A Spotlight on Female Leaders in Anesthesiology

Catlin Nalley

As the field of anesthesiology evolves and grows, so does the important role women play in its ongoing success and development. The ASA Monitor had the privilege of speaking with three women whose leadership and expertise have had—and continue to have—a positive impact on anesthesiology and medicine as a whole.

Margaret Wood, MBChB, FRCA, is the Emanuel M. Papper Emerita Professor of Anesthesiology and Department of Anesthesiology Emerita Chair, College of Physicians and Surgeons, Columbia University. Throughout her career, Dr. Wood has conducted extensive research in anesthesiology, publishing more than 140 articles and book chapters. She was the first woman to chair a clinical department at Columbia University, a position that she held until June 30, 2016. Dr. Wood was also the first woman to be elected as president of the Association of University Anesthesiologists (AUA).

What led you to a career in anesthesiology?

Dr. Wood: I loved pediatrics during my residency and found that there were opportunities to be “the first” in many settings. For example, I was the first woman to chair a clinical department in Columbia University’s long history and the first woman president of the AUA. However, I would hope that in the future such appointments and opportunities for women will be routine and normal and therefore will cease to attract attention or comment.

What would you say to young women who aspire to be anesthesiologists?

Dr. Wood: Go for it! There are slightly more men than women in residency positions, and this tends to be reflected in faculty positions. Why? I am often told its for OR and lifestyle reasons, but it is a fabulously interesting profession, with new, different problems to solve every day. As a woman in medicine, I have loved it and have made many friends over the years. It has been an incredible experience and will be for the next generation.

Why is it important for women to hold leadership roles in anesthesiology?

Dr. Wood: I think there are more similarities in leadership styles between men and women than differences. However, it is really important that women have role models. So, it is important that young women see successful women leaders who hold leadership positions to which they can aspire. When I went to medical school, there were only 10% women in the class. This was true of the U.K. and the U.S. It is now 50%, at least, so things are very different. For all of us in my generation, our professional friendships were not with women (could not be, by definition, because there were few of us—particularly in academic medicine). And I am still sad that I missed that opportunity to have special female friendships, which only really happened much later in life.

On the other hand, I had wonderful mentors and supporters, mainly male, and learned a lot from all of them. Also, my generation of women had unique opportunities to be “the first” in many settings. For example, I was the first woman to chair a clinical department in Columbia University’s long history and the first woman president of the AUA. However, I would hope that in the future such appointments and opportunities for women will be routine and normal and therefore will cease to attract attention or comment.

Could you share your proudest or most rewarding moments as an anesthesiologist?

Dr. Wood: Two of my proudest moments happened during my time as chair at Columbia University. One was developing the Apgar Scholars Program. This residency/junior faculty/fellowship research track allows continuity and mentorship to residents directly on entry to the residency program and was probably the first such structured program in the country. Number two was setting up and funding an endowed chair for epidemiology in anesthesiology. Population-based research for our specialty was a new direction for those who want to do clinical research and not basic lab research. At the time this was seen as radical and had not been done before.

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Cynthia Wong, MD, is the Professor, Chair, and Department Executive Officer of Anesthesia at the University of Iowa Carver College of Medicine. Prior to this, Dr. Wong was Professor and Vice Chair of the Department of Anesthesia and Chief of the Section on Obstetric Anesthesia at Northwestern University. She is an obstetric anesthesiologist with research interests in labor analgesia and cesarean delivery anesthesia. Dr. Wong is on the editorial board of several journals and is currently chair of the American Board of Anesthesiology MOCA Minute Committee.

What led you to a career in anesthesiology?

Dr. Wong: I grew up the oldest in a family of three kids; my father was an engineer, and my mother was a nurse. This is what originally piqued my interest in health care. And then, when I was a teenager, we moved to Rochester, Minnesota—the home of the Mayo Clinic. My first job was in the OR as a circulating nurse. This experience was exciting, but it also showed me that I didn’t want to be a nurse. I continued my undergraduate work, still considering whether I wanted to be a bench scientist or a physician. While working in an immunology lab in Germany, I found myself gravitating toward the physician aspect of science and health care research. During medical school at the University of Chicago, I explored internal medicine and anesthesiology and found that anesthesiology was the better fit for me. Since completing my residency, I have practiced in the academic environment. That’s what excites me. I enjoy clinical anesthesia, but I also really like being involved in education and clinical research.

Could you share your proudest or most rewarding moments as an anesthesiologist?

