

Dissenting Voices

Volume 5 | Issue 1

8-24-2016

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Repository Citation

Manhertz, Natalia (2016) "Women in Medicine: Excluding Women," *Dissenting Voices*: Vol. 5 : Iss. 1 , Article 7.

Available at: <http://digitalcommons.brockport.edu/dissentingvoices/vol5/iss1/7>

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Women in Medicine: Excluding Women

Throughout history, society has pushed women out of the public sphere of work and into the private sphere of home. The medical field is one example of this gender segregation of work. Even though the medical field today is not as male-dominated as it once was, different sub-specializations in medicine are gender segregated. My goal for this essay is to focus on gender segregation in the workplace to show how the field of medicine has been masculinized with a particular focus on the subspecialty area of surgery. This paper will discuss these two points from a personal point of view and explain how this affects me, being a woman of color who one day plans to be a part of the medical field. This research will look at the gender segregation of medicine and examine what factors, if any, are shifting to allow more women to enter male-dominated professions such as surgery.

Sex Segregation

Women have always been healers, so it's interesting to see this switch where men are now primary healers and women seem less confident in their ability to take on the same roles as men. Women were considered the unlicensed doctors and anatomists of western history (Ehrenreich & English, 1973). They did everything medical related, but for some reason, women as practitioners are very limited in certain areas of medicine today. According to Ehrenreich and English (1973), one reason for the switch from female healers to male healers is witchcraft. An aspect of the female has been associated

with the witch, and an aura of contamination has remained, especially around the midwife and other women healers (Ehrenreich & English, 1973). This shows an early exclusion of women from independent healing roles, and from ever since, health care seems to be the property of male professionals. Gayle Letherby (2003) speaks on women characterized as witches, finding that

Some writers have made links between the campaigns against witches and the suppression of female healing and argue that in the fourteenth through to the seventeenth centuries those who appeared to threaten religious gendered ideology were branded as heretics and accused of witchcraft. (p. 25)

It is interesting to consider why women were singled out, and that this is one of the variables as to why medicine emerged as a male profession that suppressed female healers. It seems that there is never a legitimate reason as to why women are excluded from certain acts. Why pull someone away from something that they are very good at? This tug-of-war between men and women in the past became issues that society never fully resolved, so what we

face today are consequences of this unresolved struggle.

In researching gender segregation of medicine, I thought it would be a good idea to go back to the foundation of the segregation of women in the public sphere, and what better place to start than with arguments about the male and female anatomy. Londa Schiebinger's (1986) article, "Skeletons in the Closet: The First Illustrations of the Female Skeleton in Eighteenth Century", on the anatomy of the male and female skeleton, was both interesting and surprising to me at the same time. I am stunned that people would go so far to show how the female body is made to find ways to criticize it and say it is inferior to men. The purpose of Schiebinger's article was to analyze social and political circumstances surrounding the eighteenth-century search for sex differences. Everything from the female skull to the size of the female pelvis was used to create arguments as to why females should be kept from participating in the public sphere. To me, this is where it all starts with males being considered superior to females. If the way a woman's body was created does not match up to how a man's body was created, then automatically women are regarded as inferior. Society

criticized women based on how their body is made up and subsequently regarded women as inferior to men. Even though we know that the female body is anatomically different from the male body, and that there are things that a female body is made to do that a male body is not, the work that Schiebinger (1986) analyzes does not mention this. In fact, it analyzes the criticism of the female anatomy instead of praising the wonderful things the female body can do that the male body cannot.

Sex segregation in the workplace is one of the most visible signs of social inequality (Bielby & Baron, 1983). One could argue that sex segregation starts from birth. As newborns, we are automatically placed in a category based on what our genitalia look like. As we grow older, we are then told what toys to play with and what kind of jobs males and females should have. Males are known to be pilots, lawyers, and doctors. Females are known to be nurses, teachers, assistants. Females are known to have jobs that always have them working under the dominance of another individual. Because of this social construction, children grow up with the idea that male and females belong in specific professions. This can cause individuals to choose a career in

the field where they feel they belong and this contributes to sex segregation in the workplace. Segregation is more than just physical separation. From the time women and men first went out to work, they have done different jobs. Segregation is a fundamental process in social inequality. “The characteristics on which groups are sorted symbolize dominant or subordinate status and become the basis for differential treatment” (Reskin, 1993, p. 241). From this, we can tell who belongs to the dominant group in surgery based on the fact that there are more men in the field than there are women. Segregation has always been around, and women and men have always had different jobs. This just tells me that segregation is just in progression because it exists in the workplace today in full effect.

