



Beyond the white coat: barriers facing female doctors in Pakistan

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Dear Editor

Pakistan is one of the countries where gender inequality is a major issue impacting all walks of life, from nutrition to healthcare and education to employment.¹ In the context of the medical field, every year almost 80% of the medical graduates in Pakistan are females, out of which 50% are unable to practice medicine after completing their degrees.² A study shows that 6 out of 10 female post graduates are unemployed. Another survey by the Labour Force states that compared to 64% males, only 18% females are employed. The statistics might be misleading to the disappointment that female doctors do not focus on their careers but one should not forget that the decision to quit career isn't always made out of free will.³ Despite years of hard work and continuous efforts to excel academically, women find themselves shackled by the traditional norms which assign them gender roles restricting their medical practice. Certain cultural norms act as barriers for Pakistani female doctors to practice medicine, including early marriage, cultural expectations, family responsibilities, gender discrimination at workplaces and challenges in work life balance.⁴ Traditionally, women are expected to perform their assigned gender roles, and that means to put their careers on

hold. This gender disparity not only wastes the career potential of female doctors but also deprives the healthcare system of many health professionals. In a developing country like Pakistan, where medical sector is already suffering, this loss adds up to the problems exponentially. The government spends about 2.5 million rupees on each medical student. According to a report, state had lost around 200 billion rupees because 35,000 female doctors quit their medical practice.

A multifaceted approach is required to tackle this issue. Firstly, families need to be educated about the importance of pursuing careers for women and how it can help financially in this inflation. Flexible working hours and telemedicine opportunities can be provided to facilitate work life balance for doctors. At national level, policies should be introduced requiring doctors who have studied in government medical colleges to work in public healthcare institutions until they've paid off the subsidy received for their education. In conclusion, fostering a supportive environment for female doctors to focus on their careers will be a great step towards women empowerment as well as improved healthcare services and accessibility.

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CONFLICT OF INTEREST

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