

Chapter 15

Conclusion: Women in Pediatrics



Jennifer K. O’Toole, Barbara Overholser, and Nancy D. Spector

Conclusion

The contributions of women practicing in the specialty of pediatrics have been tremendous over the past century. Women have been pivotal in the specialty’s clinical, research, educational, and advocacy efforts and have helped shape the course of the specialty. Women are still avidly entering the specialty and continue to advocate for the health and well-being of all children, all while balancing roles as mothers, caregivers, partners, mentors, and sponsors. Women in pediatrics have been central in building national organizations and research collaboratives that have helped advance child health at the local, national, and global level. Despite all these fundamental contributions, the well-being and success of women in pediatrics is at risk. Faced with systemic bias, discrimination, harassment, and inequity in the setting of the world’s most dangerous pandemic in the past century, women may opt to not enter or leave the specialty or the practice of medicine all together. Therefore, the time is now to put forth interventions, policies, and practices that support and elevate

J. K. O’Toole (✉)

Internal Medicine-Pediatrics Residency Program, Departments of Internal Medicine and Pediatrics, University of Cincinnati College of Medicine, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH, USA

e-mail: jennifer.otoole@cchmc.org

B. Overholser

Drexel University College of Medicine, Executive Leadership in Academic Medicine® (ELAM), Philadelphia, PA, USA

e-mail: Bro29@drexel.edu

N. D. Spector

Executive Leadership in Academic Medicine® (ELAM), Office of Faculty, Drexel University College of Medicine, Philadelphia, PA, USA

e-mail: Nds24@drexel.edu

women in the field and ensure future generations every opportunity for success in their careers.

As a specialty that prides itself on promoting prevention, cultivating long-standing relationships, and supporting the health and well-being of children and their families, there is no better group to lead the way in charting a new course for women in medicine than pediatrics. However, this cannot be accomplished solely by women in the field. We need men to step up, acknowledge the bias and discrimination women face, and use their power, influence, and position to help create a more equitable workplace for women in the specialty. Our hospitals and professional organizations must also become critical change agents in supporting a cycle of improvement and systemic culture and policy change to support and equitably value women in the field.

Women in pediatrics stand on the auspicious shoulders of women like Drs. Jacobi, Elliot, and Epps (discussed in Chap. 1) who paved the way for all women currently practicing in the field. However, progress is still moving at glacial speed. We need *rapid acceleration*. Now is the time to support the disruption of structures that prevent women from advancing and thriving. We need leaders at all levels and of all gender identities that are invested in accelerating diversity, equity, and inclusion efforts. It is our sincere wish that when another group of authors seeks to write the next book about women in pediatrics in 10, 20, or 50 years, they will tell a very different story – a story in which discrimination, bias, and inequity are eliminated and the story of a workplace where women are truly valued, supported, and elevated and have access to a fully equitable workplace. These changes are not just important for women in the field, but also to ensure optimal healthcare and well-being of the most vulnerable population in the world – our children.