

Muslim Women Have a Gender Preference for Female Physicians

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Keywords: *Female physicians, female doctors, women doctors, gender preference, medical school curriculum, Muslim women, ethics*

Abstract

This review article serves to bring attention to the need for diverse cultural and religious understanding within the medical workforce for Muslim women patients specifically. Women patients generally prefer women physicians. (1) The authors assess four surveys from women patient populations, the final of which also interviewed medical professionals. The female patients in these surveys were found to convey both a lack of access to female physicians and a preference for women physicians. These surveys have also conveyed that, in instances where same sex physicians are not present, necessary care may be delayed or left unobtained. (2) This is even more of concern in emergency medicine situations where physician attention is required immediately and, statistically speaking, a female physician may not be available. Muslim women are brought into focus due to the religious nature of this preference. With patient comfort and healthcare accessibility in mind, the authors assess the findings of these four surveys to advocate for the respect of patient preferences through the acclimation of more female physicians and cultural/religious sensitivity training in the medical workforce.

Women in medical school

Unfortunately, there is still a problem with the kind of attitude and treatment given to female doctors compared to male doctors. (3) The field of medicine has been historically male-dominated and considered an easier profession for men. Shelby Ross, a medical graduate from Canada, stated that when women began showing interest in the discipline, hospital administrators and male medical students argued that they would not be ideal candidates. Concerns were voiced that women would simply drop their medical careers when they got married and had children, which meant men would be more ideal candidates for the job. They felt giving women training

for a career they would end up leaving was a waste of time and resources that would be better spent on men. (3) While women may have familial responsibilities by nature or desire, it is not appropriate for society as a whole, especially medical institutions, to make this assumption and penalize female doctors, such as by paying them less. In this fashion, women are discriminated against solely because of their gender. (1)

Muslim Women Patients

There has been an increase in the request for same sex doctors by Muslim women over the last few years. (2) Muslim women were surveyed in Chicago regarding their

view on same sex doctors and how they are treated once they ask for this request. The survey noted a delay in seeking medical care when there is not a female doctor available upon request. Additionally, 93% of women who self-reported they had high levels of modesty on the study scale, also reported always facing some sort of delay. When Muslim women find that the system does not cater to their religious needs, they may presume “perceived religious discrimination” within the system, compounding on delays in care. To achieve true health equity, supporting individual patient needs, even religion-based, is a necessity.

The push for same sex doctors stems from Islam having certain rules and regulations that revolve around daily interactions and any kind of health-related encounter. (4) Religious decrees in Islam dictate a level of modesty that must be maintained between the two sexes. The two sexes are expected to maintain physical distance unless absolutely necessary, as well as cover the body in front of one another. While the degree to which an individual adheres to this religious doctrine varies based on a variety of variables, seeking medical care when only physicians of the opposite sex are available proves difficult for those who are stricter with their adherence.

An emergency department surveyed both Muslim men and women from Saudi Arabia concerning any delays in services. (4) The survey concluded that about 65.1% of the population, which was 87.5% female, preferred being seen by a female provider compared to a male provider. Having this large percentage of the entire population challenge the medical field’s view on women and what kind of role they actually play is noteworthy. Within the Emergency Department, there are numerous issues that impact the delay in services to Muslim women. For example, this emergency department usually involves very sick patients that need services extremely fast. This may cause a problem because there are not always female physicians readily available for less urgent cases like physical examinations. Since physical examinations involve touching one’s body, female physicians are preferred. A solution may be informing women not to come to the Emergency Department for more routine, primary care appointments in which they can seek their own female physician to care for them.

Muslim women’s preference of same sex doctors in OB/GYN

In specialities such as obstetrics and gynecology, Muslim women prefer being seen by a same sex doctor compared to male physicians. (5) In a public hospital in Al Ain,

UAE, these female Emirati nationals were interviewed by medical students revolving around services such as gynaecology and/or any other medical consultation. They were given a number of different hypothetical scenarios in which some questions were about personal physician preferences while one scenario asked about physician preferences for an 8-year-old child. They were also asked about past experiences being treated by either a female and/or a male physician. Female physicians were preferred for gynaecological services and/or physical touching. (4, 5) More than 50% of the population being interviewed would refuse being seen and/or treated by a male physician as they felt much more comfortable with a female physician. By contrast, patients were fine with an 8-year-old being seen by a physician of either gender. McLean et al. concluded that the medical field has to respect and accept different religious and cultural values. (5) This should be taught and explained during medical training in order to allow these Muslim women to feel just as comfortable as anyone else. Another survey conducted by Hasnain et al., asked for personal stories from patients about both positive and negative experiences with physicians. There are numerous instances where Muslim women reported not feeling comfortable with their healthcare provider. Certain notable comments mentioned that doctors were overtly familiar, complimenting the patient’s figure, or that the physician “expressed an arrogant level of superiority.” (6) Both women and physicians found the lack of mutual cultural understanding to negatively impact physician-patient interactions. These studies support the need for provider education about basic religions and different cultural beliefs.

Conclusion

Overall, the desire for a more culturally and religiously sensitive workforce for same sex physician preferences has been made evident. Furthermore, without the presence of more female physicians in the workforce, many women may delay or avoid care which can lead to adverse health consequences for patients, as well as a difficult workplace for physicians. As a result, there should be a greater emphasis on recruiting and training women into the medical workforce and incorporating cultural sensitivity training for all physicians. Limitations for many of the cited sources include a small sample size. Future studies should focus on expanding this data pool, and set out to assess physician-patient interactions in settings where cultural/religious sensitivity training programs may have already been implemented. A strong association between training and positive healthcare experiences will further cement the need for it.

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