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The role of women as critical care physicians

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The word "medicine" was derived from the Latin term *mederi*, which means knowing the best way of treating or healing. The Latin term *medicus* (doctor) is related to an individual dealing with people's health. Currently, the doctor is an individual who studied at and graduated from a medical school. As a healthcare professional, this individual is authorized by the state to practice medicine; to deal with human health by preventing, diagnosing, treating, and curing diseases, which requires detailed knowledge on certain disciplines, such as anatomy, physiology, and pathophysiology, broad understanding of different diseases and their treatments, as well as knowledge on pharmacology and psychology and also on their related applied practices. This assumption determines that if the individuals who studied and received a medical degree from an authorized Faculty of Medicine and possess the necessary skills, they are able to practice medicine regardless of their gender, race, and economic, political, or social situation. However, the Faculty of Medicine as well as other faculties since their inception were essentially strongholds of white men who formed an elite of knowledge and power with very few female colleagues sitting on the benches of these institutions, and it was very rare to practice the profession with distinction or evolving in the academic career with doctorate, positions of associate or full professors or heads of department or even public positions of distinction. In fact, this reality comes from a broader social structure that encompasses educational, socioeconomic, political, and cultural factors that have established predetermined roles for human beings, disrespecting individual needs and differences and hindering education, technical improvement, and practical application of acquired knowledge independent of their gender or sexual orientation[1-6]. The technical capacity to be a doctor should be developed, improved, and applied to improve the health and quality of life of humans. Working conditions should be observed and always improved with managers and administrators providing training, access to clinical evaluation, tests indicated after clinical evaluation, and appropriate treatment for all types of physical and psychological diseases that should be prevented, diagnosed, and treated. Intensive care medicine, since its implementation, has always been a male stronghold due to its complexity, intense work, prolonged shifts, and stressful situations with risk of life, requiring quick and assertive decision-making. Few medical women, even willing to specialize and work with intensive care medicine, could have access to this work environment that was reserved for medical men. Over time and over the years, we have seen more women attending medical school benches. Although the number of female students and medical trainees has reached an increasingly significant number, unfortunately we still observe few medical colleagues standing out in academic life, in public positions, or even in the professional evolution of their careers[7-17]. Menstrual cycles, pregnancy, motherhood, and responsibilities with the family, especially children, should be respected and solved and not characterized as weaknesses in the workplace.

Evaluating, observing, talking, and experiencing the banks of a medical school since 1978, progressing in my medical profession and academic career (I am currently an associate professor in pulmonology at FMUSP) with guidance and defense of more than 20 doctoral theses, and current scientific director of the Brazilian Association of Intensive Care Medicine (AMIB), I could conclude, without any conflict of interest regarding this topic, that several factors have to be observed and modified to allow the improvement of human beings regardless of gender or sexual orientation, age, race, political, or socio-economic level in the medical profession as well as in all professions to be able to evolve in their technical and human knowledge and exercise their profession with dignity and respect in order to help humanity prevent, understand, and treat the physical and mental diseases that can affect human beings. This requires in-depth study, knowledge evolution, technical training, physical and psychic training, as

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well as adequate structure and opportunities for the application of medical science to improve the health of the world's human population. We need to become aware and mature in the sense of perceiving and building protective mechanisms that allow people to develop in their fullness and be able to exercise their profession with respect, without jokes, calls, or unpleasant words, avoiding unequal opportunities. The power structures must be directed toward managing and providing conditions of individual development, equal opportunities, and conditions of study, professional development, and work that allow health professionals to diagnose and treat various physical and mental diseases. In intensive care units, with the humanization process, we have observed recently the progressive increase of medical women working in the treatment of critically ill patients, but still few in coordination and management positions. Women medical professionals should study, graduate, and exercise their profession in an equal way to men medical professionals with the same opportunities for professional development and their differentiated work skills respecting their individual and cultural characteristics and facilitating their improvement, growth, and practical application of medicine for the benefit of patients and the medical science[18-25].

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