These are certainly interesting times to be a physician. Social media have exalted some physicians and vilified others during this pandemic. Social media have also provided valuable platforms for sharing best practices and comparing notes, but they also lay bare biases, conscious or unconscious. A recent example is a tweet that suggested that men who did not match in cardiology should identify as women next year to improve their chances, emboldened by the hashtag phrase #HetoShe.

That tweet also prompted me to reflect and perhaps offer a glimpse from a woman trainee’s perspective to those male colleagues who believe we were given a “break” for our gender.

It was obvious that there were fewer women on the interview trail as I advanced in my training in the cardiology subspecialty arena. I was one of very few women in electrophysiology, and we talked about our passion for the field. As I moved to subspecialty fellowship training at the University of California-San Francisco, I was not focused on these disparities. I was driven by my interest in the field. I recall distinctly the sensation of joy and accomplishment I felt when I matched into cardiology fellowship. Not for one instant did I think I was given this “spot” because of my gender. I simply assumed (as do my male colleagues) that my training pedigree, peer-reviewed publications, case logs, community service, and earned letters of support were the reasons I had matched.

This year, I was pleasantly surprised to see more women as incoming cardiology fellows. Perhaps this irritated our anonymous Twitterer who believed that qualified men were unjustly left out of match. Cardiology is still a meritocracy, however, and these women cardiologists have earned their places in these programs. To be fair, apologies and regret for this tweet were later offered, but the original hurtful intent of the tweet remains immortalized in our social media.

I look back on my training and reflect on the realities of being a woman in cardiology. I took the same “STEMI” calls as my male colleagues, performed bedside procedures in the middle of the night, wore the same 30-pound lead apron, and stood in the catheterization laboratory for hours. However, I also had to fear for my physical safety in the parking garage at 2 AM. I was assumed to be the nurse, the pharmaceutical representative, or the device representative more times that I want to have to count. I often had to justify my clinical assessments to those who deemed me “young.” Unlike male colleagues, women also experience microaggression from other women, and the “queen bee syndrome” is a recognized phenomenon in medicine. So, I can assure the Twitterverse and beyond—anyone who thinks women are given preferential treatment in medicine, it is quite the opposite. In fact, many women would not want preferential treatment; simply equal treatment will suffice.

The reductionist sexism of 280 character-limited discourse further dumbs down the conversation. Although the collective response to the tweet from many men and women in the Twittersphere was gratifying, the field of cardiology has more work to do to provide a level field for all those who chose to serve it (Figure 1; see statement from the illustrator). More women entering medicine is not necessarily synonymous with equality, but it is perhaps a start. There is no shortage of hashtag phrases that signal...
support for women in the Twitter world, but in the real world we must do more. Text is cheap. Men and women should advocate for the presence and advancement of well-qualified women in the field. As Madeline Albright said, “There is no room for mediocre women,” this should apply to all in medicine. So, to those men (and women) who did not match, continue to dream and strive to be excellent!

STATEMENT FROM THE ILLUSTRATOR

I wholeheartedly agree with the Dr. Sarcon’s sentiment that she so strongly (but also beautifully) stated in this commentary, such that it inspired me to support it with my illustration. Women and other minority groups including LGBTQ (lesbian, gay, bisexual, transgender, and queer or questioning) remain under-represented in medicine. Nonetheless, being a minority instills a strong desire to overcome prejudices and overachieve; indeed, in some areas in medicine, women have become the predominant group (as supported by statistics from medical schools across the country). As a member of a minority and marginalized group myself (in many aspects, being an Asian electrophysiologist in the 1980s and holding a DO [Doctor of Osteopathic Medicine] degree in academia), I can fully sympathize with the author’s fight for equality and hence my illustration to contribute to this written piece.

ACKNOWLEDGMENTS Dr. Sarcon expresses sincere gratitude to her mentors and colleagues at the University of California-San Francisco, who supported her throughout her training. Particularly, Dr. Sarcon is grateful to Dr. Leslie Saxon, who inspired her to pursue electrophysiology; Dr. Luanda Grazette, a truly aspiring physician role model; and Mary Huntsinger, NP, for her continued support and guidance.

FUNDING SUPPORT AND AUTHOR DISCLOSURES

The authors have reported that they have no relationships relevant to the contents of this paper to disclose.