Responding to Patient Requests for Women Obstetrician–Gynecologists

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Condensation: When a patient requests a woman obstetrician–gynecologist, efforts should be made to accommodate the request if possible; however, accommodation is not required.

Short Title: Requests for Women Obstetrician-Gynecologists
Patients may request care from a woman obstetrician–gynecologist for various reasons, including privacy concerns, religious or cultural reasons, and in some cases a history of abuse. Patients should be given the opportunity to voice their underlying reasons for requesting a woman obstetrician–gynecologist but should not be compelled to do so. Respect for patient autonomy is a compelling reason to consider honoring a patient’s gender-based request. When a patient requests a woman obstetrician–gynecologist, efforts should be made to accommodate the request if possible. However, medical professionals and institutions are not ethically obligated to have a woman obstetrician-gynecologist on call or to make one available at all times. If it is not feasible for a woman obstetrician–gynecologist to provide care because of staffing or other system constraints or patient safety concerns, accommodation is not required, and physicians do not have an overriding responsibility to ensure that patients receive gender-concordant care. Patients have the right to decline care and may choose to seek care elsewhere if their requested health care provider type is not available. Institutions and medical practices should have policies and procedures in place for managing patient requests for women obstetrician–gynecologists, and patients should be made aware of these policies preemptively. These policies and procedures should include whom to contact for assistance and how to document the encounter. They should also be accessible and familiar to physicians and trainees. Care should be taken to ensure adequate educational opportunities in obstetrics and gynecology are available for all medical trainees, regardless of gender.

Keywords: requests for women obstetrician-gynecologists, bioethics, medical ethics
Patients may request care from women obstetrician–gynecologists for various reasons, including privacy concerns, religious or cultural reasons, and in some cases a history of abuse. Whatever the underlying reason, these types of requests raise ethical, professional, and educational issues related to gender discrimination and conflicting duties to patients, physician colleagues, and trainees in obstetrics and gynecology. There is a lack of professional guidance regarding physicians’ rights and responsibilities when faced with such gender-based requests for, or refusals of, care. Given the frequency of patient requests for women obstetrician–gynecologists, we review the key ethical considerations regarding patients’ preferences for women obstetrician–gynecologists with particular emphasis on patients’ right to protect their bodily integrity, which is a critical aspect of patient autonomy. We explore patient, physician, and educational considerations that may conflict when responding to gender-based requests. Based on the primacy of the responsibility to promote patients’ well-being, we then suggest a process for handling such requests in a manner that maintains respect for patient autonomy, ensures patient safety and optimal medical care, considers staffing constraints, and supports physician colleagues and trainees.

Although we focus exclusively on gender-based preferences for provider type, patients sometimes request or refuse care from physicians based on other personal characteristics such as race, religion, or sexual orientation. Responding to these types of refusals or requests involves additional ethical considerations regarding discrimination that are described elsewhere.

Importantly, we use the term "woman obstetrician-gynecologist" rather than "female obstetrician-gynecologist" in recognition that gender is likely to motivate patients’ requests, rather than biological sex.
Existing Data on Patients’ Preferences for Clinician Gender

Data conflict regarding whether patients prefer to receive their obstetric and gynecologic care from women. Some studies have demonstrated no gender preference among most patients surveyed. Other studies have shown strong patient preferences for women rather than men gynecologists, particularly among immigrant populations undergoing pelvic examination. Based on data from a recent systematic review and meta-analysis, 53.2% of nearly 10,000 patients in the United States reported a preference for a woman obstetrician–gynecologist, 8.4% preferred a man, and 38.5% had no gender preference.

Patients who do request a woman obstetrician–gynecologist may have various reasons for doing so. Requests may stem from the patient’s personal, religious, or cultural background. For example, a patient’s religious obligations and conception of modesty might make her reluctant to expose parts of her body to a physician of a different gender. A patient’s history of sexual abuse or other traumatic experience involving a perpetrator who was a man may lead her to request a woman physician. Some patients may assume that women physicians have a greater capacity for relating to and empathizing with their concerns about various gynecologic or obstetric issues based on the physicians’ own personal experiences. Others feel less embarrassment describing details of sexual function and similar sensitive topics with a health care provider of the same gender. Patients also may have an expectation of greater comfort and privacy in the clinical encounter with a woman physician than with a man physician. Although some of these motivations may arise from erroneous assumptions and stereotypes of women and men providers, many underlying reasons for requesting women physicians are understandable.

Gender-related practice patterns of men and woman physicians may also partly explain patient preferences rather than gender alone. Studies using videotaped consultations to observe
gender differences in communication styles have found that women obstetrician-gynecologists tend to use more patient-centered communication techniques such as eye contact, supportive statements, and expressions of agreement. However, patients often select their obstetrician–gynecologist based on factors other than gender such as competence, experience, compassion, and patient-centered communication style. For example, many individuals who initially requested a woman obstetrician-gynecologist from a selection of photographs highlighting only gender changed their preference when they received more information about the experience, clinical skills, and bedside manner of the photographed men.

