

THE MEDICAL TIME BOMB

The 2004 meeting of the American College of Obstetricians and Gynecologists featured a session, prompted by the dwindling numbers of male obstetricians, called "Find the man".

A month later, a kerfuffle erupted in Britain when *The Independent* ran the story, "The Medical time bomb: too many women doctors", based on an interview with Professor Carol Black, President of the Royal College of Physicians. She raised concerns about risks to the medical profession's power and influence because "too many female doctors were scaling its ranks... and action was needed to correct [a future] imbalance of the sexes". Black also aired problems flowing from the skewed distribution of women in subspecialties and their reduced status and involvement in professional bodies, and stated that women find it impossible "to do all the things we expect a doctor to do to be at the top of the profession".

Not unexpectedly, feathers were ruffled. *The Lancet* repudiated Black's call to correct the sex imbalance of doctors, labelling it "highly inappropriate". In response, it suggested increasing the numbers of graduates, both men and women, and rectifying the reasons for women's lesser professional status and involvement.

What are we to make of all this?

The downstream effects of feminisation of the medical workforce are only one aspect of the medical time bomb. Ticking away are the tensions between professional and personal lives, the attitudes of modern graduates to medicine, the widening workforce gaps with inadequate doctor numbers and shorter working hours, and the failure to meet the differing needs of the sexes to ensure satisfying clinical careers.

To defuse the medical time bomb, we sorely need more leaders like Carol Black to give voice to tomorrow's problems, today.

Martin B Van Der Weyden



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