Frivolous Fear Over *Feminized* Medical Schools

Why Affirmative Action for Men is Not Justified

KAITLYN MATULEWICZ

Abstract

In Canadian medical schools female students are outnumbering their male classmates. In response, the following question has been raised: should affirmative action for male applicants to Canadian medical schools be introduced? After investigating the gender composition of Canadian physicians across specialties, the experiences of women in medical schools, and the principles underlying affirmative action — as recognized by the Supreme Court of Canada — this article concludes that affirmative action for males applying to medical schools should not be introduced. A policy of affirmative action for male medical school applicants would give the illusion that sex equality within the field of medicine has been achieved. The greater representation of female students in Canadian medical schools should be celebrated as a chance to mitigate institutional barriers still faced by female physicians and professors within the medical field, rather than being approached as a concern.

Résumé

Dans les facultés de médecine canadiennes, les étudiantes surpassent en nombre leurs camarades de classe masculins. La question suivante s'est donc posée : devrait-on introduire l'action positive en faveur des candidats masculins? Cet article conclut, après avoir examiné la composition par genre des médecins canadiens dans toutes les spécialités, les expériences des femmes dans les écoles de médecine

et les principes sous-jacents à l'action positive (tels qu'adoptés par la Cour suprême du Canada), que l'action positive en faveur du genre masculin ne devrait pas être introduite. Une politique d'action positive en faveur des candidats masculins aux écoles de médecine donnerait l'illusion que l'égalité des sexes dans le domaine de la médecine a été réalisée. On devrait célébrer cette représentation plus importante des étudiantes dans les écoles de médecine canadiennes comme une chance d'atténuer les barrières institutionnelles auxquelles se heurtent les femmes médecins et professeurs du domaine médical au lieu de s'en inquiéter.

Roughly 58% of students enrolled in Canadian medical schools are women (Association of Faculties of Medicine of Canada, 2009). In the 2008/2009 academic year, women represented 57.45% of medical school applicants (Association of Faculties of Medicine of Canada, 2010). Concern over the feminization of Canadian medical schools has raised the question, should affirmative action policies be in place for male applicants? The following article responds no; although female students outnumber males, women still do not have equal opportunity within the field of medicine. The greater representation of female students in Canadian medical schools should be celebrated as a chance to mitigate institutional barriers still faced by female physicians and professors within the medical field.

In determining whether affirmative action for male applicants is justified, this paper investigates the gender composition of Canadian physicians across specialties; surveys the experiences of females in medical schools and higher education; and finally, discusses how the Supreme Court of Canada has interpreted the constitutionality of affirmative action programs.

Women in Higher Education: A Growing Concern?

In 1995, nearly a century after the first medical school in Canada opened admission to female students, the gender gap in medical school enrollment came to a close (Association of Faculties of Medicine of Canada, 2009). Fifteen years later, women still outnumber men in Canadian medical schools and a panic over the feminization of the faculty emerged. Recently, Dr. Harold Reiter, the Dean of McMaster University's medical school, spoke openly about his efforts to broaden admission requirements to address the lack of men applying to medicine (Abraham, C. & Hammer, K., 2010). Dr. Reiter's concern with the lack of men studying medicine was fueled by the gender gap in McMaster's 2002 entering class with women representing 76.9% of admissions (Abraham, C. & Hammer, K., 2010). Dr. Cappon, from the Canadian Council on Learning, suggested that Canadian Universities have been secretly manipulating admissions for the past five to eight years, looking beyond marks to address the declining rate of male applicants

by more heavily weighing factors such as community service (Abraham, C. & Hammer, K., 2010). In 2006, the problem of low male university applicants was featured in an editorial in *The New York Times* asking whether gender balance in higher education should take precedence over the superior qualifications of young female applicants (Britz, J.D.).

In the article, Jennifer Delahunty Britz, the Dean of admissions at Kenyon College, admitted to an informal process of preferential treatment used to boost the enrolment of male students. "The reality is that because men are rarer, they're more valued applicants" (Britz, J.D., 2006). By accepting otherwise less qualified male students, prospective female students experience now more rigorous demands for admission. Britz apologized to the bright young women now subject to tougher admission requirements, simply because they are women. In a revealing admission, Britz described the irony that follows having a greater number of women in higher education: "We have told today's young women that the world is their oyster; the problem is, so many of them believed us that the standards for admission to today's most selective colleges are stiffer for women than men. How's that for an unintended consequence of the women's liberation movement" (2006).

