

Où sont les femmes: comment expliquer la sous-représentation féminine dans les instances de médecine générale?

Dr Sarah CUMPS

Aucun conflit d'intérêt



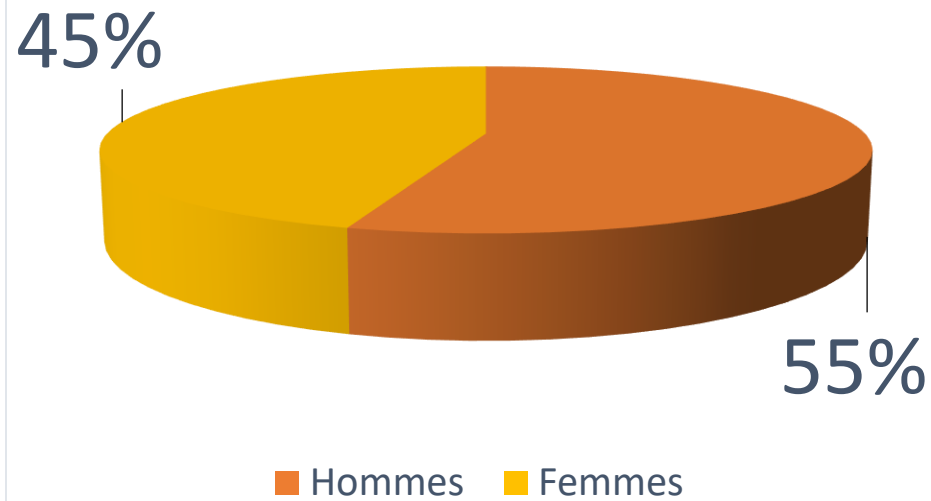
Plan de l'exposé

1. Enquête démographique: le paysage de la MG en Belgique francophone
2. Recherche qualitative: comprendre les causes de la sous-représentation féminine
3. Discussion

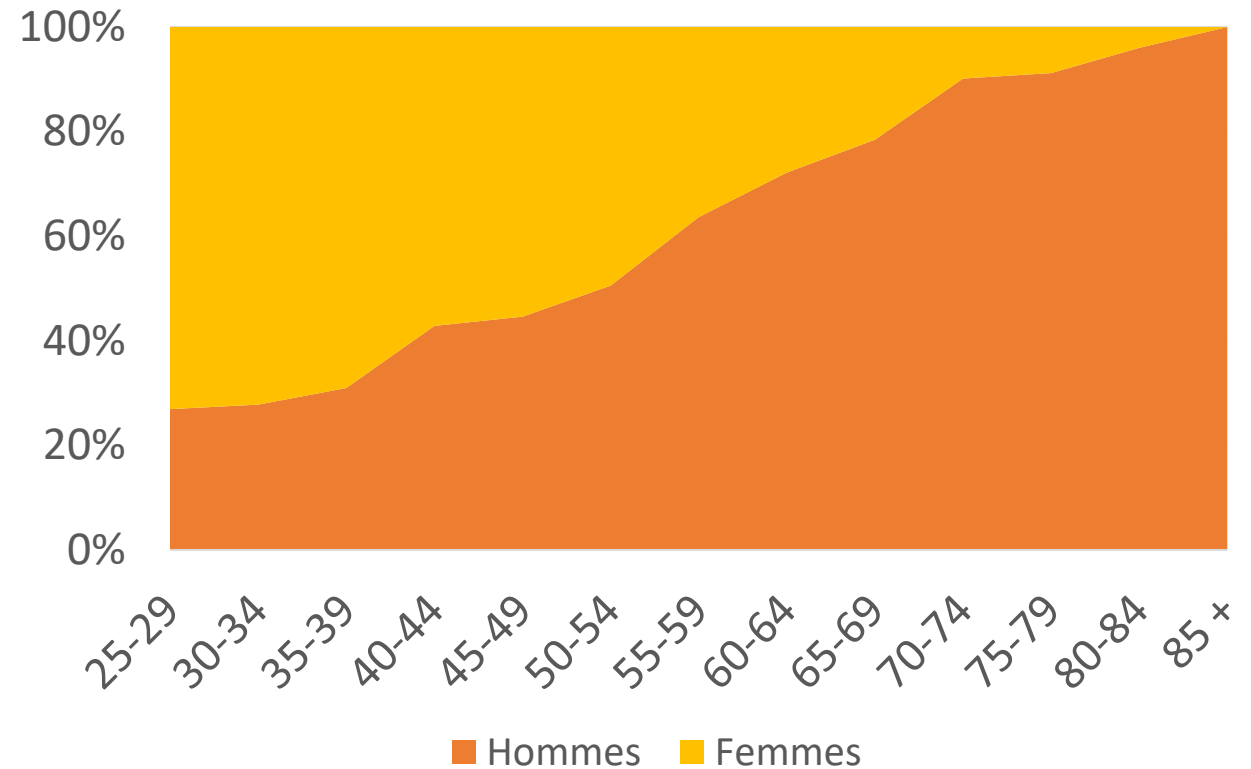


En Belgique francophone...

