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Improving diversity in radiology shouldn't be looked at as an obligation.

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On the gender gap in radiology

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"I was a better man with you as a woman than I ever was with a woman as a man."

—Michael in Tootsie

I started my breast imaging fellowship under the guidance of Ellen Shaw deParedes, MD, a former member of the *Applied Radiology* editorial board. Teaching was Dr. deParedes' passion; exchanging knowledge was her gift to scores of medical students, residents, and fellows.

However, more than anything else, I recall with great admiration her innate ability to connect with patients. She was able to recall with ease countless number of patients' names and their unique personal stories. "Dr. Ellen," as she was often known to her patients, was more than their doctor: she was their friend, their aunt, their sister, their daughter. She was a pillar of support in their darkest hours, and she celebrated their finest victories. That is the essence of why I was proud to have her as my mentor: She was someone who could transform the technology-driven specialty of radiology into a specialty of compassion.

I'm reminded of Dr. deParedes's influence when I think of the gender gap that continues to plague radiology.

In 2006, women constituted only 25 percent of radiology residents even though they constituted 45 percent of medical students.¹ Sadly, the percentage of female radiology residents remained stagnant, at 27 percent, as of the 2014-2015 academic year.²

Radiology's failure to attract more women may be multifactorial; the technology, the length of training, the perceived lack of patient interaction, and lack of radiology mentors may all play a role. In academic practices, moreover, women are more likely to choose part-time work; part-time workers are less

likely to obtain research grants and are less likely to get promotions.

Indeed, these may all be reasons why men like myself continue to dominate the profession, even in subspecialties such as breast imaging. As a resident at the University of Virginia in the early 1990s, most of my role models were male, strong, confident, and competent leaders in their chosen fields, and I was striving to be like them. I still recall the questioning look I received when I told my interventional radiology attending I was entertaining the thought of pursuing a career in breast imaging. "Are you sure?" he asked. "You realize that many women prefer going to female physicians."

On a more positive note, the overwhelming majority of female radiologists say they would recommend radiology as a specialty for women.

But it's clear that more must be done. Enabling medical students to rotate through such subspecialties as breast imaging and interventional radiology, for example, could help to reduce the inaccurate perception that radiologists have limited contact with patients.

Improving diversity in radiology shouldn't be looked at as an obligation. Rather, it should be perceived as an opportunity to bring unique perspectives into our field and to help us all move forward in serving our patients in a more compassionate way.

I think Dr. Ellen would agree.

REFERENCES

1. Baker SR, Barry SR, Barry M. Women as radiologists: Are there barriers to entry and advancement? *J Am Coll Radiol.* 2006;3(2):131-134.
2. Kattapuram TM, Patel AK, Selberg AO, et al. Radiology as a career for women: influence and recommendations. *J Am Coll Radiol.* 2017;14(5):668-670.