

Sexism in medical care: “Nurse, can you get me another blanket?”

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One weekday afternoon, you begin bedside patient rounds after listening to a seminar on “Women in Medicine”: in your opinion, a somewhat antiquated topic in the new era of modern, equitable health care. The routine is predictable yet impressive as you weave from room to room: a thoughtful greeting, an attentive inquiry about symptoms, an elegant physical examination. You even examine for whiskered pectoriloquy! Your silver-haired Oslerian mentors would have beamed with joy at your clinical prowess. Excellent job! As you head toward the door, the patient asks, “Nurse, can you get me another blanket?”

This interaction is frustrating but no surprise for female physicians who are repeatedly mistaken for nurses or other health care professionals.¹ Examples of other patronizing, gender-stereotyping comments from patients include calling female doctors “honey” or “sweetie,” viewing young female physicians as inexperienced, asking intrusive personal questions, and tacitly presuming men are physicians.^{2,3} The persistence of sexism despite rising female representation indicates that professional membership alone is insufficient.⁴ Systemic change is underway, but why wait in silent bitterness?^{5,6} Here, we offer 7 strategies for the physician who finds herself, once again, mistaken for a nurse (Box 1).

Feminist critique

Patient comments are frequently mistaken and amenable to corrective discussion. When a patient with hemiparesis requests, “Nurse, can you scratch my back?,” you might respond with, “That’s a potentially sexist assumption; I’m really a

doctor.” In case you worry about accusing an unaware octogenarian of sexism, a diplomatic yet equally effective reply might be: “I’m a doctor. I wonder why many people make that mistake.” This crafty yet subtle rhetorical question will convey the same message. With a cool mind, even sexist remarks can lead to helpful education while preserving both doctor and patient dignity.

Professional admiration

Nurses are indispensable clinicians and their contributions to patient care should be celebrated. If a patient demands, “Nurse, please stop the IV machine from beeping,” you might credit your nursing colleagues by saying, “The nurses are terrific, but my responsibility is to be your doctor.” Indeed, silencing the screeching IV remains a nursing superpower. This conveys tact, and may potentially earn

respect from a nurse in earshot and do justice to your hours of interprofessional education lectures together.

Male solidarity

Medicine is a collegial profession that extends to including solidarity from male bystander allies. When a patient turns off their phone, muttering, “Sorry, I have to go — Dr. Male is here with his nurse,” Dr. Male might chime in and support his female colleague: “Actually, this is my new colleague, Dr. Female,” or “Ms. Medical Student, a soon-to-be doctor.” Indeed, a quick response from a credible masculine voice can be quite convincing for some patients. This strategy is particularly helpful for patients who require repeated clarifications by the female medical student explaining that she is not a volunteer, nursing student or music therapist.

Box 1: Repertoire of responses to “Nurse, can you get me another blanket?”		
Strategy	Objective	Suggested response
Feminist critique	Question sexist assumptions and educate patients	“That’s a potentially sexist assumption; I’m really a doctor.”
Professional admiration	Acknowledge distinct contributions of nurses	“I admire the nursing staff, too.”
Male solidarity	Encourage male bystanders to defend female physicians	“Actually, this is my colleague, Dr. Female,” or “Ms. Medical Student, a soon-to-be-doctor.”
Blunt efficiency	Address misguided comments promptly	“I can write my name and title on the board, if you like, so everyone can remember.”
Convivial bedside manner	Gently correct with confidence and kindness	“Thank you for the compliment — but as your doctor, I hope you find my medical skills just as excellent!”
Superior authority	Establish your boundaries against sexist insults	“I hope you are not treating the nurses in this frankly inappropriate manner.”
Collegial humour	Forgive and joke about awkwardness	“If I was a nurse, there is no way I’d wear these hideous hospital-issue scrubs today.”

Blunt efficiency

Time in clinical care is precious on hectic days. Should a patient happen to ask, while you are performing a lumbar puncture, “Nurse, do you know when my doctor will be coming?,” you can flatly state, “I am your doctor.” Sometimes, patients may struggle to process who’s who in a large clinical team. For such patients, a helpful follow-up statement could be: “I’m sorry, I forgot to introduce myself properly. I am Dr. X. I will write my name and title on the board so everyone remembers.” This strategy is precise and spares tangential discussions from chatty patients on busy days.

Convivial bedside manner

Patients in hospital are sometimes so frail and vulnerable that sympathy for their condition may be considered kinder than a straightforward response. When a cachectic and nauseated patient with metastatic cancer moans, “Nurse, can you please fetch me a basin?,” you might say, “Of course I can! Here it is. By the way, I am a doctor.” Alternatively, when a patient you have known for a month introduces you to her family, “Meet my favourite nurse!,” you may pacify your broken heart with “Thank you for the compliment — but as your doctor, I hope you find my medical skills just as excellent!” These responses demonstrate that assertiveness and kindness are not mutually exclusive.

Superior authority

Medicine is not immune to the misogynistic views of some members of society. Patient comments are sometimes genuinely chauvinistic.⁷ You may try to tackle the problem yourself unilaterally: “I hope you are not

treating nurses in this frankly inappropriate manner.” The goal is not to inflame an altercation or engage argument; rather, it is to show you have clear professional boundaries against bigotry or insulting comments. A preplanned repertoire of responses may help the physician who is taken by surprise by a patient who unwittingly or intentionally expresses a sexist comment.⁸ A brusque response, such as “Should I call security?,” is justified if you are feeling unsafe.

Collegial humour

On occasion, you will be mistaken for a nurse by another clinician. When the July male intern asks you to draw blood, perhaps spare your draconian criticisms for his more worrisome clinical errors. Instead, try light humour: “Oh, you don’t want me to try that. I haven’t done that since graduating from medical school years ago.” The offender may sometimes be another female clinician, in which case a collegial reply may be: “If I was a nurse, there is no way I’d wear these hideous hospital-issue scrubs,” perhaps followed by a comment about the awful design of the hospital electronic medical record, to help the colleague save face. These responses acknowledge that most clinicians are imperfect and susceptible to stereotypes. Plus, you will win allies if you eventually make the same mistake!

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