

The feminization of Medicine in Brazil

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Resumo

Objetivando traçar a evolução histórica da distribuição de médicos no Brasil segundo sexo, foi realizado estudo epidemiológico do tipo ecológico, por meio do cruzamento de bancos de dados secundários (*linkage*). Para a caracterização geral dos médicos foram consideradas as bases de dados dos 27 conselhos regionais de medicina, complementadas pelas bases de dados da Comissão Nacional de Residência Médica e da Associação Médica Brasileira. Os resultados mostram que, desde 2009, entre os novos médicos registrados há mais mulheres que homens. Na população de médicos em atividade os homens ainda predominam (60,1%), mas no grupo com 29 anos ou menos as mulheres já são maioria. A tendência consistente de maior participação das mulheres na profissão médica no Brasil, observada ao longo das últimas décadas e acentuada nos últimos anos, indica a necessidade de reavaliar e readequar as propostas para implementação de políticas públicas na área.

Palavras-chave: Feminização. Medicina. Distribuição de médicos. Brasil.

Resumen

La feminización de la Medicina en Brasil

Con el fin de trazar la evolución histórica de la distribución de los médicos en Brasil por sexo, se llevó a cabo un estudio epidemiológico del tipo ecológico, a través de la intersección de las bases de datos secundarias (*linkage*). Para la caracterización general de los médicos, se han considerado las bases de datos de los 27 Consejos Regionales de Medicina, complementados con las bases de datos de la Comisión Nacional de Residencia Médica y de la Asociación Médica Brasileña. Los resultados muestran que entre los nuevos médicos colegiados hay más mujeres que hombres desde 2009. En la población de los médicos en actividad todavía predominan los hombres (60,1%), pero en el grupo con 29 años o menos, las mujeres son la mayoría. La tendencia constante de aumento de la participación de las mujeres en la profesión médica en Brasil, observada durante las últimas décadas y notablemente en los últimos años, indica la necesidad de reevaluar y reajustar las propuestas para la implementación de políticas públicas en el área.

Palabras-clave: Feminización. Medicina. Distribución de médicos. Brasil.

Abstract

The feminization of Medicine in Brazil

Aiming to settle the historical evolution of physicians' distribution in Brazil by gender, an ecological study was conducted by secondary database cross-checking (*linkage*). For a general characterization of the physicians were considered the 27 Regional Medicine Council, complemented by the National Medical Residency and the Brazilian Medical Association databases. The results show that since 2009, among new registered doctors there are more women than men. Although men still prevail (60.1%) in the active physicians population, in the group aged less than 29 years old, women have become majority. The consistent trend of increased participation of women in the medical profession in Brazil, observed over the past decades and intensified over the past few years, indicates the need to reassess and readjust the proposals for implementation of public policies in the area.

Keywords: Feminization. Medicine. Physicians distribution. Brazil.

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The world is witnessing a gradual decrease of gender differences, and the barriers that impede women from having the same access as men to education, job opportunities and social benefits are being removed, generating more productivity and competitiveness for the countries' economies¹. In Brazil, together with the increasing predominance of women in the population, there are records of a bigger presence of women in the labor market and the growth of female education is present in several sectors of economic activities.

The enrollments in higher education courses were mostly of women in the period between 2001 and 2010². According to the Brazilian Institute of Geography and Statistics (IBGE - *Instituto Brasileiro de Geografia e Estatística*), in 2000 there were 96.9 men for every 100 women. In the 2010 census, the ratio dropped to 96 men for every 100 women³. Brazilian women with higher education have higher or similar participation in jobs – 45.4% were employed in 2011 –, but their wages are still lower than those of men, according to 2012 data from the IBGE⁴.

These changes in recent decades are also reflected in the growing presence of women in Brazilian medicine. Such transformation may constitute a structural element of the profession's evolution, with consequences in medical practices, in the quality of care and in the organization of health services. In order to support the reflection about this pattern, this study aims to trace an overview of the historical evolution of the distribution of physicians in Brazil according to their gender, describing the phenomenon of the feminization of medicine in the country.

Method

We conducted an ecological study to assess the distribution of physicians in Brazil by gender, number of professional records, and presence at

medical specialties and units of the Federation, considering a period of a century, from 1910 to 2010. Besides analyzing the literature, we crossed secondary databases (linkage), aiming to get descriptions, evolution scenarios and trends of women's participation in the exercise of the medical profession.

