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1. 女性医師の総説

日本女性循環器医師の総説

1: Nakayama A, Morita H, Komuro I. Female cardiologists in Japan. Int J Qual Health Care. 2020 Jun 4;32(4):278-280. doi: 10.1093/intqhc/mzaa027.

2: Inoue Y, Izumi C. You Want to See a Female Doctor - But Unluckily There's a Lack in Japan. Circ J. 2019 Aug 23;83(9):1842-1843. doi:10.1253/circj.CJ-19-0662.

イギリス、女性医師の総説

1: Sinclair HC, Joshi A, Allen C, Joseph J, Sohaib SMA, Calver A, Smith R. Women in Cardiology: The British Junior Cardiologists' Association identifies challenges. Eur Heart J. 2019 Jan 14;40(3):227-231. doi:10.1093/eurheartj/ehy828.

アメリカ、コロナ禍の女性循環器医師の総説

1: Reza N, DeFilippis EM, Michos ED. Cascading Effects of COVID-19 on Women in Cardiology. Circulation. 2021 Feb 16;143(7):615-617. doi:10.1161/CIRCULATIONAHA.120.049792.

アメリカ、コロナ禍の女性の総説 (医学生が著者)

1: Robinson LJ, Engelson BJ, Hayes SN. Who Is Caring for Health Care Workers' Families Amid COVID-19? Acad Med. 2021 Sep 1;96(9):1254-1258. doi:10.1097/ACM.0000000000004022.

ヨーロッパ、コロナ禍の女性医師の総説、Lancet 女性著者のコロナ禍推移

1: Gabster BP, van Daalen K, Dhatt R, Barry M. Challenges for the female academic during the COVID-19 pandemic. Lancet. 2020 Jun 27;395(10242):1968-1970. doi: 10.1016/S0140-6736(20)31412-4.

日本、コロナ禍の女性循環器医師の総説

1: Shimbo M, Nakayama A. The Vulnerable Cardiologists of the COVID-19 Era. Int Heart J. 2021;62(3):465-469. doi: 10.1536/ihj.21-232.

コロナ禍の循環器医師の幸福度

1: Mehta LS, Elkind MSV, Achenbach S, Pinto FJ, Poppas A. Clinician Well-Being-Addressing Global Needs for Improvements in the Health Care Field: A Joint Opinion From the American College of Cardiology, American Heart Association, European Society of Cardiology, and the World Heart Federation. Circulation. 2021 Aug 17;144(7):e151-e155. doi: 10.1161/CIRCULATIONAHA.121.055748.

コロナ禍で早産が世界的に減少

1: Been JV, Burgos Ochoa L, Bertens LCM, Schoenmakers S, Steegers EAP, Reiss IKM. Impact of COVID-19 mitigation measures on the incidence of preterm birth: a national quasi-experimental study. Lancet Public Health. 2020 Nov;5(11):e604-e611. doi: 10.1016/S2468-2667(20)30223-1.

コロナ禍の循環器診療 JCS 総説

1: Mizuno A, Matsumoto C, Kishi T, Ishida M, Sanada S, Fukuda M, Komuro I, Hirata K, Node K. Cardiology Department Policy in Japan After Coronavirus Disease-2019 (COVID-19) - Descriptive Summary of 2nd Nationwide Survey by the Japanese Circulation Society. Circ Rep. 2021 Jan 29;3(2):100-104. doi:10.1253/circrep.CR-21-0003.

2. 女性医師の治療成績

女性医師の治療成績はよい アメリカ

1: Tsugawa Y, Jena AB, Figueroa JF, Orav EJ, Blumenthal DM, Jha AK. Comparison of Hospital

Mortality and Readmission Rates for Medicare Patients Treated by Male vs Female Physicians. JAMA Intern Med. 2017 Feb 1;177(2):206-213. doi:10.1001/jamainternmed.2016.7875. PMID: 27992617; PMCID: PMC5558155.

2: Greenwood BN, Carnahan S, Huang L. Patient-physician gender concordance and increased mortality among female heart attack patients. Proc Natl Acad Sci U S A. 2018 Aug 21;115(34):8569-8574. doi: 10.1073/pnas.1800097115. Epub 2018 Aug 6. PMID: 30082406; PMCID: PMC6112736.

