Equity in Starting Salaries: A Tangible Effort to Achieve Gender Equity in Medicine

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the opioid outbreak from hitting these communities. Therefore, efforts to increase good practices for pain management in communities of color need to be conscious not to create a second-wave opioid epidemic in their wake.

As the highly addictive potential of opioids is currently exceedingly evident, teaching physicians to prevent overprescription to Caucasian groups while balancing underprescription to minority groups may be challenging. However, a balance must be struck; otherwise, many communities of color will continue to suffer in silence.

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References

The Hidden Curriculum: Taxonomic Dilemmas and Pattern Languages

To the Editor: I write in reference to the recent scoping review and accompanying Invited Commentary on the hidden curriculum (HC).1,2 One calls for greater precision in terminology; the other advocates for a conceptual fluidity to ensure that the generative power of HC is retained. I have sympathy for both positions but do not see them as irreconcilable.

A generative conceptualization may need to be preserved in the context of exploring novel social situations; however, science also requires a degree of precision and agreement in modeling the world, lest the collective becomes irreconcilably fragmented and strange to itself. So, is there a way to afford greater precision and generative fluidity in the concepts we use?

The problem lies in the taxonomic reflex that pervades our field, which asserts that term X means this and only this. The response that term X can mean anything you want it to mean is still caught in this taxonomic discourse. The solution, I would suggest, is the use of pattern language.3 For example, taxonomically a garden pea is the seed of the plant *Pisum sativum* from the *Fabaceae* family and so on. The properties of the pea are inherited and understood in the context of its class and phylum. A pattern language, on the other hand, describes the pea in terms of its facets (round, green, small, edible, and so on). These facets are relatively simple and unambiguous constructs that can be recombined to describe a great many different things.

While the pea does have a singular genetic lineage (it is not descended from

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To the Editor: In 2017, for the first time, more women than men enrolled in medical school,1 marking a pivotal moment for setting and achieving reasonable goals for gender equity in medicine.

Inequity in compensation is a key target: The gender pay gap begins upon first hire,2 is not explained by part-time work or choice of specialty, and compounds over time. In a 2016 *Wall Street Journal* analysis, female physicians earned only 64.5% of what male physicians earned, the largest disparity amongst the 446 occupations examined.3 In its 2018 compensation report, Doximity reported an average physician gender gap of $105,000 (after controlling for factors like specialty, hours worked, and duration of practice).4 In no specialty did women make more than men, and the gap appears to have widened since the previous year’s report.

Systematizing pay equity for new residency graduates—at a point when there is little difference between candidates by objective accomplishments—is a straightforward, achievable first step towards transformative equity across a wide variety of specialties and practice types. This policy would be easy to monitor for compliance, and has such intuitive appeal that it may be required soon by some states.5 Since disparities in compensation may still creep in over time, a starting salary policy could be paired with regular audits to ensure that equity is sustained. Companies and other institutions unwilling to commit to this target would be hard-pressed to deny some degree of complicity in perpetuating inequity in a way that is systematically detrimental to women.

The modern suffrage movement in Europe, North America, and Latin America ended only 40 years ago, yet it is already difficult to imagine a time when women didn’t have the vote—or even why they wouldn’t. Pay inequity, too, is a relic that should be placed in our forgotten past.

Disclosures: Dr. Choo is founder of Equity Quotient, a company that tracks metrics of gender culture in health care.

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References