Our main source was the database of the Federal Council of Medicine (CFM - *Conselho Federal de Medicina*), with the registration of all physicians in regional councils of Medicine (CRM – *Conselho Regional de Medicina*). In addition, to obtain information related to medical specialties, we used the databases of the National Commission of Medical Residency (CNRM – *Comissão Nacional de Residência Médica*) and of the Brazilian Medical Association (AMB – *Associação Médica Brasileira*), which combines the specialty societies. We also used data from the 2010 Census conducted by the IBGE.

The databases used for the evaluation were made available by the CFM, CRM and CNRM institutions, containing individual data for each state of the Federation, in ".txt" format. The data were transferred to the *Statistical Package of the Social Science* software, version 20. The bases were integrated through the command *merge files*, thus forming a national database aggregated by state and another database aggregate by medical specialty.

Results

There is a consistent trend of feminization of medicine in Brazil, which has been observed during the past decades and that has accelerated recently. The growth of female participation in the profession becomes evident in the evolution of the number of women that get a degree each year and are entering the labor market, according to national data of new registrations in the CRM (Figure 1).

Table 1. Practicing physicians, according to age and gender, Brazil, 2012

Age	Age	(%)	Male	(%)	Total
≤29 years	25.890	53,31	22.679	46,69	48.569
30-34 years	25.442	46,09	29.758	53,91	55.200
35-39 years	19.396	45,02	23.685	54,98	43.081
40-44 years	16.805	46,18	19.585	53,82	36.390
45-49 years	16.396	44,22	20.682	55,78	37.078

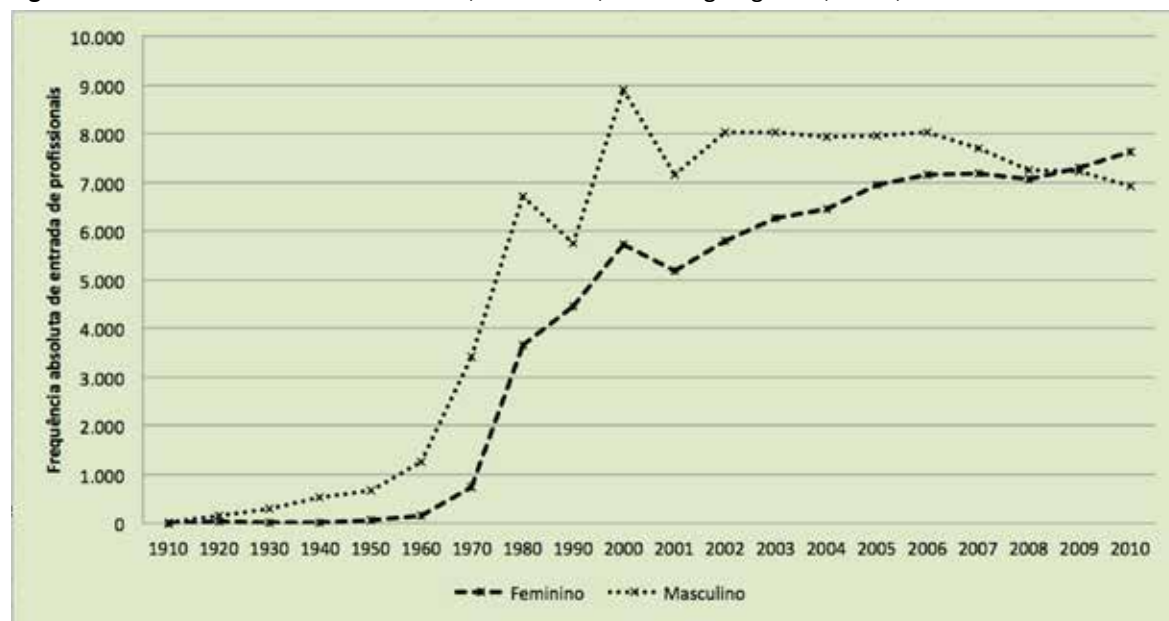
Age	Age	(%)	Male	(%)	Total
50-54 years	15.070	41,41	21.318	58,59	36.388
55-59 years	13.498	35,36	24.673	64,64	38.171
60-64 years	8.336	25,62	24.197	74,38	32.533
65-69 years	2.355	17,35	11.215	82,65	13.570
≥70 years	1.952	18,08	8.847	81,92	10.799
Total	145.140	41.26	206.639	58,74	351.779

In fact, the inversion occurred in 2009, when 7,301 female and 7,235 male physicians were registered in the country, a phenomenon that was repeated in the following year, 2010, in which 7,634 women and 6,917 men were registered. This recent event has so far not changed the fact that the medical profession in Brazil is still predominantly male. In 2010, 219,189 (60.09%) of the 364,757 registered physicians were men.