女性医師の治療成績はよい カナダ

Sergeant A, Saha S, Shin S, et al. Variations in Processes of Care and Outcomes for Hospitalized General Medicine Patients Treated by Female vs Male Physicians. JAMA Health Forum. 2021;2(7):e211615. doi:10.1001/jamahealthforum.2021.1615

女性医師の執刀による術後予後は男性よりよい

1: Wallis CJ, Ravi B, Coburn N, Nam RK, Detsky AS, Satkunasivam R. Comparison of postoperative outcomes among patients treated by male and female surgeons: a population based matched cohort study. BMJ. 2017 Oct 10;359:j4366. doi:10.1136/bmj.j4366. PMID: 29018008; PMCID: PMC6284261.

女性医師の治療成績はよい 日本

1: Nakayama A, Morita H, Fujiwara T, Komuro I. Effect of Treatment by Female Cardiologists on Short-Term Readmission Rates of Patients Hospitalized With Cardiovascular Diseases. Circ J. 2019 Aug 23;83(9):1937-1943. doi:10.1253/circj.CJ-19-0357. Epub 2019 Jul 27. PMID: 31353340.

女性医師の治療成績は変わらないが、入院期間が短縮する 中国

Comparison of inpatient spending and readmission rates for patients treated by male versus female physicians in China: An observational study. J Health Serv Res Policy. 2022 Apr;27(2):114-121. doi: 10.1177/13558196211058974.

医師の性差による治療成績研究の限界

Limitations Concerning the Association of Physician Sex and Patient Outcomes. JAMA Intern Med. 2017 Jul 1;177(7):1057-1058. doi: 10.1001/jamainternmed.2017.2139.

The quality of physicians' health-care performance. A comparison against optimal criteria for treatment of the elderly and younger adults in community hospitals. JAMA. 1974 Feb 25;227(8):925-

8. doi: 10.1001/jama.227.8.925.

●年齢などの因子による治療成績

年齢と医師の治療成績 50代がピーク

1: Tsugawa Y, Newhouse JP, Zaslavsky AM, Blumenthal DM, Jena AB. Physician age and outcomes in elderly patients in hospital in the US: observational study. BMJ. 2017 May 16;357:j1797. doi: 10.1136/bmj.j1797.

外国医学部卒の医師による治療はアメリカ卒業医師より予後不良

Quality of care delivered by general internists in US hospitals who graduated from foreign versus US medical schools: observational study. BMJ. 2017 Feb 2;356:j273. doi: 10.1136/bmj.j273.

長時間勤務の医師は短時間勤務の医師より治療成績がよい

Association Between Physician Part-time Clinical Work and Patient Outcomes. JAMA Intern Med. 2021 Nov 1;181(11):1461-1469. doi: 10.1001/jamainternmed.2021.5247.

外科医の場合、高齢医師ほど患者予後がよく、性差はなかった。

Age and sex of surgeons and mortality of older surgical patients: observational study. BMJ. 2018 Apr 25;361:k1343. doi: 10.1136/bmj.k1343.

高齢内科医による治療は若い内科医より少しだけ入院期間が長くなる。

Do older internists use more hospital resources than younger internists for patients hospitalized with chest pain? A study of patients hospitalized in the coronary care and intermediate care units. Crit Care Med. 1992 Jun;20(6):762-7. doi: 10.1097/00003246-199206000-00011.

白髪の男性医師による治療は患者の満足度が高い

The glory of the age is the wisdom of grey hair: association of physician appearance with outcomes in hospitalised medical patients – an observational study. Swiss Med Wkly. 2019 Dec 17;149:w20162. doi: 10.4414/smw.2019.20162

心臓術後のICU滞在時間は、男性のみの外科医・麻酔科医の組み合わせは、女性のみの組み合わせより長い

Impact of surgeon and anaesthesiologist sex on patient outcomes after cardiac surgery: a population-based study. BMJ Open. 2021 Aug 25;11(8):e051192. doi:10.1136/bmjopen-2021-051192.

医師の人数や専門性は心不全患者の予後をよくする。

Physician volume, specialty, and outcomes of care for patients with heart failure. *Circ Heart Fail*. 2013 Sep 1;6(5):890-7. doi:10.1161/CIRCHEARTFAILURE.112.000064.