Women as Patients

Many could argue that medical research is flawed because of the lack of women subjects and practitioners in medicine. Medicine, which is governed and practiced primarily by men, has based its research on a “norm” of a white male (Feminist Majority Foundation, 2014). Although most medical research has been done on male patients, the results are generalized to all persons. Studies have been done

on cholesterol and heart disease in men, and studies on the potential benefits of aspirin to prevent heart attacks in 22,000 men versus women as heart patients (Feminist Majority Foundation, 2014). Researchers have also shown that there's often a gender disparity in how men and women are treated when it comes to pain (Feminist Majority Foundation, 2014). A few studies (DiLonardo, 2015) have also shown that of nearly 1,000 people who visited an emergency room, women waited longer to receive their pain medication than men did. Another study (DiLonardo, 2015) shows that of 30 males and 30 females who had bypass surgery, male patients were given medication more frequently than female patients, and the women were more likely to be given sedatives (DiLonardo, 2015). What's good for a man is not always good for a woman. Both bodies are made up differently and one may be prone to something the other is not. These are just a few examples to show how women are not only excluded from medicine as healers, but also as patients. It's one thing that men are treated for their pain more frequently, but why are women given medication to fall asleep? Why is women's pain frequently linked to women being hysterical? It seems medical professionals hold a

stereotypical view of men and women; therefore, women are not taken as seriously as men. These are situations that concern women, yet women compared to men are less involved as subjects of research or as researchers. If medicine is being tested more on men, then it is easy to believe that the care of the female body does not matter.

According to the Institute of Medicine (2015), every cell in our bodies has a sex, which means men and women are different at a cellular level. This also means that diseases and treatments might affect the sexes differently (Westervelt, 2015). If this is the case, then why is there a tradition of ignoring gender when it comes to health research? This same study states that the reason women have been excluded is because they do not know what effect it would have on a woman's fertility and if tests were done on infertile women, the results would be irrelevant to fertile women (Westervelt, 2015). Though this makes some sense, I would argue that these same tests could be done on pregnant animals to see how it affects their fertility or pregnancy. Even if there is an issue, this goes more into showing that women are not thought about because one would think a woman would be the first subject to test on since the female body

is complex. Since the female body is a means for reproduction, one would think that the female subject would be first thought of when it comes to health research. When it comes to medical diagnosis for women, their pain is usually taken less seriously than men's because doctors tend to label women as hysterical. Even though research shows that major endocrine changes throughout a woman's life (including puberty, menopause, and pregnancy) have been linked directly to increased risk for depression, this does not mean that all women's pains are linked to an emotional factor. Although women have more factors that put them at a greater risk for depression than men, fewer than 45% of animal studies on anxiety and depression use female lab animals (Westervelt, 2015). It's bad enough that health research overall does not take women into consideration, but for a health issue that more women are affected by still not to be tested mainly on women is an issue. What this tells me is that women are not taken very seriously in medicine, whether they are patients or whether it's their profession. All practitioners should acknowledge and speak on women being excluded from health research. When it comes to health,

everyone should be taken into consideration.

My Story

I've always known that I wanted a career in the medical field. I decided this because it is a field that will always be in high demand. People will always need medical attention. I am choosing to focus on obstetrician-gynecologist, because babies are born every day and I am interested in helping other women. I also find the female body very fascinating for what it is capable of doing. Coming into college, I didn't realize at first the amount of time and some of the struggles that I would have to face with wanting to become a doctor. After two years into college, I decided to pick a career that is still medical focused, but one that will take less time to complete. I decided that I want to become a physician assistant as an obstetrician-gynecologist. Choosing this career path was not because I didn't want to do the necessary work for medical school, but I thought about how competitive it would be being a woman, but also as a woman of color, to succeed in the medical field. Not that it is impossible to accomplish this, but I also thought about all the financial and time investment that I would have to put into this career, and I realized that

in the end, I may end up being discriminated against because of how I look or because of my gender.

