Title:
‘Go for it, dream big, work hard and persist’: A message to the next generation of CF leaders in recognition of International Women’s Day 2020

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What was your research question?
As we approach International Women’s Day on March 8th, we questioned whether gender differences were impacting the health of women versus men with Cystic Fibrosis (CF). We were also keen to explore whether gender had impacted the careers of women who had chosen to work in CF health care.

Why is this important?
This is an opinion piece composed by 11 medical professional women from 11 different countries with varying health care resources who are linked purely by their passion to improve
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the health of all persons with CF worldwide. It presents our collective thoughts based on CF patient registry data and observations from our individual clinical practices on whether being female compared to male is a disadvantage when having CF. It also expresses the advice we would give women who are embarking on a career in CF healthcare.

What did you do?
Each of the authors (Paediatricians and/or Adult Physicians) answered a series of questions about the care of people with CF in their respective countries. These questions included details regarding the occurrence of any gender-based differences in health in terms of lung function, a surrogate for survival in people with CF, or access to care or therapy. Each of us also reflected and commented on any challenges we had encountered compared to our male colleagues (and those in the racial/ethnic majority) when developing our health care careers.

What did you find?
While not universal, there were several examples in which women with CF have poorer health outcomes including lower lung function, and consequently, decreased life expectancy. This gender-based disparity becomes more exaggerated in adolescence and early adulthood. Time caring for children with CF also disproportionately impacts mothers, often necessitating work-force effort reduction.

We also identified a number of recent reports on the under-representation of senior academic women in promotion and grant funding. Unsurprisingly, one of the difficulties raised by this group was combining a career with parenthood, and the substantial barriers this choice created for subsequent academic achievement.

What does this mean and reasons for caution?
While a snapshot, it appears that CF care for women with CF results in disparate outcomes from those of men. Hypotheses for these differences include hormonal influences and societal expectations e.g. cough suppression and body image for women. Health differences seem greater from adolescence, with less access to nutrition and medical care and therapy especially noted for those in low and middle income countries.

Despite barriers in career progression, all authors were positive about encouraging women to consider medical careers. Addressing gender imbalance has begun, and we noted that the world of CF is particularly engaging and supportive of its’ members.

What’s next?
Dialogue at future European and North American CF conferences will address causes for gender-based outcome gaps, and approaches for collective efforts to bridge gaps while simultaneously improving the health of all with CF. Diversity issues in healthcare careers must be addressed not only by those directly affected, but by all.

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