

ST. LOUIS Women

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**Women Are
Changing
the Face of
Medicine -
Dr. Jennifer
Lawton
of BJC &
Washington
University**





WOMEN ARE CHANGING THE FACE OF MEDICINE

A comforting voice at the end of the phone can be quite encouraging when calling the doctor's office. Beverly Wolf, assistant to Dr. Jennifer Lawton, is a sterling example, putting you right at ease as soon as she answers the phone. No matter how small it may be, the touchstone of the doctor's creed -- first do no harm -- should begin with the first hello.

Unsurprisingly, women patients are finding it critical for providers of health care to be more sensitive, starting with the first encounter. Alarming reports have amplified this. For example, studies are showing that women with heart disease are "less likely than men to receive proven efficacious therapy and medication." Responding to a patient's needs is an art and a science; and yet it is safe to assume that a patient's illness is traumatizing. By the same token, the complexities of a growing medical plutocracy may pose a barrier to having more of a human touch.

Working to overcome barriers and improve women's heart health is Dr. Jennifer Lawton of Barnes Jewish Hospital and Washington University. Young, petite and attractive, you could





easily mistake her for a soccer mom. Her natural bedside manners are indicative of how she has shaped her practice: warm, sensitive and efficient. Already establishing a moniker of bringing a woman's perspective to medicine, she represents a handful of women cardiothoracic surgeons in the country, a mere one-or-two percent of all practices.

Dr. Lawton is shedding more light on intractable heart problems among women, known as "the equal opportunity killer." She is also performing an innovative heart surgery showing promising results - a coronary bypass procedure while the heart continues to beat, making it less invasive. "It makes the death rate in women equal to men," said the assistant professor of surgery, Division of Cardiothoracic Surgery.

Cardiovascular disease is the number one killer of women, not cancer. Women are six times more likely to die of a heart attack than breast cancer. A staggering nine thousand women in the U.S. younger than 45 have heart attacks each year. The pivotal year was 1984, when deaths of women with heart ailments surpassed men. "While deaths of men are going down, deaths of women are going up," she said. Some contend more women heart specialists could step up the pace in addressing the problem. Dr. Lawton said hopefully this will help, but more research is definitely needed.

Women are changing the face of medicine, albeit the struggle for equality has been a long hard slog. Women currently represent about 43 percent of physicians, up from 12 percent in 1980, according to The American Medical Association. Founded in 1846, the AMA, originally barred women from membership. In 1849, Elizabeth Blackwell was the first woman doctor in the U.S. to graduate from medical school. Like historically Black colleges and universities, medical schools for women were established to give women access to training as they were barred from admission into all-male schools. In the early 1900s, women pushed for admission to all-male medical schools. After this victory was won, they had to prove they were just as capable as men. Now they are pushing for more leadership roles.

"Women are taking more of an interest in medical school and the number of women applying is going up," said Dr. Lawton. Currently 50 percent of medical school students are women. Yet, challenges remain in this deeply imbued male dominated profession.

"There is a long training period and training in the reproductive years," she said. "So there are concerns like having children, the right time to have children and childcare issues." Undergraduate school, medical school, residency and fellowships can be as long as fifteen years.

Like any woman, women physicians are the primary caretakers in families. Generally, this responsibility is a specific barrier for women in any field and is further exacerbated with women physicians. As noted, pursuing a career in medicine could mean tough decisions such as putting off marriage and/or having children. Although slowly changing, most men in medicine don't have to worry about childcare, hence, they are less encumbered, more able to advance and more successful.

The training for Dr. Lawton as a cardiothoracic surgeon was longer than other specialties. After four years of medical school, she was first trained and certified as a general surgeon and then two more years of training as a heart surgeon with board certification.

By the time she started working four years ago, she said she was in her 30s. "Now you don't have to be board certified to be a heart surgeon, so training is less."

The decision to delay having a family or maybe never having children can be a huge sacrifice that many may not be willing to make. Not to mention long grueling hours during and after medical school. Medical training in the U.S. is longer than other countries. There has been some discussion of shortening it, but the chances of this happening are slim at best.

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The profession is increasingly attractive to women, including good salaries, although pay gaps remain between women and men. The socialization of women as caregivers -- nurturing, attentive, multitaskers -- should be a natural fit with doctoring. Calling them "heirs to Hippocrates," Helen Fisher in her book, *The First Sex – The Natural Talents of Women and How They are Changing the World*, asserts women "bring new attitudes to healing." For example, they generally spend more time with patients, treat the whole patient and mix Western medicines with alternatives.