I'm choosing to focus my research on gender segregation in the area of surgery, because as part of a summer research project, I shadowed a male neurosurgeon at a hospital in New York City. This was a great eye opener for me. With this experience I realized that the women at this hospital who worked in this field were not surgeons. They were secretaries, nurse practitioners, and nurses or professionals who worked in some other field. Not that there is any issue with the many jobs that the women I encountered occupied, but why weren't there more women in the higher status medical jobs? The health care profession is essentially sex-segregated, as 84% of physicians are male and 97% of nurses are female (Feminist Majority Foundation, 2014).

At the time that I was doing my internship-shadowing experience, I didn't really pay attention to this gender segregation pattern. I was more excited about the fact that I was in a medical setting and that I was able to have this shadowing opportunity. On the floor of the hospital where I observed, I would say there were about three women of color. Of these three women, one was

the assistant to the neurosurgeon I was shadowing, another worked at the front desk making appointments, and the other was a nurse practitioner. Looking back at this scenario now, makes me question if being a person of color and a woman makes you more oppressed than being just a woman. As a woman of color, I feel I am potentially oppressed twice and looking at how I went from wanting to become a doctor to becoming a physician assistant (PA) makes me wonder how many women of color or maybe just women my age have had similar thoughts and experiences. In a way, this may seem like we are oppressing ourselves for not pushing further, but like I mentioned in my case, there are other aspects that people may not think of such as being able to afford to go further in my education for longer amounts of time. Maybe I do not want to start my career when I will be well in my thirties and in debt are variables that I am wrestling with as I consider my career options in the medical field.

Is Surgery Segregated? Why Women Opt Out

We know that women are increasing in the medical field in general, but when it comes to surgery, research shows that

women only specialize in certain areas.

Mcneill, Walters, and Ferris (1995), a survey of 459 women surgeons with a 91.3% response rate shows that the largest subspecialties were obstetrics-gynecology at 41%, ophthalmology at 21% and general surgery at 12%. This data was based on just surgeons alone; today women are at a higher percentage in other subspecialties such as pediatrics and family medicine, but these subspecialties do not consist of surgery. The chart below shows a few of the subspecialties that women are limited in

According to Mackinnon, Mizgala, representation. It's clear that women take up nearly half the percentage of family medicine and pediatrics and are at a lower percentage in the subspecialties that have to deal with surgery. This supports the argument that the percentage of women in surgery is very low, and the data can form an argument that for the women that are in surgery, they tend to choose specific subspecialties that are more family-centered.