医師の人数は心不全患者の予後をよくする。

Effects of Physician Volume on Readmission and Mortality in Elderly Patients with Heart Failure: Nationwide Cohort Study. *Yonsei Med J*. 2018 Mar;59(2):243-251. doi: 10.3349/ymj.2018.59.2.243.

Do Hospital and Physician Volume Thresholds for the Volume-Outcome Relationship in Heart Failure Exist? *Med Care*. 2019 Jan;57(1):54-62. doi: 10.1097/MLR.0000000000001022.

知識の高い医師ほど患者治療に良い結果

Physician clinical knowledge, practice infrastructure, and quality of care. *Am J Manag Care*. 2019 Oct;25(10):497-503.

3. 女性医師の労働環境

女性医師は家事にかかる時間が男性医師より週に 8.5 時間多い

1: Jolly S, Griffith KA, DeCastro R, Stewart A, Ubel P, Jagsi R. Gender differences in time spent on parenting and domestic responsibilities by high-achieving young physician-researchers. *Ann Intern Med*. 2014 Mar 4;160(5):344-53. doi: 10.7326/M13-0974.

女性医師は家事の大半を請け負っている

1: Lyu HG, Davids JS, Scully RE, Melnitchouk N. Association of Domestic Responsibilities With Career Satisfaction for Physician Mothers in Procedural vs Nonprocedural Fields. *JAMA Surg*. 2019 Aug 1;154(8):689-695. doi:10.1001/jamasurg.2019.0529.

レジデントの労働時間を改善しても患者予後は変わらない

Association of residency work hour reform with long term quality and costs of care of US physicians: observational study. *BMJ*. 2019 Jul 10;366:l4134. doi: 10.1136/bmj.l4134.

若手大学勤務医師に当直業務をプログラムにいれなくても患者予後は変わらない。

Impact of an Overnight Internal Medicine Academic Hospitalist Program on Patient Outcomes. *J Gen Intern Med*. 2015 Dec;30(12):1795-802. doi: 10.1007/s11606-015-3389-0.

4. 女性医師の妊娠

日本の女性医師長時間労働と妊娠

1: Takeuchi M, Rahman M, Ishiguro A, Nomura K. Long working hours and pregnancy complications: women physicians survey in Japan. BMC Pregnancy Childbirth. 2014 Jul 23;14:245. doi: 10.1186/1471-2393-14-245.

妊娠出産の女性(研修)医師に対する提言

1: Magudia K, Bick A, Cohen J, Ng TSC, Weinstein D, Mangurian C, Jagsi R. Childbearing and Family Leave Policies for Resident Physicians at Top Training Institutions. JAMA. 2018 Dec 11;320(22):2372-2374. doi: 10.1001/jama.2018.14414.

2: Weinstein DF, Mangurian C, Jagsi R. Parenting during Graduate Medical Training - Practical Policy Solutions to Promote Change. N Engl J Med. 2019 Sep 12;381(11):995-997. doi: 10.1056/NEJMp1904721.

5. 女性医師のアカデミック分野

女性医師はアカデミックランクの昇進が男性医師より少ない

1: Jena AB, Khullar D, Ho O, Olenski AR, Blumenthal DM. Sex Differences in Academic Rank in US Medical Schools in 2014. JAMA. 2015 Sep 15;314(11):1149-58. doi: 10.1001/jama.2015.10680. PMID: 26372584; PMCID: PMC4665995.

2: Butkus R, Serchen J, Moyer DV, Bornstein SS, Hingle ST; Health and Public Policy Committee of the American College of Physicians. Achieving Gender Equity in Physician Compensation and Career Advancement: A Position Paper of the American College of Physicians. Ann Intern Med. 2018 May 15;168(10):721-723. doi: 10.7326/M17-3438. Epub 2018 Apr 17. PMID: 29710100.

世界主要循環器学会演者の女性率

1: Yong CM, Balasubramanian S, Douglas PS, Agarwal P, Birgersdotter-Green U, Gummidipundi S, Batchelor W, Duvernoy CS, Harrington RA, Mehran R. Temporal Trends in the Proportion of Women Physician Speakers at Major Cardiovascular Conferences. Circulation. 2021 Feb 16;143(7):755-757. doi:10.1161/CIRCULATIONAHA.120.052663.

