



DMS's Samuel Finlayson, M.D., was invited by the *Journal of the American Medical Association* to write an editorial on a study of where minorities and the uninsured get surgery.

Gender gap persists in physician income

Name a medical specialty in which female physicians generally make as much as males: Ob-gyn, you say? Pediatrics? Psychiatry, perhaps? Wrong on all counts, according to several recent DMS studies on how gender and race influence doctors' income.

"In every specialty we looked at, when compared to their white male counterparts, white females make about 15 to 20 percent less income after correcting for a variety of factors," says William Weeks, M.D., M.B.A. Race seemed to have a less dramatic effect, with black males tending to make less than white males but more than females of either race.

Disparity: Weeks's research partner (and wife), Amy Wallace, M.D., M.P.H., says the consistency of the income disparity surprised them. In ob-gyn, she says, "we anticipated no difference [between males and females], because patients prefer females and they probably account now for at least half of the field—so it is really surprising that they don't make more."

Weeks and Wallace, who have appointments in DMS's Department of Psychiatry and are members of the VA Outcomes Group, have now studied about a dozen specialties. Their three latest studies—on ob-gyn, general surgery, and diagnostic radiology—were published in 2006 issues of *Obstetrics & Gynecology*, the *Journal of the American College of Surgeons*, and *Academic Radiology*.

They draw their data from phone surveys conducted in the 1990s by the American Medical Association. In ob-gyn, for example, the weighted sample included 709 white males, 162 white females, 40 black males, and 26 black females—all in nonfederal, office-based practices.

Adjusted: The researchers then adjust for such factors as years in practice, hours worked, type of patients, board certification, and practice ownership. This is important because females tend to work fewer hours, are more likely to be nonowners, and are less likely to be board-certified than white males. Black males, though, typically report working more hours than white males and disproportionately serving the medically indigent.

Weeks and Wallace were surprised not only by the consistency of the gender gap, but also by the relatively low disparity between black males and white males. In their paper on general surgeons, for example, they noted that black males had lower incomes, "but not substantially so." Says Wallace, "We expected that race would make more of a difference than it did, but it turns out that gender's really most important."

The strength of these studies, the researchers say, is that they looked nationally at a range of specialties. "We took a chance cutting [the data] into so many slices, because every time you lose numbers you lose the opportunity for statistical significance," Wallace concedes. But the consistency of their findings allays that concern. They hope this work will inspire further probing into the "whys" of the income disparities. "It is disconcerting," Weeks says, "that women go through the same long training period, work the same long hours, but seem to be getting short shrift on income."

JAMES DiCLERICO



For every \$1,000 in adjusted income that the average white male ob-gyn earns, a white woman makes \$837 and a black woman makes \$850.

Mighty mouse

DMS scientists have created a mouse that can exercise three times as long as a normal mouse, without any particular training. The key to the mouse's might is a genetic mutation that appears to increase glycogen content in skeletal muscle. Published in the *American Journal of Physiology: Endocrinology and Metabolism*, the research has implications for anyone with a muscle disease—and especially the elderly, who often have deteriorating muscles, Lee Witters, M.D., recently explained in a Dartmouth press release. "We now wonder if it's possible to achieve . . . muscular fitness without having to exercise," he added.



Cellular call

It's well known that embryos generate stem cells, but the precursor tissues of the placenta and umbilical cord may, too—at least in mice—according to new research from DMS. Stem cells that can differentiate into a wide variety of blood cells seem to originate in the tissues that form the placenta and umbilical cord, rather than migrating from the embryo, found the researchers, led by biochemist Nancy Speck, Ph.D. In their paper, published in *Development*, they do not comment on how their findings may affect the national stem-cell debate but call for more research into the area.