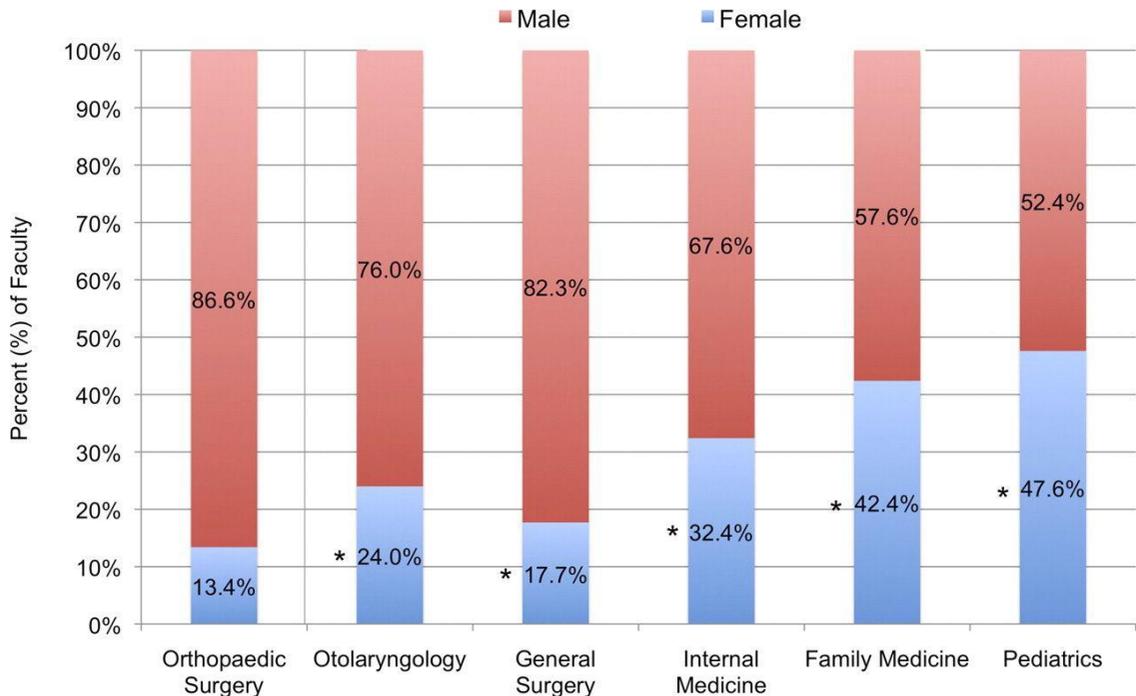


Figure 1. From "Diversity Based on Race, Ethnicity, and Sex Between Academic Orthopedic Surgery and Other Specialties: A Comparative Study," by C. S. Day, D. E. Lage, and C. S. Ahn, 2010, *Journal of Bone Joint Surgery, American Volume*, 92 (13), 2328 -2333. <http://dx.doi.org/10.2106/JBJS.I.01482>

If it is women who are choosing to stay away from surgery, what is the obstacle? What are the variables to gender segregation in surgery? If women have the same qualifications as their male colleagues, then why are there not more women surgeons? Looking at the data that explains these gender discrepancies in medical practice can cause someone like me who is aspiring to be a part of the medical field to lose hope. To know that even your best is not good enough can cause doubt.

Research suggests that women choose surgery because they have successful role models,

...or have been told that they have “the surgical personality”. Conversely, women do not choose surgery because they perceive it to be too difficult, have no role models, perceive it to be too time-consuming, feel it is not family-friendly and believe the lifestyle is not controllable (Wirtzfeld, 2009, p. 5).

I argue that certain professions such as medicine are set up for a certain type of individual, and that individual is male. Males may have more time to commit to a career like this one because, if married with a family, they

often have a wife or partner at home or can afford for someone to care for their children in their absence. As stated above, there are women who believe becoming a surgeon is too time-consuming and may need this time to stay at home and care for their families. If a career is structured in a way that it doesn't show concern for the needs of women, such as maternity leave and having to work long hours without flexibility to balance family demands, then I don't believe that career was structured for women. Interestingly, as a comparison of career to lifestyle choices, 32% of the 21% of women who are in the subspecialty of ophthalmology were least likely to remain childless compared to general surgeons, where 58% are most likely to remain childless (Mackinnon et al., 1995). Surgeons in obstetrics-gynecology work the longest hours, and those in ophthalmology work the shortest hours (Mackinnon et al., 1995). According to these statistics, ophthalmologists have more time on their hands because they work shorter hours than physicians in the other major subspecialties in medicine. It makes sense that they are least likely to remain childless because they do have that extra time on their hands to care for a child and a home. This data

suggests that childcare could be one of the main reasons women choose to opt out of surgery because if most of their time is spent on the job, then childcare may be an issue. Both men and women are capable of the caregiving role, but women are largely burdened with childcare whereas society has largely dismissed men in assuming this caretaker role. So, because of this, a lot of working women who are caring for children are often working two jobs. For me, this is important when it comes to the career I choose because I would like to have time to see my family and be able to care for my children.

As a way to examine the professional versus personal challenges for women in surgery, I researched a survey with the objective to assess professional and personal/family life situations, perceptions, and challenges for female versus male surgeons. The results of this survey show that most surgeons would choose their profession again, but more women than men would do so; also, 75.6% of women surgeons were married and 91.7% of men surgeons were married (Troppmann, Palis, Goodnight, Ho, & Troppmann, 2009, p. 635-636). Interestingly, women surgeons and surgeons of a younger generation were less likely to have children (Troppmann, et al., 2009).

