

## LETTERS

### Sexism in medical care

We read Manzoor and Redelmeier's article on sexism in medical care with great interest.<sup>1</sup> Their article tackles gendered perceptions in medicine, which is a pressing issue in the medical profession and a topic of increasing interest to researchers. The article offers independent strategies that female physicians can use when they are mistaken as nurses or other health care professionals in the clinical setting. Although well thought out, independent strategies can be useful tools for combatting socially constructed perceptions of gender and identity, we worry that the authors have missed the larger problems of sexism in medical care by focusing almost exclusively on physician-patient interactions.

While existing research<sup>2,3</sup> has shown that mischaracterizations (e.g., unequal naming practice) can feel frustrating and demeaning for female physicians when interacting with patients, research from our team and others<sup>4,5</sup> has also shown that it is the prevalence of gendered norms and subtle microaggressions

between medical colleagues that principally reinforce the perception that female physicians are of a lower status than men and negatively affect their careers and well-being. Manzoor and Redelmeier appear to suggest that we hold patients to a higher standard of accountability than male clinicians, given that the single paragraph that discusses clinician-clinician interactions is titled "collegial humour" and puts forth the assumption that when female clinicians are mistaken for something other than a physician by their male colleagues, it is a rare error that should be combatted with good humour. In contrast, research has shown<sup>6,7</sup> that female physicians regularly experience both subtle and overt forms of discrimination in the context of their medical teams, and we contend that these professional relationships should be the primary focus of efforts to improve equity in medicine.

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