More recently, during a series published by the Globe and Mail (2010) concerned with Canada's "failing boys", one article poignantly asked whether affirmative action for men could be the answer to end the gender gap in medical school enrolment. Several objections to this idea should be raised. Instituting affirmative action for male applicants could give the illusion that women studying and practicing medicine have achieved equality. While enrolment numbers in Canadian medical faculties seem to suggest that women predominate, a closer look into the field of medicine reveals why affirmative action for men would be misguided. First, it may cause gender discrimination against women, rather than address the issue of male under enrolment. It could also compound the discrimination women continue to face once they are in medical schools and enter the profession. Second, affirmative action for men would downplay the historical discrimination faced by women in the medical community — the systemic effects of which are still felt by women within the sciences and other disciplines of higher education. And finally, instituting affirmative action for men in Canadian medical schools would be counterintuitive to the underlying principles of affirmative action recognized by the Supreme Court of Canada that are rooted in social justice.

Confronting Reality: the Gendered Experiences of Medical Students and Professionals

Although parity of enrolment between men and women was first experienced in 1995 (Association of Faculties of Medicine of Canada, 2009), in all but three

provinces (Alberta, Quebec and Prince Edward Island) male students still have a better chance of being accepted (Abraham, C. & Hammer, K., 2010). Moreover, women continue to be underrepresented within the population of practicing physicians: while in 1998 women made up 27% of Canadian physicians (Canadian Medical Association, 1998), more than ten years later, women still only represent 34% of all physicians in Canada (Canadian Medical Association, 2009). Breaking the demographics of physicians down further, the picture becomes even more alarming. Women represent just 20% of Surgical Specialists and surgical specialties are heavily gendered: women constitute 45.2% of obstetricians/gynecologists, and only 8.6% of neurosurgeons. What's more, just 32.3% of Clinical Specialists are women and a full 100% of Medical Scientists in Canada are men (Canadian Medical Association, 2009).

The gender imbalance across the medical profession, coupled with the lower proportion of male students studying as prospective doctors, has caused panic over the feminization of medical schools in Canada and abroad. A common argument in favour of affirmative action for male medical school applicants proceeds as follows: as the population ages more doctors will be needed, and since less female physicians practice in certain specialties (such as surgery) and women take more time off than men for family reasons, more male students in medical schools are needed to address potential labour shortages (McKinstry, 2008; Abraham, C. & Hammer, K., 2010). It is true that more female physicians in Canada take time off to balance work with family obligations: as the 2007 National Physician Survey demonstrated, while 7.8% of female physicians were absent due to maternal leave, only 2.3% of male physicians took paternal leave (as cited by Dollin, Gartke, Lent & Levitt:2010). Moreover, of the female physicians that took parental leave, 75% did so for more than 16 weeks; comparatively, 95% of male physicians, who took parental leave were absent for less than 16 weeks (as cited by Dollin, Gartke, Lent & Levitt:2010). While a shortage of physicians should be a relevant concern, affirmative action for male medical school applicants is not a solution; alternatives should be considered.

In 2008, a needs assessment conducted by the Federation of Medical Women of Canada revealed that women in Canadian medicine are calling for improved job flexibility, job sharing, and the assurance of flexibility across all specialties. Rather than instituting affirmative action for males, policy makers could respond to potential labour shortages by increasing women's access to surgical and other specialty fields; for example, by providing incentives for women to pursue further training or developing ways to help them manage the balance between work and family life (Burton & Wong, 2004). As argued in the United Kingdom (Dacre, 2008), Canada could embrace the increase of females studying medicine as an opportunity to finally bring gender balance to male dominated specialties.

Let's Not Forget ... Why We Shouldn't be Preoccupied with 58%

In 1863, Dr. Emily Stowe became the first licensed Canadian woman to practice medicine in Canada. Barred from entering a Canadian medical school, Dr. Stowe received her education in the United States. In response to the discrimination women wanting to study medicine faced, Dr. Stowe founded the Women's Medical College in 1883. Later that year, the Kingston Women's Medical College opened and in 1885 joined the Women's Medical College to form the Ontario Medical College for Women. It was not until 1903 that the University of Toronto began admitting female medical students and the Ontario Medical College closed (Women's College Hospital).

Although the majority of students now enrolled in Canadian medical schools are women, their full-time professors are overwhelmingly male. Within Canadian medical schools, female faculty only represent 18% of full-time professors and 13% of department chairs (Dollin, Gartke, Lent & Levitt:2010). Moreover, systemic barriers continue to restrain women working in universities in general. Even though female professors are being hired at an almost equivalent rate with males (45% of full-time professors hired in 2008 were women), still only 22% of full-time professors are women and the majority is found in departments of education and the arts (Dehaas, 2010:82). Men dominate at the top of universities as well. Today, only 19% of university presidents are women, a figure that represents just a 1% increase compared to a decade ago (Dehaas, 2010:82).

One does not need to look far in the past to find protest against measures to increase female representation in what have been traditionally "male" faculties. When Wilfred Laurier University advertised a tenured position in psychology, open only to women, it caused uproar from male academics in the field. A professor from Western University even filed a complaint with the Ontario Human Rights Commission (Johnston, 1999:39). The retaliation against the university's attempt to increase the number of female professors in a male dominated faculty (only four of 22 professors were women) is a strong reminder of the deeply entrenched gender barriers women in higher education continue to experience.

