

Another Untrue Study of Gender Disparity In Caring for Patients



By Chuck Dinerstein — August 10, 2018



Courtesy of eommina [1]

Gender disparity, the real and the “not really” is to be found everywhere. There is a growing body of research claiming that women and men physicians are better or worse than one another concerning the care they provide or the income they receive. A new study suggests that when women treat women for heart attacks, they have better survivals than when cared for by male physicians. It advances a literature that continues to be flawed and as a result should be considered with a large, large grain of salt.

In this study, the emergency department (ED) records for patients admitted to Florida hospitals was examined looking at survival. The researchers choose the ED because it is often first come, first served, with the most ill at the front of the line so that the physician caring for the patient, along with their gender, was somewhat random. They determined physician gender based on their name, eliminating the physicians with gender ambiguous names. (Note cross-referencing against our national practitioner identifiers would have given them our stated genders and made the work a bit longer but perhaps more correct.) With the use of formulas and lots of regressions (the authors who are economists, love mathematical equations) they found that the baseline mortality was 11.9%, and here is the crucial finding, a female patient cared for by a female physician “reduced the probability of death by 5.4%, relative to that baseline.” If I understand correctly, the mortality was then 11.25% and while the number is small, if you are one of the women you want the best care possible.

The study’s flaw

The only problem is that the outcome being measured, death, occurred for the most part after they

were admitted sometime later in the course of hospitalization. If the outcome were deaths in the ED, the gender of the ED physician might be pertinent; but they attribute survival to the physician who diagnosed and stabilized the patient, not the physician team that might be more accountable for that final result. It bears repeating; health care is a team sport, so it is unlikely that only one doctor was involved in their care.

Teasing the information about the gender(s) of the entire treatment teams from ED through hospitalization creates a hot mess of possible categories, e.g., female ED doctor with a male cardiologist and female internist vs. male ED doctor with a female cardiologist and a gender fluid internist. By not considering the entire hospitalization and the genders of those involved they cannot reach a meaningful conclusion; that might as well have looked at the gender of the person bringing the patient to the ED and correlated survival with that.

As a male physician I bristle at these studies, perhaps I would bristle less if they demonstrated no difference or that in some cases men were “better.” But the truth is not to be found in this work because the ED physician provided the initial care and should only be attributed the outcome in the ED. Show me the data that more women died in the ED under the care of male rather than female physicians and we can have a conversation. And I promise to try and be objective.

One of the possible sources for the great failing of this study may lie in the author’s lack of understanding about the provision of care. Their opening paragraph equates medical treatment as advocacy, in their words

“...in the absence of gender concordance between advocates and those they advocate for – particularly in those instances where men are advocating for women – women have been found to fare worse than their male counterparts....”

The only time I advocate for my patient is when I am dealing with recalcitrant administrators or insurance companies, the rest of the time I care for my patient. And that care is delivered by teams that included members of all genders. Are there disparities between the genders, absolutely, but this study does not prove it.

Source: Patient-physician gender concordance and increased mortality among female heart attack patients Proceedings of the National Academy of Science DOI:10.1073/pnas.1800097115

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