Although some patients will accept a health care provider of any gender in a medical emergency, a subset may choose to decline care altogether if a woman clinician is not available. Interviews with immigrant patients who hold religious or cultural ideals underlying a strong preference for a woman obstetrician at the time of delivery revealed that some patients experienced severe psychological stress when this request could not be accommodated in labor.

Ethical Considerations
The Patient-Physician Relationship

Responding to patient requests for woman obstetrician-gynecologists requires careful balancing of the ethical principles that underlie the interests of patients, physicians, and the healthcare system. Foremost among these are patients’ rights to bodily autonomy, physicians’ obligation to minimize harm to patients, and societal investment in a just, non-discriminatory healthcare system.
Patients’ right to protect their bodily integrity is fundamental to their autonomy, and therefore a critical consideration within the patient-physician relationship. A patient is entitled to share her personal history and expose the parts of her body in the way she chooses and in the presence of medical personnel she trusts. It is out of respect for autonomy that patients are entitled to make gender-based requests, and in turn, physicians should attempt to honor them when possible.

However, physicians may reasonably be concerned that complying with patient requests for women obstetrician–gynecologists contributes to a discriminatory work environment, and it is critical to protect clinicians from discriminatory practices, hostility, and harassment in the workplace. It is likewise in the best interest of physicians, patients, and the medical community at large to build and maintain a workforce that is inclusive, and supportive of the many individuals who serve the needs of an increasingly diverse patient population. These counterbalancing concerns require responding to patient requests for women obstetrician–gynecologists in a way that honors patient autonomy and, at the same time, values the competence and compassion of all clinicians, irrespective of their gender.

Practical Considerations and Suggested Response to Requests

When a patient requests a woman obstetrician–gynecologist, efforts should be made to accommodate the request if possible. This recommendation stems from the primacy of respect for patients’ autonomy in contemporary ethical medical practice. However, respect for autonomy does not override all other concerns. Practically, patient safety and staffing considerations may preclude physicians, outpatient practices, or hospitals from accommodating a request for a woman obstetrician-gynecologist. Medical professionals and hospitals are responsible for ensuring patients’ safety; it is therefore inappropriate to interrupt an ongoing patient encounter or
procedure in order to shift clinicians’ responsibilities at a time when this could cause foreseeable harm to patients currently receiving care. If a woman physician is not readily available or cannot be made available without causing disruption or undue burden for that physician or other staff members involved in patient care, then gender-based requests need not be honored. Furthermore, medical professionals and institutions do not have a proactive ethical responsibility to have a woman obstetrician–gynecologist on call at all times. If it is not feasible for a woman obstetrician–gynecologist to provide care because of staffing, system constraints, or patient safety concerns, accommodation is not required.

When a request is made, a patient should be given the opportunity to voice her underlying reasons for requesting a woman obstetrician–gynecologist but should not be compelled to do so. Understanding a patient’s rationale may be helpful in addressing needs related to aspects of the clinical encounter that might cause anxiety or distress regardless of the physician’s gender. Inquiring about a patient’s rationale may also uncover inaccurate perceptions or misunderstandings that can be addressed in a way that reassures the patient about accepting care from the provider on duty, thereby building a therapeutic alliance and enhancing patient-centered care.

While some patients may articulate compelling reasons for their strong preference for a woman, others may struggle to explain their rationale in the setting of a language barrier, physical discomfort, embarrassment, reluctance to disclose personal information, or other factors. For example, a patient with a history of sexual abuse or assault may be reluctant to disclose her history of trauma and may rightly feel that she should not have to reveal details about her experiences to justify her preferences. Disclosure of patients’ reasoning for a request
for a woman obstetrician-gynecologist must therefore not be a precondition to accommodating such requests.

Patients have a legal and ethical right to decline care and may choose to seek care elsewhere if their requested health care provider type is not available. Nonetheless, all patients should be treated with respect, dignity, and attention to their medical needs in a timely manner by the staff assigned to be on duty. This holds true whether or not a patient requests a specific physician gender or refuses care from a particular physician.

