

LEADERSHIP PAGE



Madame President

Mary Norine Walsh, MD, FACC, *President, American College of Cardiology*



Cardiology remains a specialty that is dominated by men. American College of Cardiology (ACC) data show that only 9.8% of Fellows who are U.S. board certified in adult cardiovascular disease are women. Additionally, the American Association of Medical Colleges workforce reports that in 2015, 13.2% of cardiologists were women (1,2). Despite this under-representation, women cardiologists are increasingly visible in leadership roles, including those in research science, health systems administration, and clinical practice.

Cardiology professional society leadership has also seen an increase in women leaders. This year in particular has been a banner year for women. Women have been, are now, or soon will be at the helm of many of the major cardiology societies in the world. Some of them are serving their societies as the first woman president. I have the pleasure of serving the ACC as its third woman president. Suzanne Knoebel, MD, MACC, was president from 1982 to 1983, and Pamela Douglas, MD, MACC, from 2005 to 2006.

In my travels as ACC president, I have enjoyed meeting and getting to know these talented women (Figure 1), and I have asked some of them to share their journeys, their thoughts on leadership, and advice they have for women seeking leadership roles. It is my hope that their comments will inspire other women to seek out leadership in their societies and in other venues, so that soon there will so many women leading that we will stop counting.

Catherine Kells, MD

President, Canadian Cardiovascular Society

I am often asked how it is possible to balance a busy academic practice as a full-time interventional cardiologist and raise a family. I am asked how I manage travel and family life and if I have experienced unique obstacles as a woman rising through the ranks of academia and my profession.

In many respects, I feel I do not know how to answer those questions. As a young person growing up in a blue-collar family, I was told by my very realistic parents that I could achieve anything I wanted “even though I was a girl” as long as I worked hard. I never thought to question that. To me it was not an obstacle, but a simple reality that I would have to work twice as hard as the male students to be regarded as equal. For some unknown reason, that reality did not anger me, and I did not harbor resentment over this simple fact.

I attributed the situation to the timing of my graduation from medical school in 1984. I believed that most people were inherently good and did not have real objections to females choosing medicine as a career. They just were not used to seeing doctors as young women. I was proud and felt privileged to be among the generation of young female doctors who would prove to the world that women were great doctors and could ultimately “have it all”—a family, a partner, and successful career in medicine. I was sure that by the time my children were choosing their career paths that gender inequities would be a thing of the past, long ago forgotten. As I look back over the last 3 decades of my life, I still believe that my blind naïve optimism and the work ethic instilled in me by my parents have been my greatest gifts.

Indeed, I did face a few obstacles in my professional path, and some were directly or indirectly related to my gender and my choice to become one of the few women in interventional cardiology.

Most often, I faced unconscious gender discrimination from well-meaning senior male colleagues who felt they should give me “fatherly” advice to choose a specialty that would be easy to balance with family life. I thanked those well-meaning folks for their concern and became even more determined to prove them wrong and continue on the path I thought most fulfilling for me.

FIGURE 1 Cardiology Professional Society Leaders in Barcelona



(Left to Right) Dr. Catherine Kells, Dr. Sarah Clarke, Dr. Mary Norine Walsh, and Prof. Khalida Soomro at the ACC President's dinner in Barcelona, Spain, in August 2017. Photo credit: Mary Norine Walsh.

Rarely, I ran into a colleague who was truly malicious and told me “women should be home in the kitchen and not in the cath lab.” In those situations, when it was necessary to stand up and fight for my rights as an equal physician/partner, I found I had an army of supporters (all male) who stood behind me.

Looking back, I also realize that in many cases, I was my own worst enemy not settling for store-bought cookies to take to the school bake sale and trying to recreate the family home traditions I had enjoyed as a child with a stay-at-home mom. One of the great lessons I have learned is you cannot “have it all” and be a success by yourself. You need an army of supporters. There is no doubt that without 2 people—my best friend/partner/husband and the world's best housekeeper—there is no possible way I could do my job.

In 2017, I am encouraged by the progress women in cardiovascular medicine have made, although it has certainly been slower than I had hoped. In my current position as president of the Canadian Cardiovascular Society, I hope to provide support and mentorship to young women contemplating or choosing a career in cardiovascular medicine. If nothing else, I can give a great talk on “what not to do and mistakes I have made!”

Mariell Jessup, MD

Past-President, American Heart Association

The American Heart Association is the United States' oldest voluntary organization dedicated to fighting heart disease and stroke. Founded by 6 cardiologists in 1924, the organization now includes

more than 22.5 million volunteers and supporters. During that time, there have been 83 presidents, including 10 women; Helen Taussig, MD, was the first in 1965. I served as the 10th president in 2013 to 2014, and I was immediately preceded by Donna Arnett, BSN, PhD—an epidemiologist. In addition, the chief executive officer, chief operating officer, and chief scientific officer of the American Heart Association are all women. Frankly, it did not feel groundbreaking for me to be elected as a female leader of this organization, however momentous it was for me personally.

The scourge of cardiovascular disease is an equal opportunity killer, and does not discriminate against color, gender, or socioeconomic status. During the many daunting and doubting moments I had as the president, fearing my inability to say the right words or strike the proper tone, it became important for me to keep my eye on the mission: to build healthier lives, free of cardiovascular disease and stroke. Thus, my advice to other women leaders is that which served me well. Focus on the goals that brought you to this role; focus on the twin enemies of death and disability. Finally, facilitate the path for other under-represented minorities in your organization, because a diverse battle is the only battle we will win.