世界主要循環器雑誌著者の女性率推移

1: Asghar M, Usman MS, Aibani R, Ansari HT, Siddiqi TJ, Fatima K, Khan MS, Figueredo VM. Sex Differences in Authorship of Academic Cardiology Literature Over the Last 2 Decades. J Am Coll

Cardiol. 2018 Aug 7;72(6):681-685. doi:10.1016/j.jacc.2018.05.047.

女性筆頭著者は 5 大誌では減少傾向の雑誌(NEJM)もある

1: Filardo G, da Graca B, Sass DM, Pollock BD, Smith EB, Martinez MA. Trends and comparison of female first authorship in high impact medical journals: observational study (1994-2014). BMJ. 2016 Mar 2;352:i847. doi:10.1136/bmj.i847.

女性筆頭著者は JAMA、NEJM では横ばい

1: Abdalla M, Abdalla M, Abdalla S, Saad M, Jones DS, Podolsky SH. The Under-representation and Stagnation of Female, Black, and Hispanic Authorship in the Journal of the American Medical Association and the New England Journal of Medicine. J Racial Ethn Health Disparities. 2022 Mar 21:1–10. doi: 10.1007/s40615-022-01280-z.

女性の論文責任者は女性の共著者が多い

1: Ouyang D, Harrington RA, Rodriguez F. Association Between Female Corresponding Authors and Female Co-Authors in Top Contemporary Cardiovascular Medicine Journals. Circulation. 2019 Feb 19;139(8):1127-1129. doi:10.1161/CIRCULATIONAHA.118.037763.

日本循環器雑誌の女性研究者 first author 率

1: Fujii T, Matsuyama T, Takeuchi J, Hara M, Kitamura T, Yamauchi-Takahara K. Women among First Authors in Japanese Cardiovascular Journal. Int Heart J. 2018 Mar 30;59(2):372-377. doi: 10.1536/ihj.17-187.

日本循環器学会での女性座長率と座長への意識調査

1: Nakayama A, Kamiya CA, Kanki S, Ide T, Bando YK, Uemura Y, Tsukada YT. Awareness and Feasibility of Women Chairing Cardiology Sessions in Scientific Meetings: A Nationwide Survey by the Japanese Circulation Society. Front Cardiovasc Med. 2022 Jun 3;9:871546. doi: 10.3389/fcvm.2022.871546.

6. 女性医師の経済

女性医師の方が男性医師より平均給料は低い

1: Jena AB, Olenski AR, Blumenthal DM. Sex Differences in Physician Salary in US Public Medical Schools. JAMA Intern Med. 2016 Sep 1;176(9):1294-304. doi:10.1001/jamainternmed.2016.3284.

2: Jagsi R, Griffith KA, Stewart A, Sambuco D, DeCastro R, Ubel PA. Gender differences in the

salaries of physician researchers. JAMA. 2012 Jun 13;307(22):2410-7. doi: 10.1001/jama.2012.6183. PMID: 22692173.

日本、女性医師の方が男性医師より講演謝金が低い

1: Murayama A, Ozaki A, Saito H, Sawano T, Shimada Y, Yamamoto K, Suzuki Y, Tanimoto T. Pharmaceutical company payments to dermatology Clinical Practice Guideline authors in Japan. PLoS One. 2020 Oct 13;15(10):e0239610. doi:10.1371/journal.pone.0239610.

日本、女性医師は費用対効果が高い

1: Nakayama A, Kodera S, Morita H, Fujiwara T, Takeda N, Komuro I. Cost-effectiveness of management for hospitalized patients; Gender difference between female and male cardiologists. IHJ 2021

7. 女性医師の診療の特徴

患者は女性医師に安心感を抱く

1: Kim SO, Kang TW, Kwon D. Gender Preferences for Urologists: Women Prefer Female Urologists. Urol J. 2017 Mar 16;14(2):3018-3022. PMID: 28299765.

2: Groutz A, Amir H, Caspi R, Sharon E, Levy YA, Shimonov M. Do women prefer a female breast surgeon? Isr J Health Policy Res. 2016 Dec 1;5:35. doi:10.1186/s13584-016-0094-3. PMID: 27980717; PMCID: PMC5131538.