However, as a result of the recent records, analyzing the population of practicing physicians, women are majority in the group of physicians

with 29 years or less (Table 1). In 2011, there were 53.31% women and 46.69% men from a total of 48,569 physicians in this age group. Among the older physicians, the scenario is still predominantly male. Of the total of 10,799 professionals over 70 years old, only 18.08% are women. From this age to the younger age groups, the number of female doctors always grows. There are already 41.41% women among professionals with 50 to 54 years and the percentage reaches 46.09% in the age group between 30 and 34 years, being over 50% in the age group under 29 years.

Figure 1. Evolution of new medical records, 1910-2010, according to gender, Brazil, 2012



When analyzing the evolution of the physicians' population according to gender (Table 2), women appear with 22% and 21% in the years 1910 and 1920, in relation to the total. The number of registered female physicians drops in the subse-

quent periods, decreasing to 19.10% in 1930 and decreasing even more in the following years, reaching 12.99% in 1960, with only 4,519 female doctors against 30,273 male doctors.

Table 2. Evolution of the physicians' population, 1910-2010, according to gender, Brazil, 2012

Year	Female	%	Male	%
1910	2.956	22,28	10.314	77,72
1920	3.015	21,49	11.016	78,51
1930	3.037	19,10	12.862	80,90
1940	3.131	15,09	17.614	84,91
1950	3.450	13,21	22.670	86,79
1960	4.519	12,99	30.273	87,01
1970	9.341	15,83	49.653	84,17
1980	32.239	23,47	105.108	76,53
1990	67.483	30,80	151.601	69,20
2000	104.554	35,82	187.372	64,18
2010	145.568	39,91	219.189	60,09

It is important to note that the population of practicing physicians in 1960 had the highest male proportion of history of medicine in the country, with 87 men for each group of one hundred doctors. From 1970 on, there is a steady growth of women in medicine, rising to 23.47% in 1980; 30.80% in 1990; 35.82% in 2000; and up to 39.91% in 2010.

While for Brazil, in 2011, there were 1.45 male practicing doctors for each female doctor, quantitative differences were observed between Federation units.

There are states with higher male physicians population, such as Rondonia, in which, among the practicing physicians, there are 2.20 men for each woman; Goiás, with 2.19; and Piauí and Santa Catarina, both with 2.06 doctors for each female physician. São Paulo presents the same number as Brazil (1.45), but eleven states have a lower male/female ratio than the national one. Alagoas is the only state in which there is already a female predominance: from a total of 3,659 practicing physicians, 50.70% are women (Table 3).

Table 3. Número de médicos em atividade nas unidades federativas, segundo sexo, Brasil, 2012

	Female	%	Male	%	M-FR*
Acre	269	35,77	483	64,23	1.796
Alagoas	1.847	50,74	1.793	49,26	0.971
Amapá	212	33,49	421	66,51	1.986
Amazonas	1.626	42,89	2.165	57,11	1.331
Bahia	7.341	45,53	8.782	54,47	1.196
Ceará	3.589	38,34	5.773	61,66	1.609
Distrito Federal	4.466	43,40	5.825	56,60	1.304
Espírito Santo	3.083	41,78	4.297	58,22	1.394
Goiás	3.103	31,36	6.792	68,64	2.189
Maranhão	1.623	36,38	2.838	63,62	1.749
Mato Grosso	1.236	33,33	2.472	66,67	2.000
Mato Grosso do Sul	1.334	33,53	2.645	66,47	1.983
Minas Gerais	14.122	36,52	24.549	63,48	1.738
Pará	2.688	42,70	3.607	57,30	1.342

	Female	%	Male	%	M-FR*
Paraíba	2.159	44,19	2.727	55,81	1.263
Paraná	6.590	34,75	12.376	65,25	1.878
Pernambuco	6.046	45,66	7.194	54,34	1.190
Piauí	1.018	32,64	2.101	67,36	2.064
Rio de Janeiro	25.464	44,81	31.363	55,19	1.232
Rio Grande do Norte	1.804	41,22	2.572	58,78	1.426
Rio Grande do Sul	9.424	38,17	15.268	61,83	1.620
Rondônia	542	31,22	1.194	68,78	2.203
Roraima	214	44,58	266	55,42	1.243
Santa Catarina	3.847	32,64	7.939	67,36	2.064
São Paulo	43.515	40,89	62.903	59,11	1.446

*Male-Female Ratio.