More women than men surgeons had their first child later in life while already in surgical practice and the spouse was the primary caretaker for 26.9% of women surgeons versus 79.4% of men surgeons (Troppmann, et al., 2009). This data supports my argument that the surgery profession is structured for and favors males, showing that more men than women have their spouse at home caring for their children. The data jump from almost 27% of women compared to almost 80% of men helps us see that less male surgeons than women surgeons have to worry about the care of their child while working such long and late shifts. Not to my surprise, the survey also shows that more women than men surgeons thought that maternity leave was important and that childcare should be available at work (Troppmann, et al., 2009, p. 635). The study concludes by saying that women considering surgical careers should be aware that most women surgeons would choose their profession again (Troppmann, et al., 2009).

I'm not sure if most people really think about what a job comes with until they are dealing with its demands. I've actually never really thought about my career versus my personal life as much as I thought about having a career that I

would enjoy. Yes, I've chosen a career that would take less time compared to training to become a surgeon because I do want to have a personal life, but I never thought about it this deeply as to what my life would be like working and having children. Obstacles like maternity leave and time management helps explain the lack of women surgeons in many other subspecialties. Troppmann, et al.'s, (2009) survey includes many generations, so it's interesting to see that issues from 1988 are still the same issues women are facing in surgery today.

Women as Other

As part of my shadowing experience, I also had the opportunity to be in the operating room and observe surgery. Alongside me were other students in the room, which included two female medical students, one female neurosurgeon who was still in the process of training, and seven males that were medical students, physician assistants, or surgeons. I did notice at the time that I was not only one of the few women among the group, but I also was the only person of color who was in the room. This made me feel a bit out of place, but at the same time, I was fortunate and grateful that I had this opportunity. I could probably count on

one hand how many women of color I saw throughout this experience. This can be a bit intimidating and discouraging because, even though I do not wish to work in the area of surgery, healthcare is the field that I want to work in

Even though women are entering medical school in greater numbers today than in prior decades, these increases are mostly among white women (Feminist Majority Foundation, 2014). "Women of color, who were 3.8% of all first-year medical students in 1980, were only 5.2% of all first-year medical students ten years later" (Feminist Majority Foundation, 2014). For these numbers not to go up even a full 2% is scary, and to get into why the medical field lacks such diversity would be another paper in itself. The issue with the medical field now is not only that there are fewer women in certain subspecialties such as surgery (8% women), but that the women who are in medicine are in the lower-paid specialties such as general family practice, pediatrics, psychiatry, and internal medicine (Feminist Majority Foundation, 2014). These specialties account for 70% of all women physicians, and while women are more likely to go into these specialties, women of color are even more so likely

to choose medical subspecialties other than surgery (Feminist Majority Foundation, 2014).

Hill and Vaughan (2013) studied the trajectories of female surgical medical students and found that of 19 clinical medical students, “female students’ experiences of surgery were strongly gendered” (p. 547). The study states that female students were positioned as “other” in the surgical domain, they “were unable to see or identify with other women in surgery” (p. 547). These female students lacked experiences of participation, struggled to imagine a future in which they would be successful surgeons” and because of this, they “self-selected out of surgical careers (p. 547). It is interesting to read a study like this because thinking back to when I was in the operating room, the medical students who were in the room were more to the back of the group and only called forward a few times to see what was going on. I do understand that they were just observing and not completing their residency, but I would have expected more interaction. Also, there were only two students who were female and for them to not have that female role model to look up to or make them feel comfortable in the room can give an uneasy feeling. I no longer plan on

becoming a surgeon, but if I did, I’d feel very intimidated being in that room and not seeing anyone who looks like me. Seeing just one female surgeon who was still in training did not provide much motivation either.