Médecins généralistes actifs en Région Wallonne, 2021

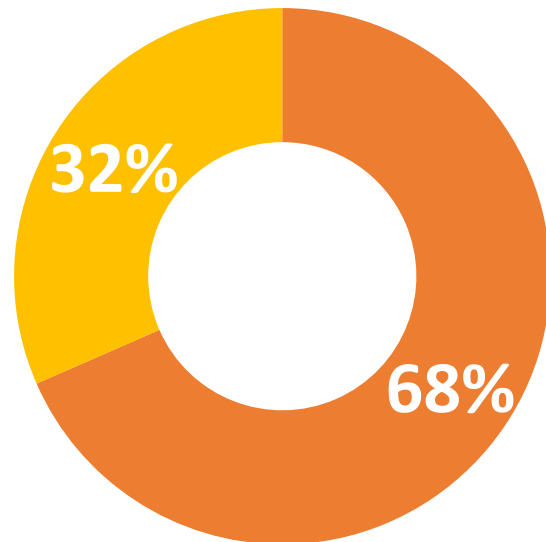


Ratio hommes/femmes par tranche d'âge



En Belgique francophone...

REPRÉSENTATION DANS LES INSTANCES

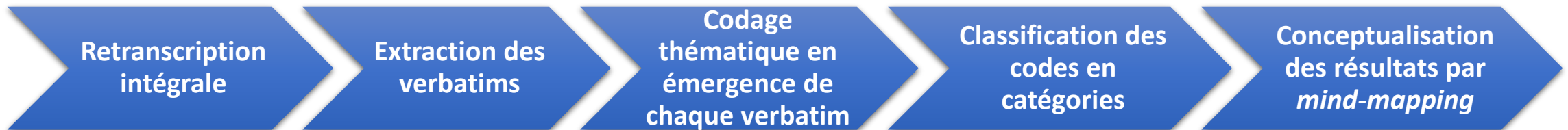


■ Hommes ■ Femmes



Méthodologie

- Echantillonnage : président·es des 9 instances principales de médecine générale en Belgique francophone
- Profil des participant·es : 8 hommes, 1 femme



Féminisation de la profession

- Organisation du travail
- Maternité et vie de famille

Représentation dans les instances

Socle culturel et sociétal

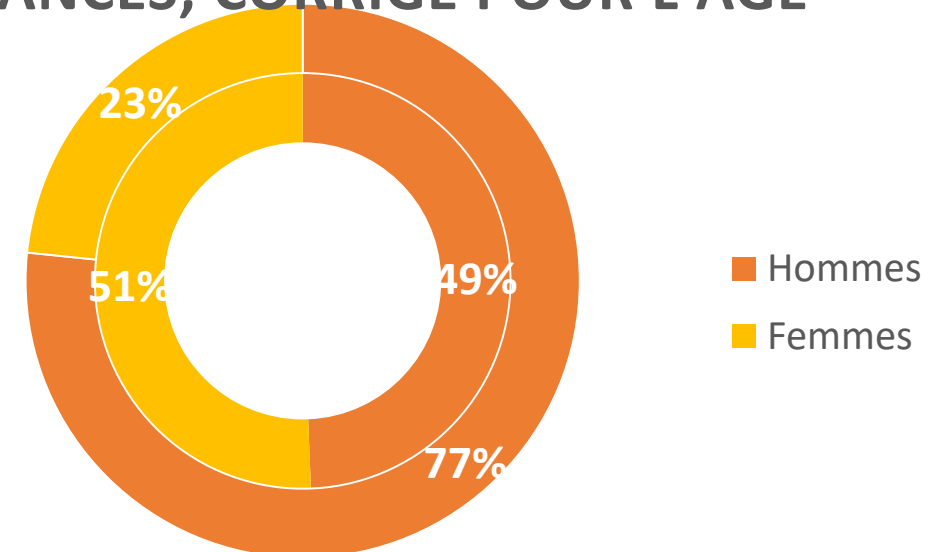
- Evolution du rapport au travail
- Une société patriarcale ?

