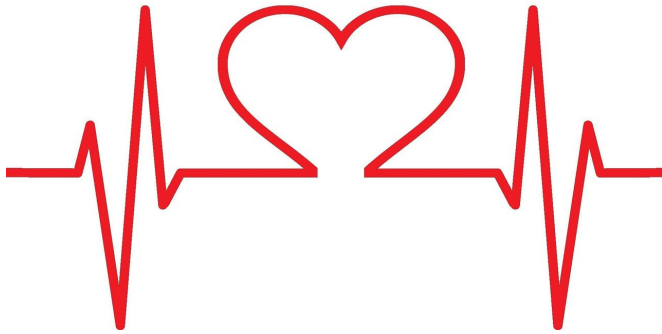


Female heart disease patients with female physicians fare better

22 February 2021



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Female physicians have better patient outcomes compared with their male peers, while female patients are less likely to receive guideline-recommended care when treated by a male physician, according to a systematic review from the American College of Cardiology's Cardiovascular Disease in Women section published today in the *Journal of the American College of Cardiology*.

While women make up over 50% of internal medicine residents, only 12.6% of cardiologists are female. A dedicated effort to increase diversity in the cardiovascular field could help to lower implicit bias, often considered an important factor in [health care disparities](#).

In a detailed [systematic review](#), researchers looked at 13 studies examining the patient-[physician](#) gender relationship across multiple specialties and its role in the care patients receive. Of these, eight studies examined [patient outcomes](#) based on physician gender. The researchers found data supporting the suggestion that a patient's outcomes may be positively influence if they are treated by a physician of the same gender.

In one study, investigators found that female

diabetes patients were less likely to receive intense treatment than male patients, particularly when treated by a male primary care provider. In another study, [mortality rates](#) for heart attack patients were highest among [female patients](#) treated by male physicians. If the treating physician was female, mortality rates remained the same between male and female patients. The study concluded that male physicians who had more exposure to female patients and physicians had more success in treating female patients.

While care disparities can be attributed to multiple factors, the study authors found they may relate, in part, to the differences in how heart disease presents in women vs. men, the underrepresentation of female subjects in clinical trials and the lack of women's health training in U.S. [medical education](#).

"We must continue encouraging young physicians from diverse backgrounds to enter the field of cardiology in order for our physician workforce to more accurately reflect the gender composition of our overall patient population," said Malissa J. Wood, MD, co-director of the Corrigan Women's Heart Health Program at Massachusetts General Hospital, Incoming Chair-elect of the ACC Board of Governors and the senior author of the study. "It is imperative that we ensure that all physicians provide the same level of high-quality care for all patients, regardless of gender. We need to incorporate comprehensive patient-centered communication and care into medical education."

To combat these findings, the study authors proposed three major recommendations:

1. Increasing Gender Diversity in the Physician Workforce

- Create interventions designed to address existing implicit and explicit biases which have limited opportunities for women in

cardiovascular medicine.

- Change the culture of cardiology to be more female- and family-friendly.
- Increase representation of women in leadership positions in cardiovascular medicine.

2. Improving Gender- and Sex-Specific Medical Training

- Focus curricula on the presentation, diagnosis and treatment of women and men, and highlight specific differences.
- Include comprehensive behavioral health curriculum to address stress, depression and anxiety faced by women, as well as men, with heart disease.
- Teach patient-centered communication styles.
- Introduce implicit bias training.

3. Increase Research on the Role of Gender in Patient-Physician Relationships

- Focus on non-randomized experimental designs that incorporate economic approaches with medical research.

"A better understanding of the mechanisms driving gender differences in patient outcomes, including whether patient-physician gender concordance truly impacts patient outcomes, can help guide targets for interventions. More research is needed to understand the physician behaviors associated with improved patient outcomes, specifically in driving differential outcomes in [gender](#) patient-physician pairings, including drivers of implicit and explicit bias," Wood said.

More information: *Journal of the American College of Cardiology* (2021). [DOI: 10.1016/j.jacc.2020.12.031](https://doi.org/10.1016/j.jacc.2020.12.031)

Provided by American College of Cardiology

APA citation: Female heart disease patients with female physicians fare better (2021, February 22) retrieved 27 April 2021 from

<https://medicalxpress.com/news/2021-02-female-heart-disease-patients-physicians.html>

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