming practices waiting for them, and I believe you will see a turnaround of the recent gender trends.

Acceptance and approval of covert acts of gender discrimination jeopardize our moral imperative as a society to eliminate all discrimination. If we simply substitute women for men as the exclusive or overwhelming dominant force in medicine, we will, in effect, be doing nothing to address the underlying issue of discrimination that served as a catalyst for the acceptance and inclusion of women in medicine in the first place.

**Larry Kincheloe, MD**  
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**References**

1. Kincheloe L. Gender bias against male obstetrician-gynecologists in women's magazines. *Obstet Gynecol.* 2004;104(5 Part 1):1089-1093.
2. Queenan JT. The future of obstetrics and gynecology. *Obstet Gynecol.* 2003;102(3):441-442.

**In the women's press, male ObGyns are the "bad guys"**

Although the surveys Dr. Weinstein cites suggest otherwise, I would submit that male-gender bias does play a role in discouraging men from entering the ObGyn specialty. A few years ago, I noticed an insidious trend in women's magazines that carry articles along the lines of "Ask your gynecologist." When the writer of the article discussed insensitive physicians, a wrong diagnosis, long waiting room times—essentially, anything negative—the writer would use the pronouns "he," "him," and "his" to describe the physician. Conversely, the savior of the encounter was always a "she" or a "her." As I reviewed the many issues of these magazines in my own office, I was horrified by the regularity of the subtle—and, sometimes, not so subtle—disparagement of the male gynecologist. The message seemed clear to me: Get a female gynecologist from the start, and avoid those insensitive, cold, and mean-spirited male physicians.

In my solo gynecologic practice in Scottsdale, Arizona, my office manager frequently received inquiries as to whether I was a female gynecologist. When advised otherwise, many of these patients asked whether I employed a nurse-practitioner! Apparently, valuation was placed on gender—a female NP trumps a male board-certified MD who has 25 years of experience! And, no, these types of patients did not make appointments after they learned my gender.

My solution? I took a fellow-ship in cosmetic surgery and opted out of gynecology entirely. Insurance-based gynecology was difficult enough without dealing with gender bias.

**William E. Shuell, MD**  
Scottsdale, Ariz

**>> Dr. Weinstein responds**  
***We must speak out about discrimination***

*I appreciate the comments of Dr. Phillips, Dr. Kincheloe, and Dr. Shuell, who have several concerns in common. First, and most obvious, is the anger that is building among male ObGyns. This anger has the potential to create a self-fulfilling prophecy that could discourage even more male medical students from entering our profession.*

*The letter writers also share a theme of discrimination against male ObGyns. Discrimination in any form should not and must not be tolerated. Any journal that allows advertisements that are clearly gender-discriminatory for physician opportunities should be inundated with letters from subscribers requesting that such ads be refused.*

*I completely support the patient's right to choose a personal physician. However, we cannot continue to allow discrimination against our colleagues. We are living in an historic time, and we must remember that we are the people who are creating the history of our profession. In the past, there clearly was discrimination against females in our profession, and that discrimination has now completely reversed itself.*

*The philosopher Georg Hegel (1770-1831) said, "We learn from history that we do not learn from history." I suggest that the time is now for our profession to change that cycle.*