



ANZCA  
FPM

# International Women's Day 2023

#embraceequity

For International Women's Day 2023,  
we approached a number of fellows to reflect on  
some of their experiences as women in medicine.  
We thank all who contributed, as well as those  
who respectfully declined.

You are all a part of our story,  
and we embrace you.



## Dr Suzi Nou: A leadership perspective

After my provisional fellowship year, I landed a job as a senior lecturer at the Fiji National University. My role was to run the anaesthesia training program for 14 doctors from across the Pacific; the largest cohort of anaesthesia trainees the university had ever taught. Within a few months of arriving, the country went into 'Emergency regulations'. In a short period of time, we lost half of our six specialist anaesthetists and were down to only a few bottles of volatile agent. During this time the Ministry of Health asked me to become the head of the department of anaesthesia and ICU, which I reluctantly accepted. That time was difficult for me for many reasons, but I am proud that we were able to overcome supply issues and continue to deliver an anaesthetic service.

I am also proud that anaesthetic training continued. All the trainees passed their exams and by the end of my 18 months in the post, there were double the number of specialists involved in delivering the training, thanks to the generosity of volunteers from around the world.

During a panel discussion a few years later, a colleague once said that women are perhaps too sensible to work overseas in developing countries. Colleagues have also contacted me as they thought a published description of me as head of department must have been false. Many people have assumed that I was based in Fiji for a short period of time and received financial support from the ASA. I was and still am very grateful to the ASA for putting me in contact with the Fiji National University and keeping in touch with me while I was there.

However, I lived there for 18 months, was employed directly by the university, earned a local wage and arranged my own accommodation.

During my masters of public health I learnt about the social and health gradient. For example, in Scotland, male life expectancy decreases by two years for every station on the train line from Jordanhill in Glasgow. As I considered moving back to a large Australian city after years in the tropics, I couldn't help but wonder if there was a gender and ethnicity gradient of medical specialists from inner city tertiary hospitals to outer metropolitan community hospitals.

There are less women in leadership roles, there is a gender pay gap in anaesthesia that persists after correcting for stage of career, hours worked, and proportion of on-call work undertaken. These differences arise because of systemic issues. Women have access to different networks, are labelled differently and heard differently.



The Australian and New Zealand Women's Empowerment and Leadership Initiative attempts to address some of these issues by involving men and women to support female and non-binary anaesthetists to identify their career goals and provide them with mentoring, coaching and possibly sponsorship as well as by broadening networks.

In many of the significant roles I have had – president of the ASA, reservist in the Royal Australian Air Force, federal councillor of the AMA, starting a not-for-profit organisation to facilitate teaching projects in developing countries, it has been predominantly men who have nominated, encouraged and supported me. No doubt these men are wonderful people. They are great leaders in our specialty who I greatly admire and respect. Yet I can't help noticing that I'm surrounded by intelligent, hard-working, talented women who could and also want to hold leadership roles.

My hope is that the profession is as inclusive as we are diverse and that this will be reflected in our leadership. I believe WELI is a great step in this direction.



## Dr Poranee Buttery: A rural perspective

I haven't always practiced in a rural setting. I've actually spent most of my professional life in metro, working in teaching hospitals but in recent years, I made a lifestyle decision to move rural.

One of the first things I noticed was significantly fewer women working as anaesthetists than men. There seemed to be significant differences in gender distribution of the workforce in terms of roles as well. In the operating theatre, the workforce is distributed along what would be regarded as 'more traditional' roles. For example, only last week, and typical for the days I 'go rural' during the lunchtime break, I noticed that I was the only female medical practitioner in the operating theatre. All the other doctors – surgeons and anaesthetists, were male, mostly middle aged or older, and for the most part, with a wife at home or if working, in a part-time role. In contrast, when I'm working in a metropolitan setting, there is usually a more even gender balance, across all roles.

I was the only woman at the doctor's table, me and four older men. I knew a number of the men as colleagues, and their conversation was generally welcoming. We talked about our career transition plans, and our mutual interests in rural lifestyle and agriculture. As I reflect on that day, I wondered, if I were a younger, female anaesthetist, earlier in my career, would I be comfortable enough to join in with the conversation of the men? The alternative being to sit with the nurses, all female, and listen to talk about local schools, clubs and activities. Would I know enough or be able to engage in conversation about the local community, local activities and lifestyle to feel welcome?

I often think, if my partner had decided to work rural, would I have supported this? Would my younger self be comfortable with a lack of female role models or colleagues? Would I be ok attending a male GP, because there is no female GP in town, and the nearest female GP is almost 100km away? Would I choose, as a young mother, to travel at dawn and dusk, a time when the kangaroos and wombats are active and crossing the roads, in order to have 'knife to skin' at 8am? Would I be ok, having to take career breaks to care for my children, when there is no childcare and few options?

Now, during the latter part of my career, the warmth of the social welcome, the relationships built over the years, especially with local women, give me comfort. We have shared interests that make the connections stronger, attracting me to rural living. I have chosen to move rural at a time when child rearing is over. And I've decided to commute to the city to see my GP.

