

## LETTER TO THE EDITOR

### Dawn Out of the Darkness

It was with great interest and avidity in which I read the essay by Dr. King (1) entitled “The Best and the Brightest” in a recent issue of *JACC: Cardiovascular Interventions*. For over 20 years, American interventional cardiology has been a dynamic force of innovation and advanced treatment. However, it has become strikingly apparent that one area remains remarkably static—the percentage of women in the field (2–4). Although Dr. King focuses on the broader issue regarding competitiveness of our field in general, attention must now be redirected to the large group of exceptional candidates who continue to be overlooked: women.

Since the mid-1990s, countless articles have been published in top-tier journals on the inadequate pursuit and recruitment of women in interventional cardiology. Every other sub-specialty in medicine, including those historically male-dominated, has significantly increased the number of women—all but interventional cardiology. Instead of having a paradigm shift, we have become a paradigm lost. The past articles have all delineated the same 3 perceived barriers: lack of mentorship, concern over radiation exposure, and a demanding lifestyle. I would like to address the flawed logic of each of these hurdles, and prove we are an enterprising group of individuals who can think outside the box and amend this issue once and for all.

The assumption behind the mentorship obstacle is that medical students gravitate toward someone of the same sex and search for guidance. This will never be solved if men far outnumber women for cardiology. There might be a discomfort with potential mentors not within their awareness. This will then require a more proactive approach. Find the highly qualified and enthusiastic medical student and mentor her. Seek her out, encourage her, and let her know she can be a great addition to our team.

Concern over radiation exposure is merely that, a concern. The percentage of women in both interventional radiology and elec-

trophysiology are higher than our field. These women have managed to succeed in having satisfying professional and personal lives, so let's please put this issue to rest.

The final issue of a demanding lifestyle acting as a deterrent is both insulting and fallacious. If remotely true, it would have to assume that male colleagues are far less committed to their family and health than female counterparts. It is also a veiled attempt at suggesting women do not work as hard as men. We know this to be counterfactual, because the percentage of women in obstetrics and gynecology far outnumber men, and their work and call schedules are equally demanding. They have looked beyond the myths and, instead of fixing blame, have fixed the problem.

If known measures demonstrate inequity and if restorative action continues to be dismissed, then we have committed a disservice to our field. If the field of interventional cardiology truly wants to attract the best and brightest, we need to look within and showcase ourselves in a more progressive light.

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