

**THE FEMININE TOUCH**

The *New York Times* recently reported the dismissal of a male obstetrician because he was male. Allegedly, his maleness contributed to his inability to attract patients to the practice. In the competitive milieu of US medicine, the female doctor is sometimes exploited as a marketing strategy to attract patients.

Do women bring something special to medical practice? Do their strengths — nurturing, concern, compassion, ability to connect — make a difference?

In *How physician gender shapes the communication and evaluation of medical care*, US academics Debra Roter and Judith Hall provide some answers. Patients prefer same-sex doctors mostly for intimate health problems. Female doctors' consultations are longer and contain more "emotionally focused talk, positive talk and psycho-social exchange." They also use more "facilitating behaviors reflecting attentive listening and showing interest... [with] non-verbal cues such as 'umm-hmm' and head nodding". Interestingly, female doctors appear to be "less protective of professional status and the appearance of infallible expertise", and are more likely to consult colleagues.

But what about Australian graduates? On asking my editorial colleagues what is so special about female doctors, one replied, "We bring better clothes (especially shoes), the gift of multitasking, empathy (being more likely to have experienced being vulnerable, marginalised and other things akin to being 'a patient'), humility, a more collaborative rather than didactic approach, productive patient-doctor transference, an ability to dissemble (to look fascinated and compassionate at all times), more willingness to take on 'heartsink' patients, and we provide balance, as in the real world."

I rest my case. The female touch is real and apparently universal.

But what about "the male touch"?

*Martin B Van Der Weyden*

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