Academic Emergency Medicine
Editor-in-Chief Pick of the Month

This month I am pleased to introduce our second guest writer for the EIC POTM. Please meet Esther Choo, MD, MPH. Dr. Choo is an associate professor in the Department of Emergency Medicine at Oregon Health & Science University (OHSU) in Portland. She completed medical school at Yale University, did her clinical training at Yale-New Haven Hospital and Boston Medical Center, and completed a health services research fellowship at Oregon Health & Sciences University (OHSU). She has published more than 65 research manuscripts on health disparities, gender bias, emergency care, and substance use disorders. She is the Editor for Dissemination on the Senior Editorial Board of Academic Emergency Medicine, is a past president of SAEM's Academy of Women in Academic Emergency Medicine (AWAEM), and serves on the executive board of FeminEM.org and Women Physicians for Humanity. Dr. Choo started the #DoctorsSpeakOut project capturing the opinions of physicians about the Senate health care bill. She also created the #thatsbias hashtag to advance discussions of gender bias in medicine, and #codehate to raise awareness about racism in the healthcare setting. She is mother to Benjamin, Zadie, Ezra and Thea.

Best Wishes,
Jeffrey A. Kline
Editor-in-Chief, Academic Emergency Medicine

The Gender Gap in Physician Salaries Exists in Emergency Medicine: Data Should Prompt Efforts Toward Equity

In this issue of Academic Emergency Medicine, **Madsen et. al** present the results of a survey of 47 academic departments or divisions of emergency medicine.[1] After adjusting for academic rank, total years as emergency medicine faculty, core faculty status, administrative roles, total yearly clinical hours, fellowship training, and other potential confounders, women physicians were found to make $19,418 less than men.

A number of recent studies of physician salary have demonstrated similar gaps in physician salary.[2–5] Though the studies differ from one another in data source, study sample, and precise method of analysis, they all demonstrate a salary gap favorable to men that is remarkably consistent: one of the studies, involving >10,000 physician faculty at U.S. public medical schools, found a gender-based difference of $19,878, almost identical to the findings of Madsen's study.

Like earlier studies, this one also showed that despite working similar clinical and total hours, women lagged behind men in other ways, as well: advancing in academic rank, gaining administrative roles, or occupying roles of chief/chair or vice chair.

In addition to demonstrating very small numbers of non-white and/or Hispanic physicians overall, the study indicated that there are significant differences in academic rank, core faculty status, administration roles, and hours worked by race.

Despite the relatively low response rate — 47% of 101 academic groups invited — the study remains the broadest contemporary EM-focused study examining gender and racial differences in salary and promotion. The data came from department administrators, so information reported is likely to be more complete and accurate than what might be expected from self-report. And the authors conducted a number of thoughtful sensitivity biases to test their findings under a variety of assumptions.

Are these findings to be taken seriously? Social experiments have demonstrated that changing a single factor on a CV — gender — affects ratings of competence, hireability, and initial salary.[6] Similar experiments demonstrate decreased in mentoring opportunity for women and those of underrepresented racial and ethnic backgrounds.[7] It is imminently plausible that these biases carry over into real-life decisions about hiring, compensation, timing of promotion and inclusion in key committees and consideration for leadership positions.

Increasing diversity of all kinds into our practice has already been established as a priority in our field, with the argument that it will strengthen our practice.[8] Ensuring equity in recruitment, compensation,

support, and advancement will need to go hand in hand with these efforts,[9,10] as physicians of all backgrounds will go where these things are in place for them. The fact that regressive attitudes continue to be verbalized by emergency physicians[11] does not diminish these efforts, and should not alter the perception that our field has been proactive in raising concerns about diversity, openly discussing them, and relentlessly pushing for equity.

Grappling with our implicit biases and taking rapid, decisive action against it is an opportunity that can distinguish emergency medicine from other fields in medicine, if we choose to do so. As a specialty, we are uniquely suited to it.

Best regards,
Esther Choo, MD, MPH, Oregon Health & Science University
Guest Editor, Academic Emergency Medicine

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Narrative Summary

Zachary F. Meisel, MD, Associate Professor of Emergency Medicine at the Perelman School of Medicine at the University of Pennsylvania, places the EIC Pick into perspective in the emergency setting:

A few years ago, when a female colleague of mine at a different institution asked for a raise comparable to that of a male peer, she was told, "He has four kids and his wife stays at home; he needs the money — you and your husband are both doctors." The sting and outrage from this encounter persists, not only because this decision was so unfair, but because this deliberate inequality was somehow perceived as particularly just by her chair: He implied that he was distributing limited resources to the person who needed it the most. Of course he wasn't. Paraphrasing my colleague, "In fact, we really needed the extra income then for child care and our kids' education, and we wouldn't have needed as much if both my husband and I weren't putting so much of our time and sweat equity into our jobs." The societal and professional consequences of the gender pay gap in the U.S. and elsewhere are immense and have been well documented. Emergency medicine prides itself on being a fiercely egalitarian specialty in the care we deliver (although it isn't; disparities

persist — but that is a discussion for another day). It's too bad that we aren't better than our peer specialties in closing the pay gaps in our field. We have a lot of work to do.