Dr. Wong: I like to think I’m a little bit of a myth buster. And one of the big things that I worked on relatively early in my career was around the practice of giving laboring women narcotics early in labor. This was done because it was believed that administering epidurals too early in labor would decrease the cesarean delivery rate. However, it is important to remember that observation is not the same thing as causation. When I was at Northwestern, we conducted a large randomized controlled trial that was published in The New England Journal of Medicine and found that there was no difference in cesarean delivery rates among women who received their epidural early in labor and those who did not. This led to a change in both the American College of Obstetricians and Gynecologists guidelines and practice. Knowing we made a difference and improved care for a large number of women during childbirth is very gratifying.

Why is it important for women to hold leadership roles in anesthesiology?

Dr. Wong: Everyone has something to offer men and women. In order to take care of all patients, we have to bring everyone to the table. We have seen in other industries that a more diverse workforce and leadership are crucial to success and improvement, and health care is no different. Therefore, if we don’t work toward this, we’re not working toward better health care for every patient.

What would you say to young women who aspire to be anesthesiologists?

Dr. Wong: Anesthesiology is a great profession. And as anesthesiologists, we have our fingers in a lot of different pies. It’s not just about being in the operating room. The reason I find it so fun is that we’re involved across the continuum of care. The hospital can’t function without us. You can’t do surgery and a lot of other procedures without us. We are the people who know how to manage operating rooms, which are the economic engine of hospitals. And so, even though we’re a very small proportion of physicians, I think we’re pretty important, and who wouldn’t want to be in a position that is important to the whole system? Also, there are a lot of aspects of health care that we can help make better. I am looking forward to the next generation, and the one after that, making a difference and improving care. We need more people—but women in particular—to join the profession to see positive change.

Vesna Jevtovic-Todorovic, MD, PhD, MBA, FASA, is the CU Medicine Endowed Professor of Anesthesiology and Pharmacology Chair, Department of Anesthesiology, at the University of Colorado School of Medicine. For over 25 years, Dr. Jevtovic-Todorovic has been working as both a practicing anesthesiologist and clinician scientist. She has developed three major lines of research: anesthetics as neurotoxins, the management of chronic pain, and the mechanisms of anesthesia-induced developmental neurodegeneration.

What led you to a career in anesthesiology?

Dr. Jevtovic-Todorovic: Medicine was a passion of mine from very early on, initially because I was very drawn to basic science, and then it really grew into a compassion for people who need help. Becoming a physician was the best way to follow my passion for medical...
sciences and love of people. My choice of anesthesiology was driven by the fact that this is the field that advances the understanding of fundamental physiology and pharmacology. This nicely complemented my PhD work in pharmacology since anesthesia is indeed applied in vivo pharmacology. I was convinced that clinical anesthesiology would be a great way to grow into a strong academician who can do cutting-edge research while providing compassionate clinical care.

Could you share your proudest or most rewarding moments as an anesthesiologist?

Dr. Jevtovic-Todorovic: What I enjoy the most about anesthesiology is the very intense – although relatively short – interaction with patients. Every minute matters. You don’t have days to build the relationship. So, you really have one chance to connect with them in a meaningful way. We usually meet our patients right before they’re taken back to the operating room, which is typically a very stressful time for them. I’m grateful every day that I can be there for my patients and be their voice in the operating room.

As a chair, my proudest moments are related to the advancement of the career of our junior faculty members by providing them with unique opportunities to grow and develop as strong academicians and teachers. We are now a proud recipient of the National Institutes of Health training grant, T32, an honor that is bestowed on top 15 academic departments of anesthesiology in the U.S.

Why is it important for women to hold leadership roles in anesthesiology?

Dr. Jevtovic-Todorovic: Women bring compassion, focus, and a “get-it-done” attitude to leadership positions. In addition, having women in leadership roles creates a path for other women. It sets the stage for what it means to be a professional woman and, as such, it serves as a career platform for other women while proving invaluable for networking and mentoring opportunities. It shows to all professional women that, yes, it is possible to have a fulfilling personal and successful professional life. Yes, it is possible to talk to others on equal footing. And yes, the society and your profession will recognize your hard work, so don’t give up.

What would you say to young women who aspire to be anesthesiologists?

Dr. Jevtovic-Todorovic: Work hard, believe in yourself, and speak up if you think something is not acceptable. Always look ahead and don’t let your mistakes define you. We all make them; it’s how you handle a mistake that matters. Anesthesiology is an incredible field that is rapidly evolving. It permeates every aspect of patient care. As anesthesiologists, we have the opportunity to do something very special – to be a basic scientist in the operating room as well as a medicine doctor who looks at the patient as a whole. It is very rewarding to provide high-intensity and very skilled patient care to people who need us the most.