Educational Considerations

In addition to their professional obligations to patients, academic physicians and institutions have obligations to medical trainees. Although men obstetrician-gynecologists are essential to a diverse workforce, men trainees may be more likely to experience gender-based rejection from patients and less likely to report career interest in obstetrics and gynecology.32 Despite equivalent numbers of patient examinations, deliveries, gynecologic procedures, and opportunities for learning between men and women medical trainees, more men trainees reported the perception that their gender had a negative effect on their clerkship experience.32 This may be related, in part, to a lack of perceived support from faculty. A survey study revealed that men and woman trainees performed similar numbers of pelvic examinations, but clinical instructors introduced woman trainees to patients and obtained consent on the trainees’ behalf significantly more often than for men trainees who were left to introduce themselves and obtain consent on their own (75% versus 53%; \( P = .009 \)).33 Physicians also tend to underestimate the willingness of patients to have medical trainees perform pelvic examinations.34 An expert review panel from the Association of Professors of Gynecology and Obstetrics has recommended that physicians make
the initial introduction between trainees and patients, thereby helping patients to feel more comfortable with trainee participation in their examinations.\textsuperscript{35} Clinical practices and professional societies should continue to advocate for gender diversity in the obstetric and gynecologic workforce. Such advocacy should include investment in equitable educational opportunities for all medical trainees, regardless of gender.

Respect for patients’ autonomy requires that when a patient refuses to have a trainee involved in her health care for reasons related to the trainee’s gender, or for reasons she chooses not to articulate, her decision should be honored. Refusals should initiate discussion and counseling and should be handled with compassion and respect.\textsuperscript{36} Trainees should not have to navigate these scenarios alone, as the experience may involve disappointment, a sense of rejection, humiliation, or a perception of disrespect. Trainees, clerkship directors, and attending teaching physicians should be made aware of this potential issue early in training and should be educated on how to manage patient requests for gender-concordant trainee involvement in their care.\textsuperscript{37,38} Any educational deficit experienced by a trainee as a result of patient refusal of care should be addressed and appropriately rectified.

\textit{Considerations for Clinical Practices}

Institutions and outpatient medical practices should have policies in place for managing patients’ requests for women obstetrician–gynecologists.\textsuperscript{39} Management of gender-based requests on an ad hoc basis may be substantially stressful for physicians and administrators. Furthermore, individual clinicians may respond to requests differently, leading to inconsistent or, at worst, discriminatory treatment of patients. We recommend that policies should explain that while an attempt will be made to honor patients’ requests for a preferred health care provider gender,
decisions are subject to staffing availability, patient safety considerations, and the institution’s commitment to a diverse workplace. It should be stated clearly that health care staff have the right to work in an environment free from discrimination and harassment. Institutional policies should also include points of contact for assistance and suggested language for documenting requests for woman clinicians.

Once such institutional policies are in place, patients should be made aware of these policies preemptively. Ideally, patients should be notified in the outpatient setting that it may not be logistically possible to receive the entirety of their care from women physicians and staff in the hospital setting. For example, although it may be feasible to accommodate a patient’s request for a woman obstetrician on a given shift, staffing constraints may not allow for care by a woman anesthesiologist. It is important for these policies to be transparent and accessible to patients so that they can make informed decisions about where to obtain their medical care.

Clinical practices should also be cognizant of the potential for distress experienced by clinicians and trainees when encountering patients’ requests for woman obstetrician-gynecologists. Particularly at risk are men and members of the clinical team (including transgender clinicians) whose gender identification does not correlate with patients’ perceptions. Resources should be available to support physicians and trainees who are excluded from patient care on the basis of gender.

Conclusion

A suggested approach to responding to patient requests for woman obstetrician-gynecologists is outlined in Figure 1. Given the frequency of patient requests for women obstetrician–
gynecologists, physicians should be prepared to respond with thoughtful consideration to gender-based requests. Ultimately, patient requests for a woman obstetrician–gynecologist should be accommodated if feasible. At the same time, it is important for institutional policies to promote a supportive work environment for all health care providers, irrespective of their gender. All obstetrician–gynecologists are encouraged to use patient-centered communication techniques as a means of strengthening the patient–physician therapeutic alliance and improving patient care. Finally, adequate training, faculty support, and encouragement should be provided to all trainees to develop a diverse workforce in obstetrics and gynecology.
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Figure 1: Suggested Approach to Responding to Patient Requests for Woman Obstetrician-Gynecologists

1. It may be helpful to elicit the reasons for her request for a woman obstetrician–gynecologist. For example, “We often can accommodate such requests. If you are comfortable discussing this, can you tell me a little more about this? What are your biggest concerns?” Patients should be given the opportunity to voice their concerns and rationale but should not be compelled to do so.

2. If staffing is sufficient to honor the patient’s request without jeopardizing patient safety, then attempts should be made to accommodate the request.

3. If a woman obstetrician–gynecologist is not available, inform the patient of this fact and recommend that the patient receive care from the available obstetrician–gynecologist.

4. Convey to the patient the risks or consequences of refusing or delaying care. Ultimately, her right to refuse recommended treatment or to seek care elsewhere must be respected.

5. Attend to any emotional reaction and needs of colleagues and learners who are affected by patient rejection, increased workload, or other aspects of the clinical encounter. Patient requests or refusals may be experienced as rejections or denouncements of a provider’s competence, skill, intellect, or worth. Take the time to debrief with teammates and use the opportunity to acknowledge and endorse shared values.