A woman in a man's world

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BIO

Graduating from the University of Alberta in Chemistry (1963) and Medicine (1967), Jean was the founding Head of the Dalhousie Division of General Medicine, Associate Dean of Postgraduate Medical Education (1988–1996) and Associate Dean of Continuing Medical Education (1996–2002). She has served as President, Vice-President and Chair of numerous societies and as a member of several other national and international committees and boards. She is a Member of the Order of Canada and has two honorary doctorates.

Graduating from an all-girls' high school was not a good preparation for choosing to major in chemistry. Although the first-year university courses included both sexes, by our senior year in 1963, I was the only female in the various advanced chemistry courses, together with the male chemistry majors and chemical engineers. The education and laboratory experiences were very good and provided a solid background for subsequent research. Fortunately, there was never any difficulty with my fellow students, probably because I took good notes, had legible handwriting and was quite prepared to share.

Medical school was somewhat similar. My class began with 112 students, including 12 women, but graduated 76, including five of the original women. Interested in research, I became a part-time technician in the laboratory of Dr. Gerald Marks, a Ph.D. in Chemistry, who had just become an Assistant Professor in the Department of Pharmacology at the University of Alberta. My qualification for this job was that I was NOT allergic to guinea pigs—the model system in which he was determining the structure-activity of various chemicals that influence heme synthesis—whereas he and his male graduate student and technician were! By my second year of medical school, it was clear we needed a different experimental model, so we worked up a tissue culture system using chicken red cells. Thanks to Gerry's Jewish background, my job was to trek out to the slaughter house every Tuesday morning at 5 a.m. and wait patiently while the rabbi and his assistants prepared kosher chickens (i.e., I set up a flask under the

chickens and the rabbi drained the blood into the flask). Then I returned to the lab, plated the red cells, changed my clothes and went to class at 8 a.m. At the end of my third year, I received an award to work in the lab of Dr. George Drummond at University of British Columbia on the characteristics and kinetics of adenosine deaminase and there I encountered a female post-doctoral fellow. Dr. Gail Bellward proved to be a great role model for successful interaction in a predominately male-dominated environment.

After medical school graduation I moved to Toronto to do a rotating internship and encountered my first real "sex discrimination". The hospital had about 60 house-staff, of which only four were female. The men were all housed in a very comfortable new housestaff residence whereas the women were assigned to an old, shabby house that did not have locks on the doors—including the outside door and the doors in the bathroom. It was not unusual to return to the "residence" after taking a

late-night call to find a homeless man in the bathroom or asleep on the stairs! After some scheming, the women came up with a process to shame the male hospital administration into improving the conditions—and it worked.

While in Toronto, I realized that I really wanted more research training so I applied to the Pharmacology Department at Stanford University and was accepted. However, when I applied for an MRC post-doctoral fellowship, with Drs. Marks and Drummond as my enthusiastic sponsors, I was turned down. The reason provided to my two references was that I intended to marry and would clearly not use my training (the actual wording was somewhat harsher than that). Fortunately, an application to the Helen Hayes Whitney Foundation was more successful and I spent two years at Stanford in the laboratory of Dr. Lewis Aronow; crossing picket lines during anti-Vietnam war demonstrations and successfully maintaining massive fibroblast cultures, the cells used for our discovery and characterization of the cytoplasmic glucocorticoid receptor.

When my husband obtained a faculty position at Dalhousie University, I decided it was time to return to clinical medicine and applied to the Department of Medicine for a residency position. I received considerable support from my male colleagues and Dr. Robert Anderson, head of the department at the Victoria General Hospital. The call schedule in those days was 36 hours on and 12 hours off, but the time in the hospital did allow for some sleep each night. My life was somewhat complicated when I became pregnant as there was no maternity leave so I continued working until labor started then walked across the street to the maternity hospital. I came back to call just as soon as I could—and found that I was now the Chief Resident in addition to being on the regular night call! My second pregnancy after I became an attending was similar—I went into labor while taking my final teaching session in history taking and physical examination, while teaching four very concerned male medical students. Again, I walked across the street, delivered, and because of a male colleague's unexpected illness, was back on the wards and on call three days later. At that point, I decided it was time to campaign for maternity leave and, although it took 10 years, my younger female colleagues were able to take

a few months to bond with their newborns.

All through this time, Dalhousie had a nepotism rule—two members of the same family were unable to serve on the faculty. Because my husband was in one of the basic science departments, I was only able to act as a substitute teacher/clinician in Medicine and in Pharmacology. Ironically, the graduating medical class of 1974 recognized me for outstanding teaching throughout the medical curriculum although I was not actually a faculty member. Within a couple of years, I was approached to become faculty; an appointment which I eagerly accepted. However, this meant that re-establishing a laboratory would be difficult because it had now been almost seven years since I had done lab work. Fortunately, about this time, a new appointment in the Pharmacology Department, Dr. Ken Renton, gave a seminar on drug metabolism and I realized that if he did the basic science aspects of the research, there was an obvious clinical spin-off as well. Dr. Renton and I collaborated in writing grants, overseeing students and generating papers for well over a decade—a bench-to-bedside collaboration.

Administration began eating into my free time in the late 1970s, as I was asked to form the Division of General Medicine when the Department of Medicine formalized the various subspecialties. Being the sole female with 12 male division chiefs was a bit daunting at first but my male colleagues were amazingly supportive. As General Medicine was a very new concept, Dalhousie University became one of the first such divisions in the country. This development resulted in an invitation to be the only female on the inaugural board of the Canadian Society of Internal Medicine. Invitations to serve on Royal College committees followed, including the working group that established the details of formal residency training in Clinical Pharmacology as well as several specialty examination committees, the Board of the Royal College, and finally as Vice-President of Fellowship Affairs.

Through the late 1980s and early 1990s, being the sole female member on a variety of boards was a novel experience that often led to invitations to be the Chair or President. As a result, I served as the first female Associate Dean of Postgraduate Medical Education in Canada and ended up chairing that group, first female President of the Canadian Society of Clinical Investigation and the Canadian Society of Clinical Pharmacology,

and only the second female president in the 100-year history of the American Society of Clinical Pharmacology and Therapeutics. Several other “firsts” also occurred including serving as Chair of the inaugural Institute Advisory Board of the newly-formed CIHR Institute of Gender and Health and first female President of the Canadian Institute of Academic Medicine, the forerunner of the Canadian Academy of Health Sciences. And many other boards and foundations came calling. Taking on these roles meant that my pharmacology research productivity fell but I also knew that failing to accept these requests would result in fewer women being asked in the future.

There was no secret involved in doing this work. I have described the approach I used in an earlier CIM paper¹:

- learn to delegate;
- get organized;
- maximize the potential of everyone with whom you work;
- learn to say “no”; and
- ensure your own legacy.

Being a woman in a man’s world has been educational, satisfying and productive. I have watched other women create and develop their own careers. Now, in most areas of Canada, it is accepted that all health professional students, regardless of gender, are provided the mentorship and opportunity necessary to achieve their full potential as clinicians and clinician-investigators.

REFERENCE

1. Gray J. A life in academe. Clin Invest Med. 1999;22:275-7.

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