女性医師はガイドラインに沿った治療を行う

1: Berthold HK, Gouni-Berthold I, Bestehorn KP, Böhm M, Krone W. Physician gender is associated with the quality of type 2 diabetes care. J Intern Med. 2008 Oct;264(4):340-50. doi: 10.1111/j.1365-2796.2008.01967.x.

2: Baumhäkel M, Müller U, Böhm M. Influence of gender of physicians and patients on guideline-recommended treatment of chronic heart failure in a cross-sectional study. Eur J Heart Fail. 2009 Mar;11(3):299-303. doi: 10.1093/eurjhf/hfn041.

女性医師は予防医学に時間をさく

1: Bertakis KD, Helms LJ, Callahan EJ, Azari R, Robbins JA. The influence of gender on physician practice style. Med Care. 1995 Apr;33(4):407-16. doi: 10.1097/00005650-199504000-00007. PMID: 7731281.

2: Lurie N, Slater J, McGovern P, Ekstrum J, Quam L, Margolis K. Preventive care for women. Does the sex of the physician matter? *N Engl J Med.* 1993 Aug 12;329(7):478-82. doi: 10.1056/NEJM199308123290707.

女性医師は内服処方が少ない、処方期間も少ない

1: Rochon PA, Gruneir A, Bell CM, Savage R, Gill SS, Wu W, Giannakeas V, Stall NM, Seitz DP, Normand SL, Zhu L, Herrmann N, McCarthy L, Faulkner C, Gurwitz JH, Austin PC, Bronskill SE. Comparison of prescribing practices for older adults treated by female versus male physicians: A retrospective cohort study. *PLoS One.* 2018 Oct 22;13(10):e0205524. doi: 10.1371/journal.pone.0205524.

女性医師は患者とのコミュニケーションをとる

1: Jerant A, Bertakis KD, Fenton JJ, Franks P. Gender of physician as the usual source of care and patient health care utilization and mortality. *J Am Board Fam Med.* 2013 Mar-Apr;26(2):138-48. doi: 10.3122/jabfm.2013.02.120198.

2: Roter DL, Hall JA. Physician gender and patient-centered communication: a critical review of empirical research. *Annu Rev Public Health.* 2004;25:497-519. doi: 10.1146/annurev.publhealth.25.101802.123134.

3: Bertakis KD, Franks P, Epstein RM. Patient-centered communication in primary care: physician and patient gender and gender concordance. *J Womens Health (Larchmt).* 2009 Apr;18(4):539-45. doi: 10.1089/jwh.2008.0969.

患者は同性の家庭医を好む(文化に関係なく)

1: Ahmad F, Gupta H, Rawlins J, Stewart DE. Preferences for gender of family physician among Canadian European-descent and South-Asian immigrant women. *Fam Pract.* 2002 Apr;19(2):146-53. doi: 10.1093/fampra/19.2.146. PMID: 11906979.

2: Nolen HA, Moore JX, Rodgers JB, Wang HE, Walter LA. Patient Preference for Physician Gender in the Emergency Department. *Yale J Biol Med.* 2016 Jun 27;89(2):131-42.

3: Varadarajulu S, Petruff C, Ramsey WH. Patient preferences for gender of endoscopists. *Gastrointest Endosc.* 2002 Aug;56(2):170-3. doi:10.1016/s0016-5107(02)70173-9.

女性医師の方が遠隔医療の早期適性高い

1: Zachrisson KS, Yan Z, Samuels-Kalow ME, Licurse A, Zuccotti G, Schwamm LH. Association of Physician Characteristics With Early Adoption of Virtual Health Care. JAMA Netw Open. 2021 Dec 1;4(12):e2141625. doi:10.1001/jamanetworkopen.2021.41625.

8. 女性医師の自殺率、メンタルヘルス、離婚率

女性医師の自殺率は男性医師より多い

1: Guille C, Frank E, Zhao Z, Kalmbach DA, Nietert PJ, Mata DA, Sen S. Work-Family Conflict and the Sex Difference in Depression Among Training Physicians. JAMA Intern Med. 2017 Dec 1;177(12):1766-1772. doi:10.1001/jamainternmed.2017.5138.

