

NIH Director, Daughter Address Barriers to Women in Nephrology

By Bridget M. Kuehn

Margaret Collins, MD, a nephrologist who runs a hypertension specialty practice in Wilmington, North Carolina, knows well the challenges women in nephrology face from trying to get through a grueling nephrology fellowship during her childbearing years to trying to navigate demands for 90-hour weeks in practice with children at home.

At Kidney Week 2019, she and her father, Francis Collins, MD, the director of the National Institutes of Health (NIH), brought those challenges into focus at the Women in Nephrology's Nancy E. Gary Memorial Lecture. During an hour-long discussion, the pair delved into the barriers that prevent women from achieving their full potential in biomedicine and nephrology. They highlighted gender disparities in pay, lack of flexibility, and sexual harassment. Collins also highlighted some of the steps he and his colleagues are taking at NIH to increase gender equity.

"There has been an explosion of awareness that things are not the same for men and women in science and medicine," Margaret Collins said.

A broken pipeline

Francis Collins noted that many medical schools have an equal number of men and women and some specialties have achieved gender parity in residencies. Yet women make up only one-quarter of junior faculty at academic institutions.

"We lost a lot of talent along the way," he said. Without intervention to address this problem, Francis Collins noted that gender parity in academic faculty won't be reached until 2055.

The NIH has created a working group on Women in Biomedical Careers, which Francis Collins co-chairs, to better understand and address the problem. "At NIH, I want to do everything I can to make sure that we have the most vibrant, energetic, and remarkably productive workforce possible," he said. "Every bit of data we have says that happens when you have diversity."

So far, they've identified a host of issues, including women shouldering a greater share of family responsibilities, a lack of flexibility, and prohibitive child-care costs.

Another problem is that women are consistently paid less in many fields. "Women and men nephrology fellows are not paid the same," Francis Collins said.

Sexual harassment is another pervasive barrier for women in science and medicine. Francis Collins noted that the National Academies of Science, Engineering, and Medicine report on sexual

harassment in academia found that about half of women report experiencing sexual harassment from faculty or staff during their medical training. A recent survey of NIH staff and contractors found that

21% have experienced sexual harassment, he said.

Francis Collins acknowledged that sexual assaults do happen in these fields though they are less common than more

subtle forms of sexual harassment, such as cultures that make women feel they don't belong or suggest that they lack gravitas, he said.

NIH's Women in Biomedicine Work-



ing Group is working to address sexual harassment at the institute and at grantee institutions. It has created a hotline for reporting harassment by grantees that does not require victims to go through their institution's Title IX process. Francis Collins said they are also working to develop pathways for restorative justice so those harmed by harassment can get their careers back on track.

He said he declines invitations to participate in "manels," panels without any women, or in scientific meetings without

adequate diversity among speakers.

"As long as I'm NIH director, we're not sweeping this under rug," he said.

Flexibility needed

Margaret Collins described her firsthand experience with many of these issues. She noted a diagnosis of endometriosis forced her to accelerate her timeline for having children. She was 18 weeks pregnant when she took her first day of call in her nephrology fellowship at the University of North Carolina. By 7 months into her

pregnancy she found the physical strain too much and was shifted to clinic duty. She said she felt terrible leaving the 3 other fellows with more to do.

"It was awful," Margaret Collins said. "A lot of the shame was self-imposed."

After her fellowship, she became the only woman partner in a nephrology practice where 90-hour work weeks were expected. When that became too much, she tried to negotiate a reduced schedule for reduced pay, but that offer was declined so she left the practice. A 7-county

noncompete clause prevented her from joining another nearby nephrology practice. She eventually started her own specialty practice treating complicated hypertension and hypertension during pregnancy.

Margaret Collins said it would have helped her if there were more flexible options for fellowship or private practice, for example, having people to share a fellowship position with or having onsite childcare.

"The cookie cutter, one-size-fits-all approach was really the only option that was there and there wasn't creative thinking about how people might do the job of being a nephrology fellow or a private [practice] nephrologist," she said.

During the question and answer period, Francis Collins fielded questions about how women should ask for equitable pay and how women of color can balance the need to participate in panels and other events to increase diversity while not becoming overwhelmed. He suggested that women approach leadership as groups to address pay. He also suggested that women of color choose the opportunities that are most meaningful to them.

Francis Collins encouraged men to be mindful of how networks in the field may contribute to the lack of parity and challenged them to find ways they can help address this, for example, by following his lead on not participating in "manels." ■

Polycystic kidney disease (PKD) is characterized by the progressive enlargement of numerous fluid filled cysts in the kidney. The 2 main types of PKD are ARPKD,* and the most commonly seen ADPKD.^{†1,2}

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*Autosomal recessive polycystic kidney disease.

†Autosomal dominant polycystic kidney disease.

‡Estimated glomerular filtration rate.

References: 1. Harris PC, Torres VE. Polycystic kidney disease. *Annu Rev Med.* 2009;60:321-337. 2. Braun WE. Autosomal dominant polycystic kidney disease: emerging concepts of pathogenesis and new treatments. *Cleve Clin J Med.* 2009;76(2):97-104. 3. Grantham JJ. Autosomal dominant polycystic kidney disease. *N Engl J Med.* 2008;359(14):1477-1485.



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