In 2011, 55.1% of the 371,788 Brazilian practicing physicians were specialists, i.e., they concluded a residency program and/or obtained the specialist title issued by a medical specialty society. The remaining 44.9% did not have a specialization in these modalities. Among these medical specialists, 59.39% are men and 40.61% women, a fact that corresponds to the male-female ratio of the general physician population. However, among the specialties, there are important gender differences, as shown in Table 4, at the end.

Among the 53 officially recognized specialties, 13 are performed mostly by women. Men predominate in the other 40. Women are the majority in five of six basic specialties: Pediatrics (70.0%), Gynecology and Obstetrics (51.5%), General Practice (54.2%), Family and Community Medicine (54.2%) and Preventive Medicine (50.3%). The number of women is also higher in Endocrinology and Metabolism, Medical Genetics, Hematology and Hemotherapy, Homeopathy, Infectious Diseases and Pathology. However, there is less women in general surgery, only 16.2%.

Men, in turn, represent more than 80% in 13 of 53 specialties, including nine surgical specialties. Among the six specialties in which men represent 90.0% or more, four are surgical: Cardiovascular Surgery (90.0%), Digestive Surgery (91.4%), Thoracic Surgery (93.5%) and Neurosurgery (91.8%). Furthermore, men also represent 95.0% of the Orthopedics and Traumatology professionals and likewise preponderate in Urology, with 98.8%.

The surgical specialty with the greatest presence of women, which is 32.5%, is the Pediatric Surgery.

Discussion

Understanding the process of the increasing participation of women in medicine in Brazil is indispensable in a scenario of demographic and epidemiological transitions, of growth in the population's health demands and needs, of problems in concentration and settlement of doctors, and of challenges in the organization and operation of the health system. Several authors show that female physicians differ from men in the choice of specializations, in settlement, in working hours and way of practicing⁶⁻⁹.

In addition to the global phenomenon of the expansion of women's access to education and work, the largest amount of female doctors in Brazil follows the expansion of effective doctors in general, within the last 40 years. In 1970, there were 58,994 physicians, and in 2011, Brazil had 371,788 physicians, a growth of 530%, considering that, in the same period, the Brazilian population grew 105%. The increase in the number of doctors is related to the opening of new medical schools, to the expansion of the health system and the health needs of the population¹⁰.

The increased participation of women in the medical profession is not a recent phenomenon and it does not happen only in Brazil. The proportion of female physicians in countries of the Organisation for Economic Co-operation and Development (OECD) grew between 1990 and 2005; it went from 28.7% to 38.3% of the total of physicians¹¹. In the early 2000s women were already majority among medical students in the United States¹² and Canada¹³. Before that, in the 1990s, medicine graduation courses already had a female

majority in several countries, such as England¹⁴, Ireland¹⁵, and Norway¹⁶.

Men predominate in surgical specialties and those specialties that involve urgent and emergency care, such as orthopedics. Studies indicate that the idea that there is need for greater strength and physical endurance, that the graduation takes longer, that there is a demand for greater time availability and the trouble to co-ordinate professional practices and family life are the main reasons that keep women away of certain specialties, especially surgical ones^{17,18}.

In this sense, Brazilian female physicians tend to choose basic specialties, such as Pediatrics and Gynecology and Obstetrics, rather than surgical specialties. Likewise, in Canada, 70% of female physicians are concentrated in primary care specialties, such as Pediatrics, Gynecology and Obstetrics, and also Dermatology and Psychiatry^{6,13,19,20}. This situation can be characterized as a global phenomenon, although in the United States, Australia and in European countries like England and Finland there is a greater gender balance in General Practice, Family Medicine, Pediatrics and Anesthesiology.

The increased participation of women in medical practice has been identified as a factor of the reduced availability of practicing physicians in European countries. This is due to the tendency of partial workdays, once female doctors work fewer hours per week, accepting lower service volume and choosing a shorter working life than male doctors. Women also make fewer night shift services, when compared to male physicians, and do not frequently move to rural or peripheral areas, for which it is difficult to provide professionals^{11,21}.

