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Opening opportunities for women in respiratory medicine: Letter from Korea

Every day starts with the morning round in the respiratory ward. Most of the medical staff caring for patients are women. The professor, the fellow and the resident in charge are all women doctors, working as a team to take care of patients in the respiratory ward. There are 13 professors in the Division of Pulmonology and Critical Care Medicine at the hospital where we work. Of these, six are women. Ten years ago, only one of the six professors was a woman. The role of women in the field of respiratory medicine is changing (Figure 1).

The number of women doctors in Korea is steadily increasing. Although it still falls short of the Organisation for Economic Co-operation and Development (OECD) average women doctor ratio, which was 48.7% in 2019,¹ the ratio of women doctors in Korea increased from 17.6% in 2000 to 25.4% in 2017.² Similarly, the number of women doctors in respiratory medicine is on the rise.

However, increased numbers of women doctors in the field of respiratory medicine do not mean that workplace and academic obstacles have been completely overcome.



FIGURE 1 Women leading the Division of Pulmonary and Critical Care Medicine at Severance Hospital, Seoul, Republic of Korea. Women colleagues pictured in the bronchoscopy unit are nurses, fellows and medical academic staff

According to the Global Gender Gap Report 2021 published by the World Economic Forum, Korea ranked 102 out of 156 countries. It was also found that the economic activity participation opportunity score and political empowerment ranking for Korean women were low.³ In Korean society, employment and wage gaps between women and men still exist.⁴ There is also a glass ceiling,⁵ with only 12.5% of medical school deans being women in Korea in 2019.⁶ Additionally, the 'Status of Gender Equality in the Medical Field' survey by the Korean Women's Medical Association in 2019 confirmed that there is a difference between men and women in terms of employment and wages.⁷ Women doctors in Korea have had limited opportunities in their employment because of gender stereotypes and cultural barriers. The situation was more pronounced in academic medicine, as anecdotally women doctors were required to have to achieve more to obtain academic positions than men.⁷

However, as a whole, Korea's gender equality environment is improving and is likely to change further in the future. The participation rate of women in economic activity also increased in 2019 (76%) compared to 2014 (72%), and the gender wage gap is decreasing.⁴

These general changes in gender equality in Korean society are also affecting the medical community and the field of respiratory medicine. First, many women doctors are developing their expertise in pulmonary and critical care areas. The proportion of women doctors of the Korean Academy of Tuberculosis and Respiratory Disease (KATRD) is 30%, which is increasing at a greater rate for younger doctors. While 20% and 35% of members in their 50s and 40s, respectively, are women doctors, half (53%) of the members in their 30s are women. The number of women doctors specializing in pulmonary and critical care medicine has increased significantly over time. Additionally, the number of women board directors for the KATRD is also increasing. There have been few women board members in the last 10 years, but in 2021, 12% of board members of the KATRD (4/33) are women. Importantly, the number of women speakers at conferences is also increasing. The scope of their academic activities, with some receiving research awards, is expanding, and they are achieving more.

While these changes have occurred slowly over the 68-year history of KATRD, the number and roles of women doctors are expected to continue to rise in the future. The KATRD arose from the academic division of the 'Korean National Tuberculosis Association'. At that time, tuberculosis was one of the major respiratory diseases in Korea. Dr Jae-Won Kim was one of the earliest woman doctors to specialize in respiratory medicine, starting as an intern at the National Medical Center (NMC) in 1960. When there were no women doctors in respiratory medicine, she trained her juniors at the NMC in performing rigid bronchoscopy and

thoracoscopy procedures, and treating patients with tuberculosis and respiratory disease. From 1993 to her retirement in 2014, Dr Dongsoon Kim spent more than 20 years at the Asan Medical Center in Seoul, treating patients with interstitial lung disease. She laid the foundation for Korean interstitial lung disease research through various studies in the fields of idiopathic pulmonary fibrosis and connective tissue disease-associated interstitial lung disease, and actively engaged in academic and research activities. Dr Bin Hwangbo of the National Cancer Center (NCC) introduced the endobronchial ultrasonogram (EBUS) in Korea in 2005, and established a systematic EBUS method for the diagnosis of lung cancer and non-malignant lesion through research papers and conference presentations. She has supported training and education in EBUS education for many respiratory doctors in Korea.

In the future, the activities of women doctors in respiratory medicine in Korea will gradually increase. The new generation of young women doctors will be the driving force for change and advancement of the KATRD. It is the task of the more experienced generation to support the younger generation with mentoring, networking and sponsorship, which have been pointed out as lacking in the past.⁸ The experienced generation must continue to work as members of our academic society, engage actively and be role models for the young generation.

Enabling women to fully demonstrate their abilities and work through empowerment is expected to increase and develop the clinical and research productivity of Korean respiratory medicine.

KEYWORDS

Korea, opportunity, young women


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CONFLICT OF INTEREST

None declared.

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