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Gender Equity in Oncology: Past, Present, and Future!

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Women have been battling gender prejudice from times immemorial. It took strong women like Anandibai Joshi and Elizabeth Blackwell to break the mold and embark on careers in a male-dominated field in the 19th century. Little did they realize that the journey they had embarked upon would not end even in the 21st century.[1,2] Today, though there have been hundreds of women medical graduates, many of whom have reached pinnacles in their chosen fields; the so-called "gender gap" still exists many medical specialties. Oncology is one such specialty. Gender stereotyping is real and continues to plague our workplaces.

Nearly 3 million people are predicted to be affected by cancer in 2040.[3] We need all the weapons in the armory to fight this dreaded disease and trained workforce is one of the most important ones. Effective cancer treatment entails the involvement of a well-coordinated multidisciplinary team. This requires a gender-diverse working environment that leads to an efficient and productive workforce.

Internationally, the two major oncology organizations – The European Society of Medical Oncology (ESMO) and the American Society of Clinical Oncology (ASCO) – have long since recognized this gap and have put in a lot of effort for gender neutrality. ASCO meetings have a Women's Networking Centre where young women oncologists have an opportunity to interact and learn from the senior oncology leaders.[4] It provides an opportunity to "learn, connect, and reflect together," acknowledging that the challenges for a women oncologist are unique. ESMO conducted a women for oncology (W4O) in 2016 for an in-depth understanding of the gender-related concerns of women oncologists. Results revealed that gender had a more important impact on the career of women than male respondents and men were more often leaders of their teams.[5] Among the executive board members, presidents of committees, and invited speakers to conferences also, there were fewer women.[6] Among the 20 ASCO directors and 24 ESMO council members, only 7 (35%) and 8 (33.3%) respectively are women. Only 3/10 ASCO past presidents (2011-20) were women.[7-9]

In the four major oncology societies of India, less than a quarter of the executive committee members are women.[10-13] Furthermore, 84% of the Indian Society of Medical and Pediatric Oncology (ISMPO) members are men. Of the Indian societies, only the immuno-oncology society of India (I-OSI) has a woman president and general secretary.[13] The data from members of the major societies in India clearly indicate a male majority in all these organizations. However, the caveat is that many oncologists may not be members of the official societies and there may be overlaps between members of various societies. Furthermore, in India, the exact number of practicing oncologists or medical oncologists is not known. In many parts of India, general surgeons practice surgical oncology and radiotherapists, physicians, and surgeons with some training deliver chemotherapy. Less than one-third of the publications in the major oncology journals in India have women as first or corresponding authors.[14]

Although women now form 51% of the MBBS admissions, they face many barriers in entering the oncology specialty sector.[15] For the 77,000 MBBS seats, there are only around 5000 superspecialty training seats, entry for which is through highly competitive examinations.[16-18] Women tend to choose "soft"er specialty courses at the postgraduate level itself limiting the number of women trying out for these courses also.[2] Even after appropriate training, with the existing sociocultural milieu and gender taboos, there are numerous obstacles to career advancement, leading to a leaky pipeline. According to surveys which looked at the gender climate at workplaces, women in oncology have to battle with finding a work–life balance, family commitments, societal and managerial biases, maternity leave and its ramifications, remuneration differences, lack of senior role models and mentors, difficulties with attending training programs, and harassment at workplaces.[5,14] In a recent survey among Indian oncology professionals, nearly 2/3 of the respondents worked in male majority teams and had a male leader.[14] As the majority of the oncology teams are being led by males and women are perceived as group members rather than managers or leaders, it is not surprising that 36% of women in an international survey felt that gender has an impact on their career compared to only 21% of men.[5] In this survey, only 46% of women respondents had a leadership or managerial role, compared to 65% of males.[5]

Women are traditionally the homemakers; shadows of this heritage will follow women at all stages of their career. Bringing up children and taking care of the family will make climbing the academic ladder rather difficult for women academic oncologists. In India, the overwhelming case burden forces the academic oncologists also to have inevitable clinical responsibilities.[19] Hence, the "extra" academic activities come at the cost of precious family time. This tightrope walk is possible only with family support. Family commitments have been consistently quoted as the reason for women doctors working parttime, attending fewer conferences and training programs.[20,21]

The recent large national survey loudly suggested that to achieve gender parity, we need to take action at the international, national, and personal levels.[14] Having flexible education programs and work timings, options

to work at home when children are young, child-care facilities at workplace/conference venues, mentorship programs, dedicated seats for women on committees, online career-boosting training programs, and participation in meetings through videoconferencing are a few of the suggestions for improvement of the gender diversity.[5,14] In the US, strategies such as spousal hiring, care facilities for family, special mentoring, networking options, and bias changing interventions have been used to retain women in academia.[22,23] National and international committees could have more dedicated women-centered programs focusing on overcoming the gender-based challenges, like the ASCO Women Networking Center, the ESMO Women for Oncology sessions and the Society for Immunotherapy of Cancer (SITC) Women in Cancer Immunotherapy Network (WIN). Women also need to prioritize and strive to rise above the gender roles bringing their grievances to the notice of the employers. The national survey suggests that national societies should have a dedicated women wing to address the concerns of women oncologists and decide the policies to bridge the gender gap in the country. Employers should embrace gender-equality policies and ensure a gender-balanced workforce. This will ensure gender diversity and efficiency in the workplace.[14]

As a bold gesture, recently, the national society ISMPO has decided to start a women for oncology (W4O) wing. The ISMPO-Women for oncology Committee aims to raise awareness and promote equal access to career-development opportunities for women oncologists while providing a platform for interacting with other professionals and national and international groups. Mentorship and training programs under the ISMPO umbrella will help in networking and career prospects. Women at the helm of a committee will also be able to suggest policy changes to the key stakeholders and government officials in an organized manner, thereby promoting gender parity.

Conclusions

Despite gender awareness among medical professionals, gender bias continues to exist in many medical specialties, especially those dominated by men. There needs to action at international, national, and local levels to tackle this challenge and achieve gender parity for a healthy balanced and efficient workforce.

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