In some countries in which women are the majority in the area, such as Russia and Estonia, the profession is considered as a low-status occupation^{22,23}. This is because, as in most professions, women tend to receive lower wages than men in similar positions²⁴. In the United States, for example, female physicians have a lower income than their male counterparts – 25% to 35% less, depending on the specialty -, because of being more engaged with primary care or because of working fewer hours²⁵.

In contrast, some authors argue that female physicians are more likely to harmonize the doctor-patient relationship than their male counterparts, as they adopt more democratic communication styles, promote collaborative relationships, discuss more about the treatments and involve patients in decision-making^{26,27}.

Furthermore, studies also show that the conduct and practices of female doctors may lead to more effective preventive actions; they adapt more easily to operations and to the leadership of multidisciplinary health teams; they lead to resources optimization, as they tend less to incorporate unnecessary technologies; they best help populations in contexts of vulnerability; and respond to situations that need understanding of cultural uniqueness and individual preferences of patients²⁸.

Final considerations

The demographic profile of medicine in Brazil is undergoing a historic transformation. Although it is still a predominantly male profession, the new medical records show more women than men, confirming a consistent medicine feminization trend in the country, a phenomenon that may shape the future of the medical profession, influence the type of patient care and the organization of the health system.

Due to the characteristics of the practicing of women and the preference for medical specialization in certain areas, studies will be necessary to assess the possible impacts of the feminization of medicine in the national context, marked by new epidemiological and demographic challenges, with the growth of noncommunicable chronic diseases and the aging population. Another issue to be considered in future research about the feminization of medicine is the need for a reorientation of the Brazil's health system model, starting at primary care focused on teamwork, targeting territorial populations, geared towards solving more frequent health problems and guided by the principles of the bond and the humanization of care.

The feminization of medicine requires special attention from the bioethics²⁹. The androcentrism, the inferiority and the devaluation of women appear in wage and functional disparities between male and female doctors. Women opt to work part-time, presumably to better serve their families. The perpetuation of the oppression on female doctors is systemic and not just a personal and deliberate decision of male physicians. It is a result of social and institutional practices that act impersonally and jointly to favor the interests of men over women, a fact that requires new and permanent bioethics theoretical contributions in order to understand these and other power imbalances that are present throughout society – and not only in medicine.

In the view of bioethics plurality, women and men may differ in the way of seeing, feeling and solving problems in the daily professional practice of medicine. The fact that male and female doctors are different, and that the differences should be preserved, is not related to the perpetuation of a professional practice dominated by the male gender.

The "ethics of care", related to the work of women, and the "ethics of justice", typically male³⁰, are possible approaches for further debate. The analysis of physicians' discourses³¹ is another viable way for a bioethical reflection that considers the opposition between human, relational and affective values, supposedly more "feminine", and technical,

scientific and rational values, which would be more "masculine".

Considering the critical bioethics of feminist inspiration^{32,33}, the inclusion of a gender perspective in studies on medical demography may provide visibility to the existing power structures and the asymmetries that arise from the process of socialization between men and women, which happen in the exercise of the medical profession.

In addition to the statistical findings of medical demography and gender approaches of occupational sociology³⁴, the reference to the feminization of the world of medicine requires new bioethical analyzes that may contribute to the understanding of the dynamic dimension of the phenomenon.

