
WOMEN IN MEDICINE

In Conjunction with McGill Feminism in Medicine

Women in Medicine: Dr. Liane Feldman

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ABSTRACT

Dr. Liane Feldman MDCM, FACS, FRCS has been making waves in the world of surgery through her accomplishments, innovative research, and mentorship for over 30 years. From her beginnings in the Cognitive Science department at Brown University to her current position as Edward W. Archibald Professor, Dr. Feldman discusses her path to becoming the first woman Surgeon-In-Chief of the MUHC.

KEYWORDS

General surgery, Women in Medicine

Born and raised in Montreal, Dr. Liane Feldman dreamed of becoming a physician as far back as she can remember. Both her father's career as a psychiatrist, as well as the extraordinary depiction of wartime doctors on television's *M*A*S*H*, fueled her journey towards becoming the McGill University Health Centre's (MUHC) current Surgeon-in-Chief. Dr. Feldman is the youngest person, and the first woman to hold this position at McGill University, making her success both unprecedented and historic.

However, Feldman's path to surgery was not a straight arrow. She first pursued an undergraduate degree in Cognitive Science at Brown University, which introduced her to the world of neuroscience and linguistics. Upon entering medical school at McGill University, she was leaning towards a medical specialty or neurology, given her background. As a medical student, Feldman loved all the different fields in which she was rotating. However, a spark was lit during her last block of the curriculum: General Surgery. She felt a connection

with the hands-on nature of the specialty, the team atmosphere, and most importantly, she felt at home in the operating room (OR).

With mentors in General Surgery, such as Dr. Gerald Fried and Dr. Lawrence Rosenberg, the choice between internal medicine and surgery was easy—“I liked the idea of being able to take care of the total aspect of the patient,” says Feldman. She thrived on treating the sickest patients and challenged herself to learn how to handle any situation. In other words, whether it was managing trauma resuscitations, critically ill patients, or essentially curing patients of their cancer, the versatility of the program spoke to Feldman’s personality. “Things that I found stressful were the sorts of things I wanted to master,” she says.

She went on to complete her residency in General Surgery at McGill. The landscape of the program, while male-dominated at the time of her training, has changed significantly over the years—there are now more women in the field. Nevertheless, Feldman had a number of female role models in surgery at McGill, including her program director, Dr. Judith Trudel. She saw them balance important careers and family life, including pregnancy. In Feldman’s day, leading women challenged the field to achieve equal representation in medical school, residency classes (even in surgical fields), and amongst professors. Today, the focus has shifted to the leadership positions in our medical institutions. When we look at these positions, why are women so underrepresented?

Being married to a corporate lawyer broadened Feldman’s perspective on this issue, which she views as societal and not only specific to medicine. Recognizing the problem is the initial step, but trying to identify the barriers is another: why is the gender disparity so apparent in positions of power? Feldman replies: “I think that’s a great question. I think it’s subtle.” Feldman feels that acknowledging our inherent limitations is essential to increasing the number of women in leadership positions. Family life and clinical work will always take priority, because “they are very in your face,” she says. To be a competitive contender for leadership positions, much additional work has to be done such as leading research programs, being involved in specialty societies, speaking

at conferences and building an international reputation. Feldman emphasizes that none of this is possible without mentorship and the support from colleagues, family, and friends, as well as the importance of inspiring role models.

Feldman is motivated by the increased awareness around gender equity in medicine, but maintains that it is not just about women. It is about inviting less traditional voices, including all underrepresented minorities, in general, to the conversation. In her opinion, this is the key to making medicine better: “We want to attract the best people, we want to keep them engaged, [and] we want to keep them productive, so that the profession benefits and our patients benefit; so [that] we innovate and move forward.”

Innovation cannot occur without research. Dr. Feldman is heavily involved in improving patient care, as well as the quality and efficiency of various surgeries. Her most recent feat involved designing the “Enhanced Recovery After Surgery” program, also known as ERAS, as part of each patient’s perioperative pathway at MUHC. This program aims to improve patient outcome by reducing the post-operative hospital stay, significantly mitigating complications such as infection. Additional projects include surgical education in minimally invasive techniques as well as working on various strategies to improve surgeons’ performance in the operating room using video-based assessments. An ambitious endeavor, she admits, as surgeons are often trained to adopt traditional attitudes towards the practice, including their surgical techniques. In following with her strive for challenge, she aims, through these projects, for a change in culture.

Dr. Feldman is thriving in her new position and sees it as an opportunity to work with every team member involved in surgical patients’ care including nurses, anesthesiologists, as well as administrators. She admits that her new set of responsibilities can be stressful at times, but does she enjoy it? “Absolutely!” she says.

The arrival of COVID-19 has added an additional layer of complexity to her new position. Feldman describes this period as a true “trial by fire,” but the pandemic is a perfect burning platform to expose the “weak

points” of the healthcare system and force necessary change. Feldman is convinced that COVID-19 will ultimately make the department and the hospital stronger. In the General Surgery department, elective surgeries were cancelled to increase bed availability for COVID patients. Feldman also participated in COVID-19 ward duties, and maintains that the Herculean efforts undertaken by the staff in the face of the pandemic were remarkable. When it comes to urgent surgeries, her team formed a committee, including a clinical ethicist, with the objective of creating protocols to establish OR priority. Feldman is proud of the team’s ability to provide continued care to patients requiring immediate attention, even in the face of an unfortunately ever-lengthening waitlist.

It was a pleasure and a privilege to chat with Dr. Feldman; her immense passion for surgery is palpable. As a kid, she dreamed of helping people. She mentions that she occasionally needs to pinch herself to make sure she is awake. She recognizes that being a surgeon comes with many implications for family and lifestyle, in addition to the added weight of the responsibility of the job. “Being a surgeon can be devastating sometimes [...] we feel a great responsibility when complications happen and things don’t go well.” Despite these challenges, Feldman describes that the importance of a surgeon’s impact on a patient’s life is indisputable and ultimately, she has no regrets. She encourages young women to pursue what captivates their imagination and sparks their curiosity to persevere over the long run. As words of wisdom, Feldman encourages young women (and anybody, really) to follow their heart.

As my final question to Dr. Feldman, I asked what aspect of her career has given her the most sense of accomplishment: “Mentorship. Teaching generations of surgeons to become the best they can be is what I’m most proud of.”