

Choice of Doctor's Gender for Consultation of Surgical patients

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ABSTRACT

Objective: To assess the patient preference towards gender of consulting surgeon along with the causes of preference. To know their next step in case of non-availability of doctor gender of their own choice along with their limitations to approach the doctor gender of their own choice.

Study Design: Cross sectional survey.

Place and Duration of Study: This study was conducted at the Department of surgery Abbas Institute of Medical Sciences (AIMS) Muzaffarabad, from 1st February to 31 March 2017.

Materials and Methods: Patients of both genders who attended surgery clinic for consultation were included. Patients below 18 years of age were excluded. Questionnaire included statements related to hesitancy or shyness if to be examined by doctor of opposite gender, their further action if they don't find a doctor of their own gender at this time, qualification, age, marital status, address (rural/urban). Results were analyzed using SPSS Version 21. Chi-square test was used for calculating significance of categorical variables.

Results: Pearson Chi-Square statistic, $X^2=59$ and $P<0.001$; so very small probability of the observed data under the null hypothesis of no relationship. Null hypothesis is rejected since $P<0.05$.

Conclusion: Female Patients are hesitant and shy when "doctor of opposite gender is allowed for medical examination". So the study results show in a country like Pakistan where cultural value and society norms needs more female doctors to adopt surgery as their post graduate training and surgeon as profession

Key Words: Doctor, Gender, choice, female surgeon, patient, preference, consulting.

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INTRODUCTION

Human body is an individual object which we keep cover from all others and showing body parts is a source of shame. Same is the case when we present our body to a doctor of opposite gender for medical examination, causes anxiety¹. Some women and girls suffer anxiety about showing their body parts like Abdomen, Axilla, Chest, and Breast, legs, inguinal and perineal region. Doctor, patient's relationship becoming challenging now a day as for communication, psychosocial problems and especially female specific health issues is concerned². The patient's preference specifically regarding gender of the treating surgeon becomes even more important in a conservative community like Pakistan³. There are few studies on patient choices about surgeon gender^{4,5}.

There are studies on the career choices among the medical graduates as well showing gender choices of doctors^{6,7}.

Increasing numbers of female in medical professions during the last decade, since 2010 46.1 % of all residents and fellow are the are women in US⁸ and Even active licensed physicians are⁹female in US. According to one of the studies conducted in Israel 63.8% of respondents' preferred female gynecologist for consultation¹⁰. Gender choice of a consulting surgeon is not a new subject according to one of the studies conducted in University of Glasgow during 1998 56% of respondents prefer to consult female Breast surgeon for consultation¹¹. Keeping in view the changing scenario on increasing number of female doctors around the globe, there is dire need to guide female doctors to choose the specialty in the light of scientific research. According to one of Meta-analysis on "Physician Gender effect on Medical communication" revealed 5 out of 10 studies showed positive relationship with female physician¹² No study ever conducted from Azad Kashmir to reflect preferences of our populations towards gender of treating surgeon and very few studies available from Pakistan³. Such studies will help in making curricular changes with regards to population choices as Pakistani people are more conservative. It is necessary to find out their perceptions and preferences towards female

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As mentioned earlier study results shows female are more hesitant/shy when exposed to doctor of opposite gender for medical examination. Result shows 25% of female and 7% male were agreed that they hesitate when they are exposed to a doctor of opposite gender for medical examination.

Result shows male & female responses “they feel hesitant/shy if doctor of opposite gender is allowed for medical examination 38/154 (24.7%) of female and 4/59(7%) male patients were agree while 62/154 (40.3%) of female and 7/59(12%) male patients were strongly agree of being hesitant when examined by a surgeon of opposite gender. Pearson Chi-Square statistic, $X^2=59$ and $P<0.001$; so very small probability of the observed data under the null hypothesis of no relationship. Null hypothesis is rejected since $P<0.05$.

Table No.3: Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	59.495	8	.000
Likelihood Ratio	48.073	8	.000
N of Valid Cases	214		

DISCUSSION

Our study shows that most of the female patients and some of the male patients are hesitant to be consulted by a surgeon of opposite gender. Out of these hesitant patient’s most of the patient’s want to be examined by any available surgeon of any gender if they have limited resources to access a surgeon of their own choice and gender. During the study, a question was asked to the participants what you will do if you find a doctor of opposite gender in consultation clinic. 11/2014 (5%) respondents said they will leave unconsulted, 106/214(50%) respondents said they will consult any available surgeon and 98/214(46%) of the respondents said they will search for surgeon of same gender and choices at other places.

101/214 (51%) of respondents who wanted to leave unconsulted or look for surgeon of same gender at other places. Patients who leave un-consulted due to unavailability of surgeon of their own gender especially the patients having life threatening surgical conditions increases the chances of disease spread. This scenario gets worse more when surgical condition is located at breast, axilla or perineum, this might be the reason breast and uterine cancer is diagnosed when it has spread and reached at advance stage in the study area. Lack of health education, gender-based health discrimination and non-availability of the doctor of same gender resulting in high death rate due to breast cancer in Pakistan¹⁸.

Studies from all over the world are found on patients’ preferences for the gender and qualities of the health care professionals especially about the gynecologist, obstetricians, general physicians, and plastic and breast

surgeons. So, we strongly recommend our new female doctors to choose the surgery and its allied fields in future to provide better care to the patients. Also, we strongly recommend our health policy makers to get train the new comers in the specialties of required medical field of surgery.

CONCLUSION

Female Patients are hesitant and shy when “doctor of opposite gender is allowed for medical examination”. So the study results shows in a country like Pakistan where cultural value and society norms needs more female doctors to adopt surgery as their post graduate training and surgeon as profession.

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