Foreword

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This anthology of experience provides a historical reference point at a pivotal time for medicine in the United States. The stated goal of the enterprise was daunting enough—explore medicine, humanities, and feminism and bring them together as an amalgamated whole between the cover of a single book. That the task remains unfinished has more to do with history, than in minimizing the contributions of the varied writers—indeed, their thoughts, shared stories, and emotionality are compelling, convincing, and ring with the necessity to forge ahead, to wherever that may lead. The common concern, articulated by all, is that a culture shift must occur, a rigid structure become moldable or broken, or abolished. However, lessons from the history of modern medicine do not indicate the correct choice as to how, and by whom, the structure will be altered. After all, hierarchical structure is a fact of human life, politically, economically, and psychologically. Hierarchy has served medicine well; its patriarchy is caring, if not compassionate, technically proficient, if not emotionally involved. So we are left with the written uncertainties of these pioneers; their doubts, anxieties, their victimization by a system they think they understand only too well but which has yet to live up to its promises to them. The human spirit absorbs absolute oppression, but revolts over unmet expectations, and this collection of writings represents a tentative revolution.

To date, the medical world has successfully avoided any but the most superficial of scrutiny by both groups—humanists and feminists. Both are foreign and feared, but for different reasons. Feminism because it is thought of primarily in terms of women, and as women gain in numbers, if not stature, within medicine, where are the men, and who will think of (and for) them? Humanism because the discipline deliberately asks the unanswerable, forces physicians to think about that which is uncomfortable, because, increasingly, unlike their traditional medical education, there is no "right" answer. The humanists make sport of the rigid "science" in medicine, the bulwark of the profession, the

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mystical knowledge base that undergirds a practitioner's right to declare, "Father knows best, little girl, what you need and is right for you." The imprecision of such scrutiny, along with the double dose of effect, has no place in the medical structure, where "the doctor" in male guise, has ruled for centuries, secure in power and control. Not so strange, then, these questions and criticisms may well be discarded, minimized, placated, ignored. The institution under siege, after all, protects "life," not some business endeavor or legal nicety.

As readers we are treated to a treatise of struggle, stories of an uneasy "fit" in a world that still doesn't really want them, stories of marked uncertainty of how, or even whether, to proceed, what is the next step. How can the message be crafted so as to reach every physician–male, female, minority–with the same impact and expectation of similarity in response? The medical world will deny their right to exist as humanists and/or women, but grudgingly will consider assimilation of both if there is agreement to adhere to rigid rules patterned by the patriarchy. And perhaps that is the most important message of these writers, themselves full of uneasiness, anxiety and even apology, the message that the largest fear is assimilation, and with assimilation death of the right, or need to question a revered structure, a grateful slide into the morass of complacency, a willingness to accept, yet again, "business as usual."

At no time in the history of modern medicine have so many been there eroding the absolute authority of the male physician–economists, politicians, insurance companies, nurses, patients, humanists, and women. He is losing control of his once sacrosanct world where he, and only he, dictated its modus operandi. By itself, medicine cannot reform a world where everywhere women work harder to earn less, accept responsibility for family at the price of oppression, where female life is not valued as highly as male life. The United States will train many women doctors, good, compassionate doctors, and medical education will include the female species. I have no doubt about all of this. However, inequities will persist, and the need for feminists (defined in the broadest of terms) and humanists to question continues. Our women medics will fill a crying need for primary care physicians in health maintenance organizations–at low prestige and low pay. Just as "nurse" today is "woman," so will "primary care doctor" tomorrow be "woman." These professional women won't worry about the fit of their suit; a dress with ruffles will be just fine. Hierarchical control will persist, not in excluding women from medicine in the time-honored tradition, but in determining their type of practice. The male doctor will rule by control of the highly paid, prestigious specialty practices, which again, will exclude those deemed incompatible (read different). The struggle, disguised, is still there, but it will be different, thus the historical value of this collection of essays at this point in time. We can only hope that question, inquiry, and recording into and about the saga continue.

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Introduction

I have often thought that medical education and feminism seem incompatible: a woman cannot be affiliated or identify with both. But if she manages to do so, she might find it difficult to enact them simultaneously. And because one is a job description with rules, norms, and boundaries for acceptable beliefs and behaviors, and the other a political project often working at oppositional angles to those very practices, she may be inclined to regulate her feminism—or have it regulated for her.

