

Women are the center of attention at Yale these days—although not in the traditional way. Considerable thought is being given to the education of women and to their ultimate status in the professional world.

When the first Yale coed college class bounded onto campus with much fanfare in 1968, most of the attention was focused on coeducation at the undergraduate level. Now serious thought is being given to the admission, training and professional goals of graduate and professional school women, who have been around campus for decades.

The medical school is no exception. At a recent faculty meeting Dean Redlich announced that measures were under study to introduce more equality for women in the medical school, including the admission of more women students and the recruitment of more women on the faculty with greater equity in pay and rank. There are 20 women students in this year's class of 102 freshmen—more than double the number in any previous year. But, in spite of increasing pressures for consideration for women in the medical profession, serious problems exist.

Many more qualified students apply to medical school than can be accepted and admissions committees naturally try to take students who they feel are most likely to be productive in their medical careers. If they regard women as uncertain professional risks, they will be reluctant to accept many women as students. The question of how effectively women use their medical training is therefore important.

In an issue concerned with women's education at Yale, the *Yale Alumni Magazine* published a report covering the medical school years between 1954 and 1963. This report found that women, in comparison to a pro-rated group of men, "failed to complete their studies more often, received fewer and less prestigious internships, end-

ed up with fewer academic appointments and were more likely than men to practice part-time rather than full-time."

Dr. Phyllis Bodel, a graduate of Harvard Medical School and a senior research associate at the Yale School of Medicine, as well as the mother of three young children, took issue with the report, questioning whether it was sufficiently comprehensive and documented to be used as illustration of the performance of women in and after Yale. National statistics, she pointed out, show that the vast majority of women doctors do complete their training and practice medicine; for example, the AMA master file on American physicians for 1969 revealed a total of 24,008 women physicians—7.4 percent of the total of 324,942. Eighty-four percent of these women were professionally active, compared to 94 percent for men. Two-thirds of the women who were inactive were retired or disabled; almost one-third were *temporarily* not in practice. Only 473 women were permanently out of practice for other than the above reasons.

Dr. Bodel and Dr. Elizabeth Short were interested in obtaining data on the women graduates of Yale School of Medicine. They prepared a questionnaire to be sent to 97 of 135 women who entered the medical school between 1944 and 1965 (22 had transferred and addresses were not available for 16 others). Seventy-seven replied. The questionnaire, which asked for information about training and careers following graduation, focused on some of the unique qualities in women's careers which should be taken into consideration by medical schools as well as potential employers. In her report on the results of the questionnaire, Dr. Bodel notes that, "since it is widely believed that more women than men students fail to finish medical school, it is noteworthy that during those same years 73 male students did not graduate out of a total male enrollment of about 1500. Thus, the 'dropout rate' from an M.D. degree was 5% for men and 8% for women. Similar figures are reported in the follow-up study from Johns Hopkins.

"After leaving medical school, these women compiled an impressive record of post-graduate training. Of those who graduated before 1967 (and have, therefore, had several years' opportunity for training), 43 took four or more years of internship, residency and fellowship training, 16 had either two or three years of such experience,

three had only one year, and only one took no further training. All 14 women who graduated in 1967 or later are in full-time work; 12 of these are still in training.

"Only three of the 77 women reported that they were not presently involved in medical activities, and one of these was to return this year to full-time training. Fifty-three women now devote 40 or more hours per week to their careers, 18 spend between 20 and 40 hours and only three work less than 30 hours. At some time in their careers, however, many of the older women, who now work full-time, reduced or stopped their medical activities for a few years. Most often this happened five to ten years after graduation when young children in the family created particularly heavy demands at home. Similarly, nearly half of the women graduates of classes from 1960 to 1965 are currently in part-time work, whereas more than three-quarters of both the older and the younger graduates are in full-time work. Most women of all classes



are married (63 of 77) and most have children. Even though half of the older graduates have three or more, most of these mothers work full-time.