Dr. Lawton was attracted to cardiac surgery because "the surgeons (predominantly male) were the nicest." Her experience belies the

"Women are more likely to die from heart surgery and when you're younger than 50, you are three times more likely."

prevailing view of heart surgeons being clannish. Hierarchies of doctors with surgeons at the top are not uncommon. She said the image of the haughty heart surgeon could well be a stereotype, and she continues to encounter this perception. While older women doctors faced more prejudice from their male counterparts, this could be changing. Dr. Lawton said she not only had supportive male colleagues and instructors, one was her mentor.

In addition to training more women heart surgeons, the need for more public awareness and research are begging for development. Dr. Lawton said the American Heart Association has a large campaign and many have worked very hard on public education. Called "Go Red for Women," February 17, 2006 was national "Go Red Day." There is a pin made like a red dress, emblematic of the problem. Still, there are far too many unfamiliar with the pin and the campaign. More ubiquitous and well known is the pink ribbon breast cancer awareness merchandise.

Increased national campaigns could very well turn this problem around. For example, on February 3, the Sister to Sister Health Fair at the St. Louis Galleria had free heart health screenings, including experts and celebrities discussing heart health; interactive exhibits and learning ways to reduce risks. Sister to Sister sponsors National Woman's Heart Day each year. The Federal Government has proclaimed the third Friday of February to be National Woman's Heart Day.

Last year in November, the BET Foundation hosted Women's Health Forum at Harris Stowe State University, aimed at African American women who tend to be at higher risk of heart disease and stroke. The forum discussed women making healthier life style choices and being more of an influence on their families and communities.

"Women need to make their own health their first priority," she said. "They need to talk to their doctor about their risk. They need to know their blood pressure, ideal body weight, cholesterol numbers and blood sugar." She said the reason for heart problems among women is "multi-factorial." For example, "they go to the hospital later; women put their aches and pains last. They have atypical symptoms (such as abdominal pain and fatigue) and don't perceive it as a number one risk"

At a recent talk given by Dr. Lawton to an all-women's audience of university personnel, many complained about gender bias on the part of physicians and unfriendly bedside manners. They said their questions are often ignored or dismissed and their physical complaints resisted. Given that women are not referred as often for stress tests, cardiac catheterization or surgery, doctors may not be accurately diagnosing problems and treatment could be delayed

Some of the university women said some women doctors are just as unresponsive as males, indicating something besides male bias. Historically, the practice of medicine has tilted toward male health problems. Needless to say, women like men physicians have been indoctrinated to address health problems of men more than women, which could explain why some women doctors are also discounting women's symptoms.

Regardless, better treatment is a matter of life and death. "Women are more likely to die from heart surgery," Dr. Lawton said, "and when you're younger than 50, you are three times more likely." Clearly "more education is needed for everyone" and that includes physicians.

She suggested women find a doctor more sensitive to their needs, maybe even looking for a woman. They could ask more questions and get second and third opinions. While asking more questions is important, getting more than one opinion is usually not covered by health insurance. None of these proposals are panaceas, but



could begin to empower women patients to take more charge of their health care and demand better treatment.

To address the paucity of female heart surgeons, Dr. Lawton is reaching out to younger women inspiring them to have medical careers. For example, she invites women to her practice to observe what she does to get them more interested in attending medical school.

Her work brings great satisfaction, adding, "My work is rewarding because I have the ability to make someone better immediately with an operation and medicine, from going from daily chest pains and difficulty breathing to going home feeling much better."

One could say Dr. Lawton is privileged in "having it all," that is, a successful career and family. Before coming to Washington University, she completed a cardiothoracic fellowship at Pennsylvania State Hershey Medical Center. She was administrative chief resident at the Medical College of Virginia, completing an internship and residency in surgery and a research fellowship in the cardiovascular laboratory. Her son, now 3 years old, was born after she joined Washington University and she gave birth to a daughter this February. Her husband, Dr. Mark Grimm, is an ear, nose and throat doctor.

Already a familiar voice in the field of women's heart health, she is frequently quoted in the press. The American Heart Association sponsored her talk last year, November 22, at the St. Louis College of Pharmacy to the American Association of University Women. It is one of the ways she reaches out to educate and empower women so they can have more of a fighting chance to defeat this deadly disease.

Malaika Horne, Ph.D.
Director of the Executive Leadership Institute -- College of Business Administration at UMSL



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