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References

1. Banco Mundial. Relatório sobre o desenvolvimento mundial de 2012: igualdade de gênero e desenvolvimento. Washington: Banco Mundial; 2012.
2. Instituto Brasileiro de Geografia e Estatística. Censo demográfico 2010: características gerais da população, religião e pessoas com deficiência. Rio de Janeiro: IBGE; 2010.
3. Instituto Nacional de Estudos e Pesquisas Educacionais Anísio Teixeira. Censo da educação superior de 2010: resumo técnico. Brasília: Inep; 2010.
4. Instituto Brasileiro de Geografia e Estatística. Mulher no mercado de trabalho: perguntas e respostas. Pesquisa mensal de emprego – PME. Rio de Janeiro: IBGE; 2012.
5. Conselho Federal de Medicina. Resolução CFM n.º 1.973/11, de 1.º de agosto de 2011. Dispõe sobre a nova redação do Anexo II da Resolução CFM n.º 1.845/08, que celebra o convênio de reconhecimento de especialidades médicas firmado entre o Conselho Federal de Medicina (CFM), a Associação Médica Brasileira (AMB) e a Comissão Nacional de Residência Médica (CNRM). Diário Oficial da União. 1.º ago. 2011;Seção1, p. 144-7.
6. Contandriopoulos AP, Fournier MA. Féminisation de la profession médicale et transformation de la pratique au Québec. Montreal: Université de Montréal; 2007.
7. Dubernet ACH. Femmes en médecine: vers un nouveau partage des professions? Revue Française des Affaires Sociales. 2005;59(1):35-58.
8. Eisenberg C. Medicine is no longer a man's profession. Or when the men's club goes coed it's time to change the regs. N Engl J Med. 1989;321(22):1.542-4.
9. Machado MCS. A feminização da medicina. Análise Social. 2003;38(166):127-37.
10. Scheffer M, coordenador. Demografia médica no Brasil: dados gerais e descrições de desigualdades. São Paulo: Cremesp; 2011. p. 118.
11. Organisation for Economic Co-Operation and Development. OECD health data 2009: comparing health statistics across OECD countries. [Internet]. OECD; 2009 [acesso 8 nov. 2012]. Disponível: http://www.oecd.org/document/57/0,3746,en_21571361_44315115_43220022_1_1_1_1,00.html
12. Jonasson O. Leaders in american surgery: where are the women? Surgery. 2002;131(6):672-5.
13. Beagan BL. Neutralizing differences: producing neutral doctors for (almost) neutral patients. Soc Sci Med. 2000;51(8):1253-65.
14. McManus IC, Sproston KA. Women in hospital medicine in the United Kingdom: glass ceiling, preference, prejudice or cohort effect? J Epidemiol Community Health. 2000;54(1):10-6.
15. McDonough CM, Horgan A, Codd MB, Casey PR. Gender differences in the results of the final medical examination at University College Dublin. Med Educ. 2000;34(1):30-4.
16. Kvaerner KJ, Aasland OG, Botten GS. Female medical leadership: cross sectional study. BMJ. 1999;318(7176):91-4.
17. Baxter N, Cohen R, McLeod R. The impact of gender on the choice of surgery as a career. Am J Surg. 1996;172(4):373-6.
18. Neumayer L, Freischlag J, Levinson W. Demographics of today's woman surgeon. Bull Am Coll Surg. 1994;79(2):28-33.
19. Baker LC. Differences in earnings between male and female physicians. New Engl J Med. 1996;334(15):960-4.

20. Phillips SP, Austin EB. The feminization of medicine and population health. *Jama*. 2009;301(8):863-4.
21. Simoens S, Hurst J. The supply of physician services in OECD countries: health working papers no 21. Paris: OCDE; 2006.
22. Harden J. 'Mother Russia' at work: gender divisions in the medical profession. *European Journal of Women's Studies*. 2001;8(2):181-99.
23. Barr DA, Boyle EH. Gender and professional purity: explaining formal and informal work rewards for physicians in Estonia. *Gender and Society*. 2001;15(1):29-54.
24. Wallace AE, Weeks WB. Differences in income between male and female primary care physicians. *J American Med Womens Assoc*. 2002;57(4):180-4.
25. Darves B. Women in medicine force change in workforce dynamics? *NEJM*. [Internet]. 2005 [acesso 8 nov. 2012] *NEJM Career Center*. Disponível: <http://www.medrecruitersalliance.com/newsletter/archive/011906.pdf>
26. Roter DL, Hall JA, Aoki Y. Physician gender effects in medical communication: a meta-analytic review. *Jama*. 2002;288(6):756-64.
27. Hall JA, Roter DL. Medical communication and gender: a summary of research. *J Gend Specif Med*. 1998;1(2):39-42.
28. Levinson W, Lurie N. When most doctors are women: what lies ahead? *Ann of Inter Med*. 2004;141(6):471-4.
29. Lindemann H. The woman question in medicine: an update. *Hastings Cent Rep*. 2012;42(3):38-45.
30. Gilligan C. In a different voice: psychological theory and women's development. Cambridge: Harvard University Press, 1982.
31. Dubernet ACH. Femmes en médecine: vers un nouveau partage des professions? *Revue française des affaires sociales*. [Internet]. 2005 [acesso 8 nov. 2012];1(1):35-58. Disponível: www.cairn.info/revue-francaise-des-affaires-sociales-2005-1-page-35.htm
32. Guilhen D. Bioética, gênero e saúde pública. In: Fortes PAC, Zoboli ELCP, organizadores. *Bioética e saúde pública*. São Paulo: Edições Loyola; 2003.
33. Diniz D. Bioética e gênero. *Rev. bioét. (Impr.)* 2008;16(2):207-16.
34. Malochet G. La féminisation des métiers et des professions: quand la sociologie du travail croise le genre, sociologies pratiques. *Sociologies Pratiques*. [Internet]. 2007 [acesso 8 nov. 2012];1(14):91-9. Disponível: www.cairn.info/revue-sociologies-pratiques-2007-1-page-91.htm