I have been in medical education for over a decade and have been thinking and writing about women in medicine for many of those years. I am a student of my women students as I watch them with deep respect and sometimes puzzlement. I respect their intelligence and skills; their willingness to (nearly) martyr themselves to care for others in one of the most dramatic, time-intensive of all professions; their attempts to meld this consuming work with lives outside medicine; and their efforts to do so in settings that are implicitly and explicitly coded by gender, race, social class, and ethnic identity. Yet I am puzzled by many of these same women as students and later as faculty colleagues who manage to work (and yes, even thrive) in settings where middle- and upper-class, well-educated and paid, usually white men are the policy-makers, procedure-doers, and attention-getters; where working-class, frequently poorly educated and paid, often women of color clean the medical schools, hospital rooms, and patients themselves. I am perplexed because I see them engaged in very little sustained critique of this overtly patriarchic foundation of academic medicine that sorts many of them and other women out of career choices and rewards, and prevents many of them from a meaningful integration of their professional and personal selves. Spending one's work life in such an environment has resulted in many women in medicine living with a fair amount of frustration and yes, anger.

Of course there are moments of critique. Thanks to women like Stanford neurosurgeon Frances Conley who publicly confronted the insidious and too often unchallenged sexism in her own context; or Janet Bickel of the Association of American Medical Colleges who has spent years tracking women physicians'/scientists' career patterns in medical education, there are some institutional gestures toward confronting these immense inequities and injustices.

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Likewise, because of the growing number of women in medicine, residency programs are beginning to think about and even implement maternity/parental leave policies; women are finding themselves in medical specialties hugely underrepresented by women; and women are finding more and more of those whom Leah Dickstein calls "men of good conscience" who call themselves feminist, who are willing to confront violations that others claim "will just take time" to erase.

This book is an openly ideological, partial, and unfinished project of women coming together to tell stories–their own–and to theorize variously about women, doctoring, medicine, knowledge, power, families, the academy, patriarchy. As editor, I asked each contributor to write a personal narrative about her feminism–its forms, promises, and problems; and to describe how she enacts her feminism in medical school or university settings and in her life outside medicine.

The essays that followed this request were as diverse as the women who wrote them. Narratives emerged from basic science and clinical settings; at undergraduate and graduate levels across disciplines; in the medical academy and in hospital settings; in their daily, formal and informal encounters with students, peers, administrators, and patients; at home with families. These contributors frequently critiqued the encompassing, deeply embedded, and often unexamined hierarchical foundation of medical education that pervades its structure and intellectual practices.

This is charting new ground. While it is true that feminist philosophers of science have been engaged in a vigorous debate surrounding the implicit ideological basis of western, Enlightenment-based scientific thought for many years (Harding 1986; Haraway 1988; Lather 1991), we find no corresponding radical critique of the *foundational* underpinnings of the medical academy. Indeed, up to this point most feminist debate in academic medicine has been framed to keep women on the defensive, working *within* the existing institutional framework by "offering hope for improvement–but only if they did not rock the patriarchal boat too vigorously" (Warren 1992, 34). Working within a prescribed arena keeps debate surrounding gender (or race, or national origins) away from the larger foundational critique of an institution–here, the medical academy–that continues to operate on unequal power relationships. Susan Sherwin points out that the silence has been deafening on the patriarchal practice of medicine, that "the deep questions about the structure of medical practice and its role in a patriarchal society are largely inaccessible within the [existing] framework" (1992, 23).

No such fainthearted critique here. Indeed, these authors' refusal to remain silent, the values and practices they question, and their ability to use language other than the "arcane, technically precise, esoteric language of the intellectual elite" (Yeatman 1994, 195), make them subaltern intellectuals in the

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medical academy. That is, they are positioned across audiences: the people they write for are not just those who have the power to determine and advance their academic careers, but include those who want to talk feminism or other forms of activism in order to become the kinds of service-delivery practitioners they want to be, as well as activists within the community outside the academy (Yeatman, 195).

An explication of terms and methods is in order. First, the use of "feminism" or "feminist." I had no desire to search for an unproblematic, universal definition of the term. The authors found here differ widely in their insider/outsider status in academic hierarchies, their beliefs about the nature of social change, and the character of their activism. I do, however, share Susan Sherwin's belief that there are some core views that transcend the divergencies that separate feminists in their internal debates, views the contributors found here share. These common themes include a "recognition that women are in a subordinate position in society, that oppression is a form of injustice and hence is intolerable, that there are further forms of oppression in addition to gender oppression (and that there are women victimized by each of these forms of oppression), that it is possible to change society in ways that could eliminate oppression, and that it is a goal of feminism to pursue the changes necessary to accomplish this" (1992, 29).

Second, method. This book rests on the authority of experience, a current in feminist theorizing that dismantles the public-private dichotomy and refuses the theoretical evacuation of the writer. With the exception of the first three writers who provide overviews of the presence, status, and some major concerns of women in medicine, the contributors to this volume recognize that personal and political disengagement and value-neutrality is neither possible nor desirable in this undertaking. Their writing is personal criticism, an "explicitly autobiographical performance . . . [a] self-narrative woven into critical argument" (Miller 1991, 1-2). They write not as self-indulgent confessionals to evoke sympathy or outrage, but to illuminate our collective yet localized struggles, and to work collectively and collaboratively to end ways of knowing, structures of power, medical role-playing, and distribution of resources that oppress and exploit women and others.