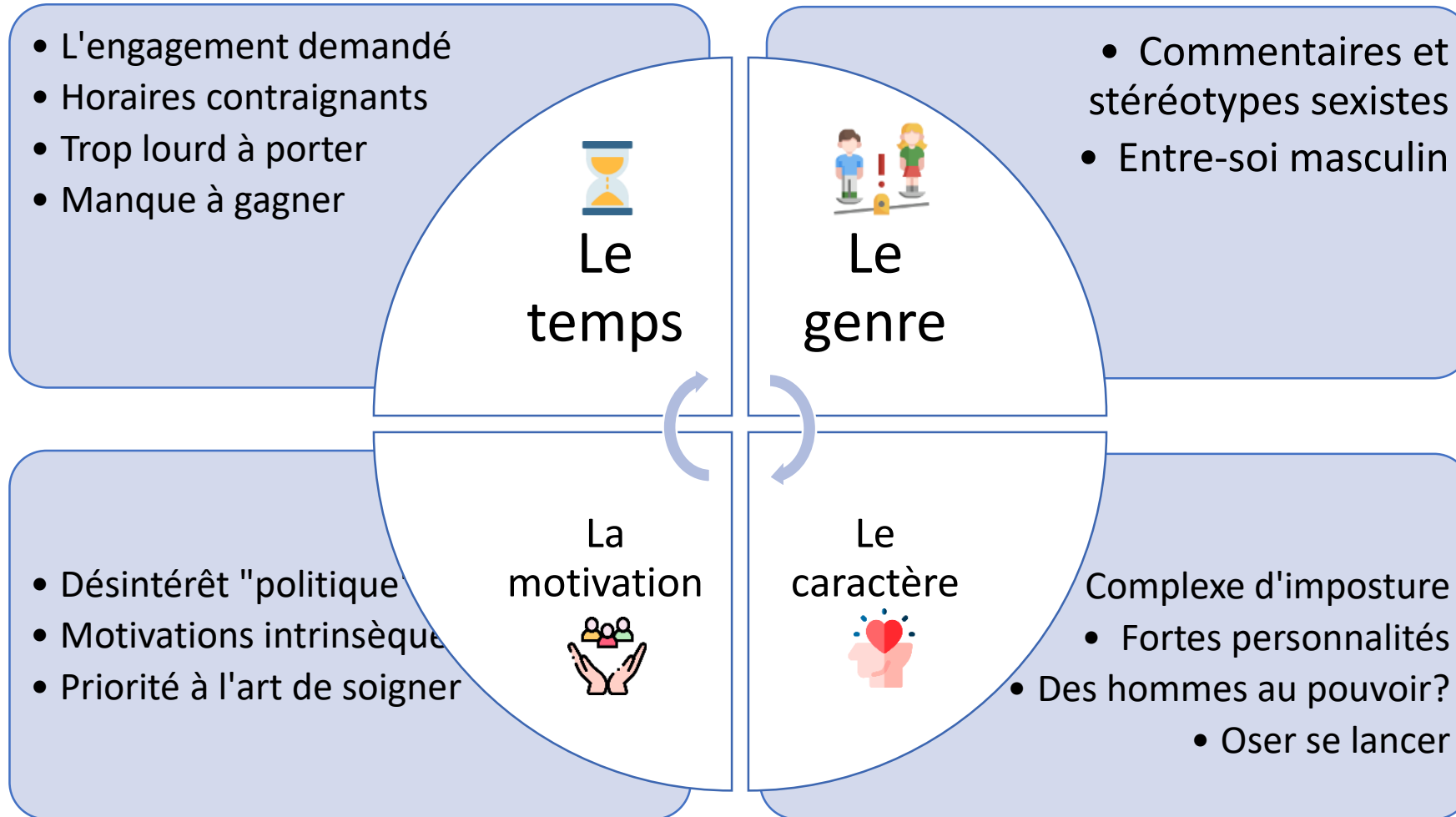
Le biais de l'âge

Sous-représentation des femmes, ou des jeunes ?



REPRÉSENTATION DANS LES
INSTANCES, CORRIGÉ POUR L'ÂGE





Eliminer les obstacles

1. Accepter le changement
2. Adapter le mode de fonctionnement
3. Meilleure répartition du travail
4. Créer un cercle vertueux
5. Entretenir un environnement de travail favorable



The NEW ENGLAND JOURNAL of MEDICINE

MEDICINE AND SOCIETY

Debra Malina, Ph.D., *Editor*

Medicine Is Not Gender-Neutral — She Is Male

Kiki M.J. Lombarts, Ph.D., and Abraham Verghese, M.D.

In 1849, Elizabeth Blackwell became the first woman to graduate from medical school in the United States. Today, women make up 35% of the U.S. physician workforce, and among physicians 35 years of age or younger, women actually outnumber men. Many European countries have had a female-majority medical workforce for some years.¹ With more women in medicine, one would expect that “physicianhood” will be reshaped and redefined by women, just as it was defined by men for centuries.

But discussions in academia and health care about women in medicine often seem to begin

inequity among physicians themselves to focus on an important consequence of the male-gendered construct of physicianhood: its failure to deliver for patients the highest standards of care and caring. A deeper understanding of gender issues in medicine may therefore enable the profession to improve not just the experiences of its constituents of female and other genders but also the care of our patients.

We should avoid construing this exploration of physicianhood as a battle of the sexes; every physician's best effort is needed to provide the best care. All physicians, like all people, have

Lombarts KMJ, Verghese A.
Medicine Is Not Gender-Neutral
— She Is Male. Malina D, éditeur.
N Engl J Med. 31 mars
2022;386(13):1284-7.

Merci pour votre attention.

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Suggestions de lecture

Articles:

Dhara A. Smile!: Women as family doctors. Vol. 65, Canadian Family Physician. 2019. p. 497-8

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Chollet M. Sorcières : La Puissance Invaincue des Femmes. Zones, éditeur. 2018. 240 p.