Author's participation

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Annex

Table 4. Specialist physicians, according to specialty and gender, Brazil, 2012

	Female	%	Male	%	Total
Acupuncture	881	48,7	928	51,3	1.809
Allergy and Immunology	467	60,8	301	39,2	768
Anesthetics	5.250	35,4	9.571	64,6	14.821
Angiology	62	22,0	220	78,0	282
Oncology	508	34,9	947	65,1	1.455
Cardiology	2.254	25,9	6.452	74,1	8.706
Cardiovascular Surgery	110	10,0	992	90,0	1.102
Hand Surgery	27	13,4	175	86,6	202
Head and Neck Surgery	53	13,8	331	86,2	384
Gastrointestinal Surgery	91	8,6	964	91,4	1.055
General Surgery	2.206	16,2	11.400	83,8	13.606
Pediatric Surgery	294	32,5	611	67,5	905
Plastic Surgery	799	19,9	3.213	80,1	4.012
Thoracic Surgery	32	6,5	459	93,5	491
Vascular Surgery	331	17,7	1.543	82,3	1.874
General Practice	5.770	54,2	4.868	45,8	10.638
Coloproctology	203	23,3	670	76,7	873
Dermatology	3.731	72,7	1.400	27,3	5.131
Endocrinology and Metabology	1.631	63,9	921	36,1	2.552
Endoscopy	266	25,2	789	74,8	1.055
Gastroenterology	811	38,1	1.320	61,9	2.131
Medical Genetics	100	64,1	56	35,9	156
Geriatrics	348	48,6	368	51,4	716
Gynecology and Obstetrics	11.735	51,5	11.069	48,5	22.804
Hematology and Hemotherapy	810	57,0	610	43,0	1.420
Homeopathy	964	54,6	802	45,4	1.766
Infectiology	1.143	55,6	912	44,4	2.055
Mastology	275	41,1	394	58,9	669
Family and Community Medicine	1.426	54,2	1.206	45,8	2.632
Occupational Medicine	2.898	32,0	6.165	68,0	9.063
Traffic Medicine	454	24,6	1.392	75,4	1.846
Sports Medicine	63	15,3	350	84,7	413
Physical Medicine and Rehabilitation	259	45,4	311	54,6	570
Intensive Medicine	744	30,2	1.720	69,8	2.464
Forensic Medicine	62	19,7	252	80,3	314

	Female	%	Male	%	Total
Medicina nuclear	186	37,3	312	62,7	498
Medicina preventiva e social	474	50,3	468	49,7	942
Nefrologia	971	43,6	1.255	56,4	2.226
Neurocirurgia	169	8,2	1.902	91,8	2.071
Neurologia	952	36,2	1.677	63,8	2.629
Nutrologia	305	44,3	384	55,7	689
Oftalmologia	3.450	37,2	5.828	62,8	9.278
Ortopedia e traumatologia	471	5,0	9.044	95,0	9.515
Otorrinolaringologia	1.491	32,1	3.148	67,9	4.639
Patologia	943	54,7	782	45,3	1.725
Patologia clínica/medicina laboratorial	524	45,6	624	54,4	1.148
Pediatria	19.052	70,0	8.170	30,0	27.222
Pneumologia	854	42,8	1.143	57,2	1.997
Psiquiatria	2.890	41,1	4.140	58,9	7.030
Radiologia e diagnóstico por imagem	2.481	34,4	4.730	65,6	7.211
Radioterapia	133	30,0	311	70,0	444
Reumatologia	614	49,4	629	50,6	1.243
Urologia	38	1,2	3.215	98,8	3.253