The study by Hill and Vaughan (2013) gets to the root of the gender segregation in medicine issue; it explains how female medical students are treated in medical school. These are few of the reasons these students chose to opt out of surgery. In the United Kingdom, 60% of United Kingdom medical students are female and only 33% of applicants to surgical training are women (Hill & Vaughan, 2013, p. 548). From this example, we can see a pattern that surgery as male-dominated may start from the medical school process where women self-select out as a consequence of gender discrimination. If female students aren’t feeling comfortable going into this field from medical school, then why continue? Being treated as other may cause women to fear what will happen if they choose to continue to pursue a male-dominated medical subspecialty. This same study stated that these medical students “heard about challenges to being a female surgeon, lacked experiences of participation, and struggled to imagine a future in which

they would be successful surgeons” (Hill & Vaughan, 2013, p. 552). I can only imagine what a disappointment this may have felt like, to make it that far in one’s academic career only to learn that the career is not structured for them to succeed.

Outlook/Conclusion

Until 1970, women made up only 6% of any medical class in the United States or Canada (Wirtzfeld, 2009). In the United States in 1970, women made up about 5% of all physicians; this number rose to 24% in 2001 (Wirtzfeld, 2009). Even though medical school overall enrollment has increased, in 1980 women only made up 2% of all female surgical residents (Wirtzfeld, 2009). This number rose to 14% in 2001 (Wirtzfeld, 2009). While the numbers of women are increasing in medical schools, it is growing in a space with no power. “In 2010, more than 2,500 medical students applied for a general surgery residency, with 35% of the applicants being women” (McLemore, Ramamoorthy, Peterson, & Bass, 2012). Despite these improvements, women continue to be a minority in other high paying subspecialties such as neurological surgery, urology surgery, orthopedic surgery, and thoracic surgery (McLemore et al., 2012).

If women continue to enter the medical field in the same areas or the same major subspecialties, women will always be far from equal because there is no one stepping up to the plate to help push women further. What I can conclude from this is that women are increasing in surgery but they tend to stick to subspecialties that are already mostly females, which is only a few subspecialties. This tells me that women are staying in their comfort zone, and that is understandable since for women, it’s a challenge even to achieve that high of a status in the medical field. This leaves me questioning myself, even though my goal is to become a physician assistant in obstetrics-gynecology, and I do argue that it is discouraging not seeing many women in certain areas of medicine. This paper is not to discourage women who choose to go into medicine or that are already in medicine, but, I question if I’m cheating myself or giving up an opportunity to help uplift women and women of color.

We should break through gender stereotypes in work and the medical profession to help others see that women can succeed in male dominated fields, but it’s difficult to be the encouragement for someone else with so many obstacles in the way. I think

this is what discourages me, for me knowing how difficult of a journey it would be if I did decide to go this far into medicine and end up hitting career obstacles that question my worth and ability. I commend the women who have pushed through and made it and those who are still fighting to prove that they are equal even though there are obstacles. This is the encouragement I speak of to change gender segregated work practices in the medical field. We should continue to promote the advancement of women and other minority groups in surgery; this also includes positions of leadership in medicine and the work world in general.

This research has led me to see that women face many obstacles in medicine as practitioners and patients. But there are other aspects to sex segregation in surgery that this paper does not cover. I wouldn't want to do the same work as a male surgeon to receive less pay. Being a surgeon is an important job. It involves people's lives, so I believe women should be paid the fair amount of money for the job they are doing. Another issue with sex segregation in surgery is race segregation, as I would call it. There aren't many women of

color in the field of surgery, as I mentioned before, and even though women are increasing in the field, this increase is mostly among white women (Feminist Majority Foundation, 2014). An increase in racial diversity, as well as an increase in women overall, is needed in the medical field.

This research, along with my shadowing experience, has opened my eyes to a few of the challenges that women face in medicine as a career. Women are very few in numbers in many different areas of medicine, and they are frequently overlooked in health research. I plan to continue to move forward towards my career goal as a physician assistant. As I do this, I hope to see progress in the area of gender equality in surgical practice. I hope to see women entering surgery not only in the same major subspecialties that women usually do, but also in other high paying subspecialties such as neurology and urology. Most of all, I hope to see more women of color in surgery and as physicians in general. As a woman of color, I would like to see other women like myself progress and succeed.

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