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Almost 130 years have passed since women first entered the field of medical studies. Now men's exit is well underway.

Striking a balance

On a warm summer's day in 1876, James Barry died of dysentery. He had been a highly respected British army surgeon, and among other things, had conducted the first recorded Caesarean section in Africa. Barry died at home. The woman who cared for the body after death alleged that the body she had washed was of a woman with stretch-marks on the abdomen similar to those she herself had after nine births. James Barry was later identified as the Irishwoman, Margaret Bulkley, who is today regarded as the first British female surgeon (1).

Eleven years after Barry's – or Bulkley's – death, Marie Spångberg (1865–1942) became Norway's first female medical student (2). Slowly, and not without encountering resistance, women found their place in the discipline – and in summer 2016 for the very first time they constituted a slight majority of the members of the Norwegian Medical Association (3). In connection with this, the secretary general asked for a round of applause when the secretariat reconvened after the holiday. The applause was forthcoming, but how long should the ovation last?

In the most recent round of admissions to medical studies at faculties in Norway, almost 70 % of those offered a place were women (3). The gender distribution is more even in the case of foreign students (4), but here too there are more women than there are men. At present, medicine is lagging behind other previously male-dominated health subjects: in the case of dentistry, pharmacy and psychology the proportion of women among the new students stands at between 80 % and 90 % (4). There is much to indicate that medicine is simply trailing behind. The share of women is growing year on year (3).

An increase in the number of women doctors is not a specifically Norwegian phenomenon. Internationally there is talk of «the feminisation of medicine» (5–7) – even though countries like the USA and Japan have presently a predominance of male doctors. An increase in the number of women doctors may have contributed to a more patient-centred health service (5, 6). So far, the debate has largely focused on whether a greater number of women leads to fewer working hours (6, 7) or lower status (8). The latter at any rate appears to have a two-sided impact (8).

Few would disagree that the one-sided male dominance in medicine in earlier times was not an absolute advantage. Unconditional female dominance is no different. Health is our most important asset and should not be entrusted to only one gender, whether male or female. The doctor's gender may affect the relationship between doctor and patient (5, 6, 9, 10), and some patients regard the opportunity to con-

sult a doctor of the same gender as an advantage (9, 10). Moreover, women's entry into medicine may have led to greater attention to women's health. Can men's exit result in a similar decline in the attention paid to men's health? That would be regrettable. Men have a shorter life expectancy than women, and their health needs all the attention that can be bestowed upon it.

In 2012, the University of Oslo appointed a committee to discuss the allocation of additional points to the under-represented gender in connection with admissions to programmes of study in the health professions of medicine, dentistry and psychology. The committee based its work on gender balance as part of an overall gender equality policy, and on the view that patients of the future should be able to choose between therapists of both sexes (11).

The committee recommended the use of additional points as well as other measures. However, after the University rejected the proposal to use gender points, and after several years of holding a «men's day» and employing other means to attract male students, the Department of Psychology applied to the Ministry of Education and Research for permission to introduce a moderate gender quota (12). At each round of admissions, at least 30 % of the places available must be offered to the under-represented gender. The quota system will be based on a minimum number of grade points from upper secondary school. However, a 2015 simulation study showed that even with an equal gender distribution, the points required for admission would only be reduced by approximately 0.1 of the average grade (11).

Any action must take place sooner rather than later. The Norwegian University of Life Sciences has had a system of gender points for men since 2004, when the share of female veterinary students was 90 %. Nevertheless, in autumn 2016 the share of men only stands at 13 % (personal communication). The initiative may have been launched too late – after veterinary studies had already become a «girls» subject.

Protection against discrimination must be robust – not least when it comes to gender. Meanwhile we must educate doctors in line with future needs. You are not accepted as a medical student just because you deserve to be but also because *we* – society at large – deserve this.

We must take many aspects into consideration if we want the medical profession of the future to reflect biological and cultural diversity. Quotas for men might be a start.

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