

## APPENDIX 2

### POINTS ARISING IN THE DISCUSSION

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#### *Influences on the choice of medicine as a career*

A number of the women cited the influence of parents (some of them graduates themselves) in their pursuit of higher education. Twice as many of the women had attended independent schools (including a convent school) as had been pupils at local authority grammar schools. It was not felt that head-mistresses had attempted to channel them into teaching or nursing. One woman described an early sense of vocation and another recounted having left school at the age of sixteen and having studied physics, chemistry and biology at evening classes. A further participant had switched from classics and found the first year of the medical course very difficult. One woman opted for medicine after being discouraged from studying veterinary science in 1933, but in general the group had not met with opposition to their choice of career.

Entry into medicine in the 1930s was not seen as an expression of social mobility by any of the women (although marriage to a doctor was). This was in part due to the absence of grants for most of this period, which largely restricted entry to medicine to those already in possession of sufficient means to pay for higher education. Two women had obtained scholarships for at least part of their studies.

#### *The acceptance of women as doctors*

It was generally felt that women doctors met with total acceptance from patients and that women patients in particular welcomed their presence (although one instance was cited of a woman who insisted on being operated on by a man). With one exception, they had experienced no problems with nursing staff, for whom they were full of praise.

Their acceptance by men doctors was somewhat mixed. One woman who had been in general practice felt she met with resentment and lack of co-operation from male colleagues in a competitive field, whilst being fully accepted by consultants she had known as a house officer and by local pharmacists. Another woman in general practice, although accepted by her male colleagues, always felt she must work a little harder than them and found herself asked to do things they were not prepared to do themselves. The point was made that men frequently had fuller social lives and women were often expected to cover for them. In general, however, the women had sensed little or no discrimination from male doctors with whom they worked on grounds of sex and saw this as a non-issue. One participant suggested that any resistance that had been experienced could be put down to their being young and inexperienced rather than to their being women.

#### *Women and careers*

A few instances were cited of women meeting with active discrimination on the grounds of sex. One had applied for a hospital post but at interview was informed that the job was not at the main hospital but in a convalescent home. When she protested that this was not

the post she had applied for, she was told, 'But you are a women; you won't get any other sort of job.' Another, having decided to retrain, was advised by a Dean of Medicine known to be anti-women to enrol on the Certificate rather than the Diploma course; she had subsequently found this limited job opportunities. A further woman found her sex debarred her from obtaining a post in Public Health in Scotland.

The prime influences on career pattern, however, were seen as marriage and children; this had led many women into seeking part-time work or specialties with no on-call commitments. Thus many women had combined career and family, but with heavy reliance on domestic help. One woman pointed out that whilst husbands might be generally supportive, this was not a period when domestic responsibilities were shared, especially by men with their own heavy and unpredictable work-loads in medicine. (The view was expressed that it was more feasible, with changed social attitudes, for women to combine full-time careers and families in the present day). Some of the women had remained in part-time employment, for others marriage and child-rearing had only delayed their career development.

### *The effect of the war on careers*

The point was made that medical students were not as well trained during the war as before it, since many of the teachers had been called away for military service. However, shortages of staff in hospitals led to most students having to take on house officer posts which afforded them experience which they would not normally have had at this early stage in their careers.

The uncertainty of war had led both to early marriage (and sometimes to delayed careers, as described earlier) and to later marriage or unexpected careers. One woman recounted that, newly married, she had intended to start a family rather than pursue a career but the war intervened and her husband was away on military service. When he returned, she was unwilling to relinquish the career she had established in the meanwhile.

Peace-time brought its own problems and dilemmas. One woman stated that she had decided not to seek consultant status, as she considered such posts were needed by men returning from the war. However, it was pointed out that no one actually lost a job in medicine with the return of male doctors; rather, they were not in a position to pick and choose. Supernumerary registrar posts were created to complete the training of returning men and as a result there were far more junior positions available than in the present structure of the hospital service. There was an overall shortage of doctors and many continued to work after retirement age. Changes in medicine and the inception of the National Health Service opened up new avenues and many women moved into these fields after the war, leaving the men to resume their previous careers.

However, not all men returned from the war unscathed and this had lasting effects on the careers of some women in medicine. One woman found her career pathway permanently interrupted by the need to care for her wounded husband and other cases were reported of career choices being dictated by the necessity of the woman to become the main breadwinner. Some women had their careers affected by having to assume sole responsibility for caring for aged parents who had lost a son during the war; they had little option but to take part-time

work or to remain in jobs with no prospects for the sake of remaining within easy reach of the parental home.

### *Conclusions*

Although aware of the problems encountered by earlier generations of women entering medicine, this particular group of women (graduating between 1935 and 1948) did not perceive, on the whole, that they had met with discrimination in their medical studies or careers during the war on the grounds of their sex. Most related difficulties they had encountered in their subsequent careers to the problems facing all women who attempt to combine work in a structured profession with domestic responsibilities.

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