2: Frank E, Dingle AD. Self-reported depression and suicide attempts among U.S. women physicians. Am J Psychiatry. 1999 Dec;156(12):1887-94. doi:10.1176/ajp.156.12.1887.

3: Schernhammer ES, Colditz GA. Suicide rates among physicians: a quantitative and gender assessment (meta-analysis). Am J Psychiatry. 2004 Dec;161(12):2295-302. doi: 10.1176/appi.ajp.161.12.2295.

4: Center C, Davis M, Detre T, Ford DE, Hansbrough W, Hendin H, Laszlo J, Litts DA, Mann J, Mansky PA, Michels R, Miles SH, Proujansky R, Reynolds CF 3rd, Silverman MM. Confronting depression and suicide in physicians: a consensus statement. JAMA. 2003 Jun 18;289(23):3161-6. doi: 10.1001/jama.289.23.3161.

女性医師の離婚率は男性の 1.5 倍

1: Ly DP, Seabury SA, Jena AB. Divorce among physicians and other healthcare professionals in the United States: analysis of census survey data. BMJ. 2015 Feb 18;350:h706. doi: 10.1136/bmj.h706.

9. 女性医師の差別問題

日本の東京医大の入試問題

1: Oshima K, Ozaki A, Mori J, Takita M, Tanimoto T. Entrance examination misogyny in Japanese medical schools. Lancet. 2019 Apr 6;393(10179):1416. doi:10.1016/S0140-6736(18)33180-5. Epub 2019 Apr 4.

外科女性研修医への性差別意識アンケート

1: Barnes KL, McGuire L, Dunivan G, Sussman AL, McKee R. Gender Bias Experiences of Female Surgical Trainees. J Surg Educ. 2019 Nov-Dec;76(6):e1-e14. doi:10.1016/j.jsurg.2019.07.024. Epub 2019 Oct 7.

呼称と性差バイアス

1: Duma N, Durani U, Woods CB, Kankeu Fonkhou LA, Cook JM, Wee C, Fuentes HE, Gonzalez-Velez M, Murphy MC, Jain S, Marshall AL, Graff SL, Knoll MA. Evaluating Unconscious Bias: Speaker Introductions at an International Oncology Conference. J Clin Oncol. 2019 Dec 20;37(36):3538-3545. doi: 10.1200/JCO.19.01608.

女性研究者に不利な評価

1: Breen G. Nepotism and sexism in peer-review. Nature. 1997 Sep 25;389(6649):326. doi: 10.1038/38594.

10. 女性医師の進路選択

循環器医師はアメリカでも 13%。

1: Yong CM, Abnoui F, Rzeszut AK, Douglas PS, Harrington RA, Mehran R, Grines C, Altin SE, Duvernoy CS; American College of Cardiology Women in Cardiology Leadership Council (ACC WIC); Society for Cardiovascular Angiography and Interventions Women in Innovations (SCAI WIN). Sex Differences in the Pursuit of Interventional Cardiology as a Subspecialty Among Cardiovascular Fellows-in-Training. JACC Cardiovasc Interv. 2019 Feb 11;12(3):219-228. doi:10.1016/j.jcin.2018.09.036.

医学生の科選択傾向 フランス

1: Lefevre JH, Roupret M, Kerneis S, Karila L. Career choices of medical students: a national survey of 1780 students. Med Educ. 2010 Jun;44(6):603-12. doi: 10.1111/j.1365-2923.2010.03707.x.

医学生の科選択傾向 日本

1: Kawamoto R, Ninomiya D, Kasai Y, Kusunoki T, Ohtsuka N, Kumagi T, Abe M. Gender difference in preference of specialty as a career choice among Japanese medical students. BMC Med Educ. 2016 Nov 10;16(1):288. doi:10.1186/s12909-016-0811-1.

11. 性差格差是正の取り組み

Nature group のダイバーシティへの取り組み

1: Else H. How to banish manels and manferences from scientific meetings. Nature. 2019 Sep;573(7773):184-186. doi: 10.1038/d41586-019-02658-6.

Lancet group の Editor の女性を 50%にした取り組み

1: The Editors Of The Lancet Group. The Lancet Group's commitments to gender equity and diversity. Lancet. 2019 Aug 10;394(10197):452-453. doi:10.1016/S0140-6736(19)31797-0.