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# Cardiovascular medicine and gender equity

## *Medicina cardiovascular y equidad de género*

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The future of humanity will be stamped and guided by the principle of gender equity. Of course, this engine of the combat for the dignity and equality of women is part of the broadest conception of *all rights for all*, including the respect and protection for our close relatives, the non-human animals, and the entire natural world, the beloved garden we inherited, our planet Earth. Only significantly older adults, like the author of this editorial, can be aware of the enormous progress achieved by women in the last decades. However, it is clear that the accomplishments are not enough and that we have not yet founded the entire reign of justice and equity. There are still lags, prejudices, harassment of all kinds, and abuses of the patriarchal power, which, as it sees its near end, sometimes adopt insane and criminal conduct against women in general and liberated women in particular.

Cardiology has been and still is a male fiefdom. However, there have been renowned cardiological figures such as Drs. Maude Abbott (classification of congenital heart diseases), Helen B. Taussig (developing with Dr. Alfred Blalock and his brilliant assistant, Dr. Vivien Theodore Thomas, the systemic-pulmonary shunt operation), my admired professor in the Albert B. Chandler University Hospital at Lexington, Ky., Jacqueline Anne Noonan (discoverer of the genetic disorder that bears her name), among many others. Moreover, in Mexico, many of us were gratified by the teachings and the example of the iron temper of Dr. Victoria de la Cruz, the distinguished founder of the Mexican school of embryology and one of the glories of our national cardiology.

Nonetheless, more than others, our discipline in Mexico and the rest of the world is mainly reserved for men. We do not have specific representative national data, except for a commendable but small survey on five Latin American countries, whose data are insufficient to reveal our national situation.[1] In the US, for example, as it happens in our country, half of the enrollment in medical schools is women. Despite this, less than 15% of cardiology practitioners and less than 5% of cardiology interventionists are women.[2] An analogous situation is seen in the United Kingdom and Australia.[2] Surprisingly, a recent survey in continental China showed that 41.5% of cardiologists were female.[3]

There are numerous explanations for this low representation of women in our specialty. Nevertheless, there is one that deserves to be more detailed. It is often heard, even from male colleagues re-educated in gender equality as the author of these lines, the argument that feminine biology plays a trick on the vocation of many of our female medical colleagues. The inconveniences associated with menstruation and premenstrual syndrome can affect a certain proportion of women during their youth and early adulthood. Besides, the long pregnancy, the duties of nursing, and the meticulous care that helpless human babies require dictate an extraordinary effort to professional women who also want to be mothers. All this seems to militate against being a specialist in a particularly demanding medical branch, cardiology, without schedules or predictable agenda. Nonetheless, the same barriers are faced by women who decide to be commercial

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or military jet pilots, mountain climbers, nuclear physicists, operators of complex heavy industrial machines, or high-performance athletes, among other stressful activities. Furthermore, despite their biological «predicaments» (which are not), women have proven to be as effective as men in any human activity, mainly if the latter help with housework and parental care, shoulder to shoulder with their life partners.

Our Association and all our sister societies already practice an attempt at gender equity. Even when the number still is low, the situation is positively evolving. For example, Dr. Gabriela Borrayo is our present president, and Dr. Adriana Puente, some time ago, led the National Association of Cardiologists at the Service of State Workers (ANCISSSTE). We now have special study groups, formed chiefly by female cardiologists, focused on the peculiarities and problems of heart diseases in women. We have built a fraternal spirit and profound respect for our female companions in our professional activities. However, it is not enough. In addition to the lower number of women in our specialty, most senior management and decision-making positions continue to be held primarily by men. Then, we must support that promotion to direction positions in cardiology and research departments be just motivated by issues of talent and capacity and not by gender. At the same time, we must continue furthering equity by attracting more young female doctors to our residency programs. Finally, of course, we must instill, especially in young cardiologists, a culture of non-harassment and unrestricted respect for the dignity and safety of our female colleagues. We must join the national re-education effort to permanently banish the toxic patriarchal prejudices and behaviors that limit and difficult women's free flourishing in our country.

The future cardiology will be egalitarian, or it will not be.

## REFERENCES

1. Raymundo-Martínez GIM, Alanís-Estrada GP, Araiza-Garaygordobil D, Delgado Cruz IV, Gopar-Nieto R, Cabello.López A et al. Gender differences in cardiology professionals: a Latin American Survey. Arch Cardiol Méx. 2022; 92: 11-18.
2. Burgess S, Shaw E, Zaman S. Women in cardiology. Underwhelming rate of change. Circulation. 2019; 139: 1001-1002.
3. Gong Y, Huo Y. A survey of national cardiology workforce in China. Eur Heart J Suppl. 2016; 18 (Suppl. A): A1-A5.

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