

# The Impact of Gender Disparity of Physician and Patient [Letter]

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## Dear editor

We read this study<sup>1</sup> with great interest. The authors retrospectively evaluated the cohort of Canadian administrative data. They concluded that, age and gender concordance were not associated with statin adherence, while gender concordance might play a role.

This is an interesting topic about the gender disparity of physician and patient in the clinical practice.

1. The authors have demonstrated the difference of various factors associated with the adherence of statin usage. One might be lacking is the severity of the diseases, the association of clinical parameters, such as blood lipid panel test results.
2. This study might need to emphasize the proportion of the physicians' gender types in the study. In some specialty, the gender disparity of physicians is so tremendous which might be a causative factor contributing to the statistically significance of gender concordance.

Interestingly, a study<sup>2</sup> by researchers from Harvard University and other institutions analyzed 500,000 cases of acute myocardial infarction sent to the hospital in Florida from 1991 to 2010. They found that gender matching between patients and treating physicians was significantly associated with mortality. That is to say, female patients had significantly higher than average survival rates when first aid was administered by a female physician. This could lead to a conclusion that increasing the proportion of female doctors is a top priority.

We are still skeptical of this conclusion, partly due to the retrospective nature of the study and possible bias of gender disparity of physicians.

Afterwards, the authors have contributed for the data of patient adherence of statin usage. The conclusion comforts either the prescribers and patients for future clinical practice.

## Disclosure

The authors report no conflicts of interest in this communication.

## References

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