The Legal Test for Affirmative Action: Low Grades and Being Male Won't Cut it

Affirmative action programs are constitutionally protected in the Canadian Charter of Rights and Freedoms. Section 15(2) of the Charter protects laws, programs or activities that have an ameliorative objective for individuals or groups disadvantaged because of race, national or ethnic origin, colour, religion, sex, age or mental or physical disability. In R v. Kapp (2008), the landmark case addressing affirmative action, the Supreme Court of Canada upheld a communal fishing

license that provided three Aboriginal bands with fishing benefits. The license, which gave the bands the exclusive ability to fish in the Fraser River for 24 hours, was challenged by commercial fishers. They argued that the license constituted racial discrimination contrary to the equality rights enshrined in s.15 (1) of the Charter that reads: "Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability".

The Court was asked to analyze both ss.15 (1) and 15(2). A legal test to determine when the latter could be protected against claims of discrimination was established. The court held that a program will not violate the Charter's equality rights (under s.15.1) if it (a) has an ameliorative or remedial purpose and (b) targets a disadvantaged group identified by enumerated or analogous grounds protected against discrimination (see McLachlin C.J. and Abella J. at para. 41). When applied to the dispute over the fishing license in Kapp, the Court found that the objective of the impugned affirmative action program was to redress the social and economic disadvantage of certain Aboriginal bands by "... negotiating solutions to aboriginal fishing rights claims, providing economic opportunities to native bands and supporting their progress towards self-sufficiency" (see McLachlin C.J. and Abella J. at para 58).

When applying the legal test established in Kapp to the debate over launching affirmative action for prospective male medical students, it is unlikely that a strong legal argument can be made to endorse such a program. If Canadian medical schools openly adopted a policy of affirmative action for men a challenge would likely follow claiming discrimination against female applicants based on sex. To be consistent with the equality protections of the Charter, such affirmative action for men would require both an ameliorative or remedial purpose, and the target group (male applicants) would have to demonstrate disadvantage based on sex. But what disadvantages would an affirmative action program for male medical school applicants be remedying?

Perhaps the smaller lineup of men wishing to enter medical school would be used to substantiate the discriminatory effect affirmative action for men would have on women. According to statistics released by the Association of Faculties of Medicine of Canada (2009), men represented 42.55% of applicants to Canadian medical schools in 2008/2009. If the absence of men aspiring to study medicine (note the gender gap only reflects roughly a 7% difference) is cited as the objective backing affirmative action for men, the group benefiting from the affirmative action (male applicants) would have to illustrate that when it comes to having equal opportunity to be accepted for medical school, they are discriminated against because of their sex. Would lower Grade Point Averages or less competitive MCAT scores exhibited by men constitute discrimination based on sex? Even if

a relationship between gender, GPA and MCAT scores could be used to demonstrate discrimination against males, affirmative action favouring male applicants would only further discriminate against women, a group that has faced blatant sex discrimination from the medical world in the past and continues to face systemic discrimination today.

Are we too late?

In 2004, Dr. Reiter and his colleagues introduced the Multiple Mini Interview (MMI), an interview tool used to screen prospective medical students. The MMI is now used by twelve out of the seventeen medical schools in Canada (Bradshaw, 2010). Since the introduction of the MMI, described as gender and income "neutral", statistics indicate that the enrolment of women in McMaster's medical school has dropped from 71.94% in 2004/2005 to 61.55% in 2009/2010 (Association of Faculties of Medicine of Canada, 2005, 2010). Dr. Reiter's interview tool has reduced the gender gap experienced at McMaster's medical school, at the cost of female enrolment. With a ten percent drop in female enrollment over a five year period, we should be questioning just how gender neutral the MMI is.

For decades men outnumbered women within the medical field; however, now that women are occupying a (marginal) majority of chairs in Canadian medical schools, fear of the feminization of medical schools has entered the discourse on the gender gap in higher education. It is important to note, that the long history of women dominating in nursing or social work faculties has not generated the same alarmed response over the absence of men; rather, the social outcry alleging the presence of too many women has only occurred in areas of healthcare that are beginning to lose their maleness. If preferential treatment for men formally materializes through the development of affirmative action in medical schools, such scheme would be contrary to the substantive equality objectives served by affirmative action. What's more, the history of gender discrimination within medicine would be overshadowed, and systemic barriers, that continue to challenge women's equality of opportunity once they have entered medical schools, would be inevitably undermined.

Although an initial glance at enrolment numbers in Canadian medical faculties seems to suggest that women have achieved equality within the field of medicine, appearances are not always what they seem. Equal opportunity for women in medical schools and the profession has not yet been reached. Historically men have dominated the practice of medicine and continue to do so today. The debate over affirmative action for men in Canadian medical schools therefore is unwarranted. Rather than mitigating or remedying institutional barriers (a purpose of affirmative action) a system of preferential access for males to medical schools would make a mockery of the social purpose of affirmative action.

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