

VIEWPOINT

VOICES IN CARDIOLOGY

“And Then She Vanished”



Suzanne Feigofsky, MD

“And then she vanished.” This was a sentence spoken to me while sitting with my mentor, Dr. Olshansky, in the speaker-ready room at a national meeting. He was describing an up-and-coming electrophysiologist whom he had previously mentored. She was on an upward trajectory, and then “she vanished.”

Those words have stuck with me since our conversation a few years ago. I wondered what happened to her and whether my/our mentor ever reached out or inquired about her circumstances.

Why would this woman just throw away what so few women in cardiology have been able to accomplish? How could someone waste such an opportunity?

I now know the answer to that question (or at least my answer) because I too have vanished.

My first opportunity to lecture was at the Heart Rhythm Society (HRS) in 2017, and that is where I met Dr. Olshansky. He was not present at my talk but heard of a job well done and sought me out to introduce himself. He offered sage advice and quickly became a mentor and promotor. The following year, I spoke at the American College of Cardiology (ACC) and the American Heart Association (AHA). Two years later, I was an invited speaker not only to HRS and ACC meetings, but also to Venice Arrhythmias. I was rubbing elbows with physicians I had idolized during my training and early career. I was given the opportunity to publish and participate in writing committees. Never before had anyone taken such an interest in my success, and I am forever grateful.

As an electrophysiologist practicing in rural Iowa as part of a hospital-owned cardiovascular specialty

group I do not have access to a university library, so some articles are difficult to access. Time is not allotted to prepare talks, do research for those talks, or volunteer as a peer reviewer for journals. These are extracurricular tasks and are expected to be done outside of the workday.

As a wife and mother of 2 young children, this was my crossroad—my career versus my family.

And so, I vanished. I withdrew from the writing committees, I declined to be a peer reviewer for journals, and I declined opportunities to speak. With the time needed to prepare for speaking engagements and time required for travel, there was too little time available. I have told myself, “If I had older children, maybe it wouldn’t have seemed like such a difficult choice.” The truth is, women have more responsibilities at home than their male counterparts, and the personal and professional tug-of-war continues throughout one’s career.

According to the 2016 ACC Professional Life Survey, 72% of women cardiologists have children. Unlike 57% of their male counterparts, only 13% of these women reported having a spouse who provided all childcare (1). Family responsibilities affect women to a greater degree than men, thus making work travel or meetings outside of traditional work hours challenging. A total of 37% of women report that this issue has had a negative effect on career advancement, compared with 20% of men (2). Women without children are also pulled between professional and family duties, more so than men, with nearly 20% being the primary caregiver for family members who are not children. Job satisfaction was similar between men and women, but women were more likely to report less satisfaction in their home life (2).

The COVID-19 pandemic coincided with my choice to step away from career goals. In hindsight, it may have hastened the decision. Most of us have seen the impact of the pandemic on our hospitals, our communities, and our emotional well-being. The pandemic has disproportionately affected women,

From the Iowa Heart Center, Carroll, Iowa, USA.

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not only in medicine, but also within the U.S. workforce. The 2020 Women in the Workplace Study highlights how closures of schools and daycare centers eliminated an important support system for working women. Mothers are more likely to assume home-schooling responsibilities, 3 times more likely than fathers to be responsible for housework and caregiving, and 1.5 times more likely to spend 3 or more hours a day on housework or childcare (3). This is an extra 20 hours a week of home duties on top of their work duties—essentially an additional part-time job (3). Having to take further time to attend early morning or evening meetings, or travel on weekends to attend conferences, presents an additional challenge for many working mothers. For me, the mornings are a scramble to get everyone dressed, fed, and out the door on time for school. Evenings are the only time I have to engage my family in meaningful conversation and receive much-needed snuggles.

The pandemic transformed the way we see patients, how we disseminate information, and how we attend educational meetings. Telemedicine has been rapidly incorporated into medical practice, and the virtual/hybrid meeting was born. In 2020, the ACC offered an abbreviated virtual meeting, as did the HRS, the Society for Cardiovascular Angiography and Interventions (SCAI), and the American Society of Echocardiography (ASE). In 2021, the ACC, SCAI, and ASE are offering virtual programs, whereas the HRS is offering a hybrid format. Virtual meetings are not without their challenges; however, the potential benefit should not be overlooked. As stated in the *Harvard Business Review*, these meetings allow those who have geographic or financial challenges, as well as those with time constraints, to attend a meeting they may not have been able to attend otherwise (4).

I see the virtual or hybrid meeting as a potential solution to the unequal representation of women speakers at meetings. How many women invited to speak decline because of family responsibilities? Would women be more willing to accept an invitation if they could do so from their home or office? If the commitment were a few hours, rather than a few days, would it be more palatable? Would it feel less like a work-life struggle, less of a choice between career and family, and more like a symbiotic relationship?

The average percentage of women speakers at conferences and national meetings within the United States and Canada has increased from 24.6% in 2007 to 34.1% in 2017 (4). Within the field of cardiology, that trend also exists, albeit with fewer numbers. According to Yong et al. (5), the 5-year mean (2015 to

2019) for women speakers was 16% at HRS and 10% at Transcatheter Therapeutics meetings. This number is larger than the percentage of board-certified women within those subspecialties (9% electrophysiologists and 7% interventionalists). However, men were more likely to have more varied speaking roles as compared with women, and 100% of the high-profile electrophysiology and interventional cardiology talks were given by men (5).

The unequal representation of women at the podium is not an easy fix. It requires intentional work by our male colleagues to nominate their female peers and by our national organizations and industry partners to not support meetings with all-male faculty. The hybrid or virtual meeting is an opportunity to diversify the podium, to be more inclusive of women, and to allow flexibility in meeting scheduling. I see the virtual meeting as an opportunity—an opportunity for women to reappear, an opportunity to acknowledge the unique challenges faced by professional women and to find a solution that supports their professional growth and leadership.

The virtual meeting has given me a sense of control over my professional and personal life, more of “how can we make this work” and less of “one or the other.” I am slowly reappearing on my own terms. I have spoken virtually to young women who aspire to be cardiologists, as well as to fellows and early career cardiologists in the Midwest.

This year I have the opportunity to present at HRS 2021, where my professional speaking career began, and where I met Dr. O. Because of the pandemic, it has been rescheduled to July, and I will have an entire Mother’s Day weekend with my family, rather than rushing home from a scientific session. I hope that a new date for HRS continues because it would mean one less choice women have to make to achieve work-life harmony.

ACKNOWLEDGMENTS The author thanks Dr. Janet K. Han for her precious time, edits, and encouragement. The author also thanks Dr. Brian Olshansky for always giving her a seat at the table, Dr. Artur Fedorowski for mentoring her through a joint publication, and to Dr. Anne Curtis for her mentorship, sponsorship, and guidance over the years.

FUNDING SUPPORT AND AUTHOR DISCLOSURES

Dr. Feigofsky is on the Medtronic Women in Arrhythmia Advisory Council.

ADDRESS FOR CORRESPONDENCE: Dr. Suzanne Feigofsky, Iowa Heart Center, 405 South Clark Street, Suite 205, Carroll, Iowa 51401, USA. E-mail: sfeigofsky@iowaheart.com. Twitter: [@drsuzuzeigofsky](https://twitter.com/drsuzuzeigofsky).

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KEY WORDS equity, gender, inclusion, women in cardiology