Han Yaling, MD

President-Elect, Chinese Society of Cardiology

I was elected as president of the Chinese College of Cardiology Physicians in December 2016 (2017 to 2019), and I serve as Editor-in-Chief of the *Chinese Journal of Cardiology* (2017 to 2020). I am also currently the president-elect of the Chinese Society of Cardiology, with my term beginning January 1, 2019 (2019 to 2021). During the 4 decades in the history of modern Chinese cardiology, I am the only female to hold these 3 leadership titles concurrently.

Looking back at the path leading to these positions, I attribute my success to nearly 40 years of dedicated service to the medical community. Women usually bear more family responsibilities than men, particularly during ages 25 to 45 years, which is the golden period of professional development. However, women also have multiple characteristics that positively influence leadership capabilities. We may have better communication skills, and are more accessible to others. We multitask better, and are typically more durable and persistent in pursuing our final goals. I also regard my achievement as a group cooperation, with contributions from my leaders, my hospital, my team, my family, and myself. Within this warm and supportive environment, I have been able to focus on

my career development and the future development of the cardiovascular field in China. I really appreciate the lovely people who helped me create a positive work and family life balance.

To the women who wish to be a leader in your field: you must have strong passion toward your work, you must be strongly motivated toward the services you provide, and you must be highly dedicated and persistent. Finally, but not in the least, you must understand that success cannot be achieved by any single person, whether man or woman—collaboration is critical.

Barbara Casadei, MD, DPhil

Vice-President, European Society of Cardiology

By free association, one would not associate women with leadership in cardiology. The default interpretation is that women are not interested (in cardiology or, more generally, in leadership positions), acute specialties do not fit well with women's commitment to their families, and the need for a healthy work-life balance is more acutely felt by women. In other words, rather than considering that cultural conditioning and prejudice may be an obstacle to the involvement and progression of women in cardiology, the current situation is blamed on women's lower ambition or willingness to engage and lead.

Prejudice also underpins the belief that women would prefer teaching and pastoral duties to engaging in finance or research committees. Assuming that everybody (men and women) would hate being pigeonholed in a stereotype that does not fit their real preferences or aspirations and that overcoming prejudice must be the first step toward professional and personal fulfillment, I have worked with the European Society of Cardiology to advance this agenda. When we have probed our membership, we have found huge resilience, an extraordinary willingness to work hard (sometimes in difficult circumstances and with little support) for the benefit of one's patients, and discovered that men and women are equally concerned about the negative effect of relentless professional demands on their private and family life. I feel hugely privileged to be representing my community, and looking at their achievements, I feel I have a reason to celebrate every day.

Prof. Khalida Soomro, MBBS(SU), D.CARD(KU), MD(Cardiology)

President, Pakistan Cardiac Society

It was not so easy to achieve all of this. I had tough times. Also, it will be interesting to mention here that when I first applied to become a full member of the Pakistan Cardiac Society (PCS), I faced resistance from

the PCS council. They offered me associate membership in 1994 while accepting the applications of my male colleagues with the same qualifications and experience for full membership. I won the election for the post of president of PCS in 2015 (election for this post was held for the first time). This year, as president, I was asked to join the Dias party during the ACC congress in March 2017 and I was awarded FACC during the ACC congress. Last, I will say, "to handle the heart of others in this male dominating field is not an easy job for women, but continuous struggle is the best strategy."

Sarah Clarke, MA, MD

President, British Cardiovascular Society

I was delighted to be elected the first female board member in 2011 and president of the British Cardiovascular Society (BCS) in 2015. A female president had been a long while coming—93 years to be precise! The BCS is the oldest cardiovascular society in the world, having been formed in 1922.

Much of my time as president has been spent modernizing the Society to make it more relevant and fit for the future, for the members. Change was overdue, and it has been a huge transformation project involving human resources, finance, governance, and digital projects, as well as reviewing our core objectives—delivering education, facilitating audit and research, and advising on clinical standards. With the support of the Board, Executive and Council (includes all our Affiliated Groups), we have made great progress. It has, of course, been a challenge with my other roles, particularly as a full-time interventional cardiologist at Papworth Hospital in Cambridge, United Kingdom, but I have been supported and encouraged all the way by my Trust CEO, Executive, the majority of my colleagues, and my family.

The role has also opened other opportunities for me nationally, including at the British Heart Foundation, Royal College of Physicians, and more. Internationally, I was elected councillor to the Board at the European Society of Cardiology, I serve on the ACC's Women in Cardiology Leadership Council, I am governor of the ACC's Great Britain and Ireland Chapter, and I am the European representative for the ACC's Assembly of International Governors.

As my legacy, I hope the BCS will continue to evolve and continue to embrace necessary change, including focusing on the diversity necessary in the workplace to deliver the cardiology of tomorrow. My advice to other women is to see yourself as one of the team, be yourself, and do not ever feel you have to be anything other! When I demit, there will be no women

on the Board at the BCS, but that must not be for long and certainly not another 93 years! Only the membership can address this through the elections. Women need to be there and stand for election...as themselves!

ADDRESS FOR CORRESPONDENCE: Dr. Mary Norine Walsh, American College of Cardiology, 2400 N Street NW, Washington, DC 20037. E-mail: president@acc.org.

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