Here is the task: how to begin, how to order the theme(s) of feminism in medical education, written by women across disciplines, locations, social arrangements, life histories. The first division is apparent. Three essays by Leah Dickstein, Janet Bickel, and Delese Wear provide readers with historical and theoretical perspectives of women in medicine. Dickstein, whose leadership and mentorship have been invaluable to a whole generation of women physicians, provides an overview of women in medicine in the United States. Bickel, who has from her vantage point at the Association of American Medical Colleges per-

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haps the most comprehensive view of women's career patterns in medicine and medical education in North America, has written a national perspective on sexism and professional development in medicine. Finally, Wear and Bickel ground their chapter in the results of a survey of women faculty appointed as liaison officers to the Association of American Medical Schools, discussing this groups' perceptions of feminism and the climate in which they work.

A second group of essays focuses on training and workplace issues outside family and parenting concerns. I make this distinction with hesitation, not wishing to imply a tidy division between our lives at work and our lives as members of families and communities. Still, five essays focus more directly on environmental issues rather than the pressures of these other commitments. Jacalyn Duffin traces her professional development as a physician *and* a historian, describing what that has meant to her medical career, how it has influenced her teaching, and how it has helped her to realize that our "failure to contemplate . . . what it has meant to be a 'doctor' [is] a product of centuries of male definition." Mary Mahowald writes on how idealist pragmatism informs her work, and provides examples of how she survives and even sometimes prospers in a medical academy. "Father Knows Best . . ." is the wry title of Deborah Jones's essay that traces the development of her feminist consciousness, a consciousness that helped her to focus a critique of sexist structures in the medical academy, including exclusionary/segregationary networking, language patterns, environmental arrangements, and other differential treatment of women. Dale Blackstock adds the story of her journey from the inner city to Harvard Medical School, drawing strength along the way from her family and mentors and looking now to her mother and other African American women who have "achieved the unachievable." Perri Klass draws on her own experience along with other well-known women physicians to address the question, "Do Women Make Better Doctors?" Next, Kate Brown describes what her feminist commitments mean to teaching ethics and health policy: "something forged from the dynamic swirl of political and economic influences which need to be appreciated and weighed in light of one's moral and medical judgments, upbringing, personal commitments, and emotional state." Pamela Charney describes her innovative efforts to develop a combined residency program in general internal medicine and women's health. "Life as a Sheep in the Cow's Pasture" is how Marian Gray Secundy describes her life as an African-American feminist in the predominantly black environment of Howard University. And finally, I have written an essay that proposes how feminist criticism might become a framework for teaching literature in medical settings, whereby issues illuminated by literature take readers deeper into the personal and political domains, where teachers and students together can engage in heretical questioning of patriarchal practices in both the culture at large and in the medical culture reflecting and reinforcing those practices.

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A third section, "Personal and Professional Identities," includes essays in which writers bring to the foreground more of their lives outside medicine to examine the importance and uneraseable presence of those lives in the dailiness of their work as doctors, researchers, teachers. Rebekah Wang-Cheng weaves stories of her mother–a woman born in China in 1912 and "a feminist who probably doesn't even know the meaning of the word"–throughout her essay as a reminder to feminists in medical education to lead the way in demonstrating respect for others as well as for ourselves. Like Wang-Cheng, both Lucy Candib and Beth Alexander include parenting issues in their personal narratives as physicians. Alexander's essay, written as diary entries beginning with her application to medical school when she was already a mother and a counselor, weaves incidents and observations about patients, doctors, gender, and power, often returning to the seeming impasse of finding herself torn between her own needs, the expectations of her job, the needs of her patients, and the needs of her children. Candib's essay contains a running dialogue/interrogation between the formal content of her written text and her thoughts about the process, braiding stories of her doctoring in a neighborhood health center, teaching residents, laboring through childcare issues with residents and colleagues, and still, twenty years after she started to practice, working against medicine "trying to make a man" out of her. And last, Marjorie Sirridge writes of her long journey through medicine, working through a training system never intended for women with children, and discovering several men of good conscience along the way who helped her acquire the credentials that marked the beginning of a extraordinary fifty-year career in medicine and medical education.

I believe the theoretical/political, methodological, and practical issues surrounding gender are complex, historically situated, and tangled in the influence of a language we only partially understand. Like bell hooks (1992), I think the kind of theorizing found here

> invites readers to engage in critical reflection and in the practice of feminism. To me, this theory emerges from [our] efforts to make sense of everyday life experiences . . . Our search leads us back to where it all began, to that moment when a woman or child, who may have thought she was all alone, began feminist uprising, began to name her practice, began to formulate theory from experience. (82)

The styles, stories, and situations of the writers found here reflect these complexities; their context-bound subjectivities will quickly become apparent to readers. Moreover, their differences even in the face of their common commitments are illustrative of feminism itself, and, I hope, part of the multilayered feminist consciousness found and evolving in the medical academy.

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