



The silent crisis of female physician attrition in Pakistan

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According to Pakistan Medical & Dental Council, Pakistan has 383,568 registered medical and dental practitioners, including 340,059 medical practitioners (171,482 females and 168,577 males) and 43,509 dental practitioners (29,941 females & 13,568 males).¹ Despite outnumbering male counterparts, nearly 35% of women doctors in Pakistan remain unemployed, as reported by a Gallup Pakistan survey.² This is a serious concern that warrants deeper exploration of its underlying causes, given its long-term implications for the health system, the economy, and broader social structures.

For many well-off families, marrying a doctor is viewed as a status symbol. After marriage, spouses and in-laws often discourage the bride from pursuing clinical practice or employment, leading many female medical graduates to leave the profession soon after completing their degree.^{3,4} Even when women are permitted to work in public or private healthcare settings, they encounter numerous challenges. Female doctors are often expected to be transferred to their spouse's city or place of employment, which is further complicated by the availability of vacant positions. They frequently encounter long and exhausting duty hours, night shifts, gender discrimination, inadequate workplace support, and limited childcare facilities.⁵ Fatima N, et al., found that work-family conflict was widespread; 37% felt family responsibilities hindered their career, and 58% stated that their career negatively affected family life.⁶ Additional barriers include fertility concerns among women who delay marriage for training, face high rates of harassment, compounded by the near absence of structured support systems like reliable childcare, flexible training pathways, re-entry options, and counseling services, that are essential for sustaining their careers.⁷⁻⁹


Despite constituting the majority of

medical graduates, women continue to face limited opportunities for professional growth. Opportunities for specialization or postgraduate training are limited and largely confined to a narrow set of fields such as pediatrics, obstetrics & gynecology, and family medicine. Consequently, there is a persistent shortage of female in primary surgical specialties.^{9,10}

Professional growth within medical and academic institutions is also limited for female doctors. They remain underrepresented in academic positions, as universities and the broader medical profession are still predominantly male-dominated.^{10,11} This imbalance shapes career pathways and academic structures in ways that hinder women's advancement. At higher levels, leadership and administrative roles are often perceived as "masculine" because they are largely held by men.¹¹ This further restricts women's access to senior positions and reinforcing long-standing inequities in promotion and decision-making authority. Local research further highlights that structural barriers, such as policy gaps and subtle workplace inequities, significantly shape women's career trajectories in medical academia in Pakistan. Many also encounter flawed recruitment practices, restrictive transfer policies, and recurrent workplace harassment. Weak administrative support and limited mentorship opportunities intensify burnout and hinder professional advancement, collectively contributing to the continued attrition of women from academic medicine.^{4,8,11}

This situation is deeply concerning. Each medical graduate represents a substantial public investment. Losing even a single graduate leads to significant financial waste, along with the individual's lost time, effort, and potential. The declining availability of female doctors, especially in conservative communities, poses an additional risk. It further jeopardizes an

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already fragile women's healthcare system and increases the burden on the remaining workforce.

A sustainable way forward to reduce female physician attrition requires transformative system-level reforms that establish gender-equitable, supportive, and flexible working environments. Young female graduates need expanded opportunities for postgraduate training. These should include part-time residency tracks and re-entry pathways after career breaks. They also require paid maternity leave and maternity-friendly duty rosters, safe transportation for night duties, and on-site childcare facilities. Universities, medical colleges, and hospitals must implement institutional reforms that promote gender-balanced leadership and ensure transparent promotion systems. They should also enforce strict anti-harassment policies and provide gender-sensitivity training for all faculty members. Additionally, structured mentorship, leadership development programs, and targeted incentives for women serving in hard-to-reach areas are essential to strengthen retention and foster their professional advancement. Pakistan cannot afford to lose its women doctors. Empowering female physicians to thrive, not merely survive, within Pakistan's medical workforce is essential for their advancement. This is not only an issue of equity but an urgent national priority essential for strengthening the health system and securing the future of healthcare.

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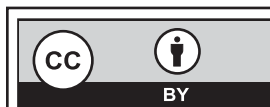
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CONFLICT OF INTEREST

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