As I reflect on what I have written, gender inequity is not only about a lack of female anaesthetists; it fundamentally reflects a lack of services and social and emotional support for women, provided by women, locally.



## Dr Nadine Yamen: A pain perspective

Growing up, I was always told I could have it all – a fulfilling career and financial independence, a happy marriage and be a loving mother to children. As I progressed through my medical training, I realised it was never going to be quite as simple as that. There is no doubt that it is hard to have it all at once and hard to have it all as a woman in medicine.

I was very fortunate to have been able to enrol in undergraduate medicine, be accepted on to a training program quickly and complete my fellowships prior to having children. I am in awe of our current trainees who are generally older and who often have to navigate pregnancy and having young children all while in training programs with overtime, exams and rural rotations.

Despite my good fortune, there were times when I found that being a woman in medicine was challenging. Once I was on a medical student ward round with a male consultant. All four students on this particular round happened to be female and we were enthusiastically seeing patients and learning, when the consultant turned to us and said, “I don’t actually know why I am bothering to teach you guys when its most likely none of you will end up practicing medicine”. Spoiler alert – all of us are currently working in tertiary institutions as medical specialists.

A colleague of mine was told “pregnancy is not a disease” when she suggested at nearly term in her pregnancy that her team take the hospital lift instead of the stairs. Another colleague was reprimanded after not disclosing her early pregnancy during a job interview.

Currently only 30 percent of pain specialists in Australia are female, and the percentage of interventional pain specialists is even lower. Even after fellowship, women are underrepresented in the college leadership. In clinical practice, female pain specialists are often the default provider for patients with undifferentiated pain, or pain with significant psychological comorbidity, necessitating longer consults and making it harder for them to earn as much as their colleagues.

All colleges are now recognising that both male and female doctors currently place more value on their time with their families than previous generations, and structural changes are necessary to recruit and retain quality medical practitioners.

I am encouraged by the fact that more women are choosing pain medicine as a career now. As a supervisor of training, it is heartening to see so many other female pain specialists taking on education and leadership roles within the college. All of this can only benefit our discipline and the patients we serve.



## Dr Sally Ure: A Māori perspective

*Ko wai au? Who am I?*

*Ko Taranaki taku mounga Taranaki is my mountain*

*Ko Te Āti Awa taku iwi Te Āti Awa is my tribe*

*Ko Ngati Rāhiri taku hapu Ngati Rāhiri is my sub-tribe*

*Ko Sally toku ingoa My name is Sally*

*Ko kairehu mātanga ahau I am an anaesthetist*

*Ko rangatira o Te Tari Whakahaere Rehunga me te Mamae ahau  
I am a leader of the Department of Anaesthesia and Pain Management*

*Ko Kaikaunihera o Te Whare Tohu o Te Hau Whakaora ahau I am an ANZCA Councillor*

On the one hand, I'm another f\*\*king white saviour.

A pretty white girl.

On the other hand, I have the genes to be an underachiever. I lack the capacity for critical thinking (a personal favourite).

Insults that have been hurled in anger by someone in deep distress, or slipped disparagingly into conversations over the years when I have confronted racism. They cut deeply, as a people-pleaser from way back.

By all measures my upbringing was privileged. My parents (still married!) – both had a tertiary education and owned their house and business. I had sharp pencils, lunch in my school bag and shoes on my feet. Most importantly, in my house, education was highly valued, I was encouraged to achieve and it was never even contemplated that I would not attend university.

Claiming my whakapapa has been an uncomfortable journey. But a wahine toa, for whom I have the utmost respect, explained to me that having claimed my whakapapa, my whakapapa has now claimed me. So I continue to walk this fine line, appearing white and privileged, without a deep understanding of mātauranga māori or cultural expertise, yet with a profound sense of responsibility to my whakapapa and a passion to improve equity for all.



I'm not sure who to attribute this phrase to, but it resonates with me now I am further along my leadership journey: there is nothing more powerful than a woman who no longer cares what people think of her.

Wāhine toa, women leaders, know themselves, their strengths and weaknesses, and are at peace with that. It is more important to me that I am acting with integrity in accordance with my principles and values, than maintaining the status quo and keeping others happy. I am driven by a need for fairness and social justice, and I will continue until we have genuine progress toward equity. Whether you like it or not.

I stand on the shoulders of giants; fortunate to be surrounded by strong leaders, both women and men as allies who have mentored and advocated for me during my career.

And I am so lucky to now have a role where I can in turn nurture potential, encourage and advocate for others – you can do it all! If it is your choice to do so, you can have a family and work. Your children will still love you, and probably won't grow into criminals because their parent didn't stay at home. They might even ask for your advice occasionally.

You do need help. I have had a lot of domestic support over the years. Thank you darling (you know who you are).

I am reaping the benefits of what I, my whānau, and my whakapapa, have desired and worked hard for – the ability to have influence and make a difference. And if I encounter resistance or insults – perhaps I have hit a nerve that needs to be hit?

Mauri ora!

