

## EDITORIAL COMMENT

# Of Women, By Women, and For Women

## A Step Forward\*



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**T**he global health report of the inaugural issue was written by Sliwa et al. (1) and highlights not only the efforts in low- and middle-income countries in Africa to build strong female-led networks of clinician scientists and researchers, but also the important contribution women make as clinicians and researchers in merging forces and promoting excellence.

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Women have long been under-represented in leading clinical studies and in leadership positions in academic institutions. Our discipline has been identified as particularly affected. Two recent papers reviewed the perspective of women cardiology fellows (2) and showed significant differences in the experience of women compared with men cardiologists in the field (3) with the impact on life choices and concerning challenges both during and upon completion of training. However, it has also been shown that women bring unique elements to the clinical discipline, with evidence for improved outcomes with female-led teams during resuscitation (4), lower mortality and readmission rates in Medicare patients (5), and a clear realization that team diversity both in terms of sex and background improves patient outcomes (6). In low- and middle-income countries, women now make up more than one-half of all medical school intake (7), and there is a need to address challenges women physicians face across the world.

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The informal support discussed by Sliwa et al. (1) has been formalized in other disciplines with great results (8), and new initiatives in cardiology are highlighting the need to attract talent to our discipline, regardless of sex, while supporting the decisions of women to enter a hitherto male-dominated field. One of these is Women As One, which aims to broaden and promote the global talent pool in medicine by providing unique professional opportunities to women physicians. Women As One (9) was founded by Dr. Roxana Mehran and Dr. Marie Claude Morice, 2 internationally recognized leaders in cardiovascular care and research, and encourages women cardiologists to join a global community and share professional support and tips. Indeed, the hope is contemporary: a vision of a diverse, engaged, and empowered workforce that support members through sex and minority challenges and, in doing so, elevate our discipline.

### THE VALUE OF GLOBAL HEALTH REPORTS

The purpose of Global Health Reports is to demonstrate what may be lacking in daily practice and put us outside of our comfort zone. It is important—if we wish to be working in a clinical/academic society with equal opportunities—to understand what is happening in low- and middle-income countries, how the health care needs are addressed, their unique challenges, and the efforts that take place to address these needs.

There are colleagues who provide health care with the least of equipment and colleagues who work day and night to save lives, somewhere in an isolated area of Africa, Asia, or Oceania. Every report we publish in this section will be a teaching lesson and will bring us together. In addition, we hope that we can encourage new collaborations and networks and use these to improve the outcomes of cardiac patients around the world.

Global Health Reports has been a long-standing vision and we are happy that we will develop this initiative within *JACC: Case Reports*. We look forward sharing your experiences and the efforts you are undertaking in a daily practice.

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## REFERENCES

1. Sliwa K, Mbakwem A, Carrilho C, Zühlke L, Tibazarwa K, Mocumbi A. Moving ahead: building a strong network among female cardiovascular clinician scientists and researchers in Africa. *J Am Coll Cardiol Case Rep* 2019;1:40-3.
2. Oza NM, Brethett K. Women in cardiology: fellows' perspective. *J Am Coll Cardiol* 2015;65: 951-3.
3. Rajani R, Berman DS, Rozanski A. Social networks—are they good for your health? The era of Facebook and Twitter. *QJM* 2011;104: 819-20.
4. Meier A, Yang J, Liu J, et al. Female physician leadership during cardiopulmonary resuscitation is associated with improved patient outcomes. *Crit Care Med* 2019;47:e8-13.
5. Tsugawa Y, Jena AB, Figueroa JF, et al. Comparison of hospital mortality and readmission rates for Medicare patients treated by male vs female physicians. *JAMA Intern Med* 2017;177:206-13.
6. Gomez LE, Bernet P. Diversity improves performance and outcomes. *J Natl Med Assoc* 2019 Feb 11 [E-pub ahead of print].
7. Hossain P, Das Gupta R, YarZar P, et al. "Feminization" of physician workforce in Bangladesh, underlying factors and implications for health system: insights from a mixed-methods study. *PLoS One* 2019;14:e0210820.
8. Albert AA, Knoll MA, Doke K, et al. #Women-WhoCurie: leveraging social media to promote women in radiation oncology. *Adv Radiat Oncol* 2019;4:218-25.
9. Women As One. Available at: [www.womenasone.org](http://www.womenasone.org). Accessed May 9, 2019.

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