"Yale's women graduates have developed a wide variety of medical careers. Most have jobs which emphasize teaching, research and administrative responsibilities; only 12 women reported that they are in full-time practice (40-100 hours per week). Thirty-six women hold teaching appointments, but only 16 are assistant or associate professors, and none are full professors. Fifteen devote considerable time to administrative jobs, which include positions as chiefs of sections or departments, and directors of state, community and hospital clinical facilities. Fourteen spend a significant part of their time in research. Twenty-two are board certified in their specialties. The specialties chosen by the largest numbers of women are medicine, pediatrics, psychiatry and pathology, in that order."

The last part of the questionnaire asked the alumnae to describe briefly their current situation (career and family) and future professional plans. "Desperate," was the answer of one 1967 graduate with two very young children.

A more typical response came from a 1964 graduate with three children. "Plan to continue as above, working three-quarters to full-time in practice, clinic work, perhaps some clinical research and teaching. Would like another child as well. Find family and profession quite compatible with assistance from husband, baby sitter and cleaning lady. When I attended Yale there was a quota for women of five percent and an attitude (common in most medical schools) that a woman was 'wasting' a man's place. It was really quite difficult at times to manage full time school, then training and a growing family. However, once training is completed, the medical profession, with its flexible hours, is an ideal job for a 'working mother.' If you want to attract more women into medicine . . . flexible schedules are essential. Ideally, too, maternity leaves, child care facilities and an understanding towards women who are juggling two jobs at once, would be a big help."

In summarizing the information obtained Dr. Bodel observed, "The results of our survey, like those of others, provide no evidence that women do not follow through with their careers. It does, however, point

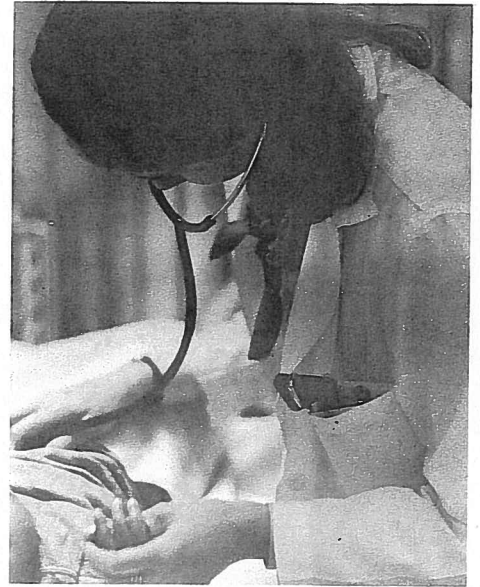
up several areas which must be of concern to medical educators. A significant number of Yale's women work part-time at some time in their lives. Very few of those engaged in teaching have reached the higher faculty posts. Very few are in full-time practice. Are these necessary features of women's roles in medicine? Are they a result of intrinsic biological demands, or are they conditioned by the current framework of social and medical institutions? What kind of lives do young women entering medicine today see for themselves as individuals and as professionals? To answer these questions it is necessary to explore some of the larger issues relating to women and their current place in our society.

"Both biological and social roles of women are indeed changing. Many intelligent and capable women are now leaving college with plans to pursue a professional career. . . . They consider themselves entitled to equal consideration as individuals for entrance to medical school and medical training, and they do not apologize for retaining their unique qualities as women while they learn and practice medicine.

"Finally, young women as well as young men are intensely aware of their responsibilities to fulfill themselves both as individuals and as members of a society which is undergoing profound changes. This set of values leads them to choose careers of personal social responsibility rather than those which offer only traditional rewards of status or high income. Medicine, therefore, is a particularly attractive goal."

What can be done to better use the talents and training of these young women? Dr. Bodel suggests the admissions committees be asked to consider women applicants as individuals rather than as members of a special group and that the training opportunities for women in medicine be significantly improved. She also suggests that women who enter medical school with family responsibilities may need extra time to complete the course of study. Part-time internships and residencies should be made available for women (and men) who need them. Career choices for women within the medical profession need to be broadened to provide opportunities for women to re-enter active medical work or training after temporary interruptions of their careers. And, finally, more women should be represented on faculties of medical schools.

"Recommendations such as these are not an argument for 'special rules' for women,"



she states, "it is obvious that most women's life styles will differ from those of men. Medicine as a profession, however, embraces a wide variety of careers and ways of living, and already the need for increasing flexibility in subjects and styles of learning are reflected in medical school curriculum changes. Men as well as women can benefit from such changes."