COMMENTARY

Lack of Diversity in Female Family Physicians Performing Women's Health Procedures

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(J Am Board Fam Med 2024;00:000–000.)

Keywords: **Cultural Diversity, Healthcare Disparities, Patient Care, Patient Satisfaction, Physician-Patient Relations, Reproductive Health, Women Physicians, Women's Health Services**

The *JABFM* policy brief "Racial Inequities in Female Family Physicians Providing Women's Health Procedures"[1] shows that White female family physicians provide more women's health procedures than their other race female counterparts. From the data presented in this brief, it is clear that we need more diversity in the female family physicians who perform women's health procedures as this will likely result in more patients seeking care, continuity of care, and comfort for patients.

As a White female family physician who has completed additional training in obstetrics and women's health in a community with a predominantly African American patient population, I found that it would take more visits to develop the same level of rapport and trust with my patients of differing racial/ethnic backgrounds compared with those of concordant race and ethnicity. The article references that previous studies have shown that gender, ethnically, and racially concordant physician patient dyads have lower costs, improved outcomes, and greater trust than discordant dyads. In my experience this is particularly true in relation to visits involving women's health procedures or obstetric care given the nature of these types of visits requires a certain level of closeness that may not be present in other fields of medicine.

Female patients often request female physicians—possibly more frequently for women's health needs.[2] Gender concordance helps with building patient trust in the physician-patient relationships. Of the physicians surveyed, though, the vast majority of women's health procedure providers were White female physicians. This is important to recognize given the diversity of the populations we serve. Although female medical students now represent the majority of medical school enrollees, there is room to improve the diversity of medial school graduates, and ultimately the population of family medicine providers who provider women's health procedural care.

This could be addressed by working to increase exposure of underrepresented individuals in medicine (URiM) to women's health procedures and obstetric care early in training and with continuity of exposure during training. This may eventually allow more providers to be comfortable providing procedural care on completion of family medicine residency training. It may also help to advocate for family physicians to be allowed to practice women's health procedures and obstetric care as this is currently fairly regional-dependent across the country. URiM female FPs should be supported to provide full scope family medicine in all settings. With these improvements, we will likely see stronger physician-patient relationships and improved health outcomes.

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This article was externally peer reviewed.
This is the Ahead of Print version of the article.
From the Inova Fair Oaks Hospital, Fairfax, VA.
Funding: None.
Conflict of interest: None.
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References

1. Walter G, Laddha R, Jetty A, Jabbarpour Y, Huffstetler A. Racial inequalities in female family physicians providing women's health procedures. J Am Board Fam Med 2023;37:XXX-X.
2. Muhammad W, Mary R. "Doctor" or "doctora": do patients care? Pediatric Emergency Care 2005;21:515–7.