

## **Letter to the Editor**

### **Positive action is required to achieve the 2020.30 goal of gender equality in Japanese Medical**

#### **Societies**

Keiko Hiyama, Makiko Ozaki, Keiko Hayano, Noriko Yamamoto, Hiroshi Bando, Kenji Maeda,

Yasuki Kihara, Atsuko Murashima.

Working Group on Women Physicians, Fellow of the Japanese Society of Internal Medicine (FJSIM)

Corresponding to: Keiko Hiyama, MD, PhD, FACP.

Fukuhara Medical Clinic

1-2-11 Midori, Minami-ku, Hiroshima, 734-0005 Japan

TEL: +81-82-251-1092; FAX: +81-82-251-9530; E-mail: [khiyama@hiroshima-u.ac.jp](mailto:khiyama@hiroshima-u.ac.jp)

Key Words: gender equality, women in decision making, Japanese Medical Society

The Gender Equality Bureau established in the Japanese Cabinet Office in 2001 ~~set~~[confirmed](#)

the goal of “2020.30”, i.e., increase the percentage of women in leadership positions to at least 30% by

the year 2020 in a wide range of fields, such as academia and politics, in 2010. However, Dr. Yasuko

Tomizawa revealed the difficulties in the achievement of this goal in the most Japanese Medical

Societies, from surgeon’s standpoint [1]. We physicians also fully agree with this affair. We, as the

working group on women physicians, Fellow of the Japanese Society of Internal Medicine (FJSIM),

also surveyed the percentages of women doctors in decision-making scenes in the Japanese Society of

Internal Medicine and related societies in 2010 and 2012, and compared with the percentage of

women members in 2011 reported in a previous report by Dr. Tomizawa et al [2] (Data of 2010 has

been reported in Ref. 3). As Fig. 1 shows, ratios of female percentages in decision-making to the

female percentages among all members in each society are not increasing in general in the Japanese

Society of Internal Medicine (closed circles) and related societies (open circles), as well as in the

Japan Surgical Society (closed squares). Although the expected ratio is “1” when gender equality is

achieved, majority of the societies showed “0” in the top decision making meetings (A). Among them, the societies that characteristically improved the ratios (but not yet around “1”) had settled the quota system for women and/or promoted gender equality measures, indicating the necessity of positive actions.

The Japan Medical Association is also promoting the 2020.30 movement considering the quota system in all committees, according to the Gender Equality Bureau. Now, such positive actions should also be considered in all Japanese Medical Societies that still keep the extraterritorial rights over the 2020.30 goal.

**Conflict of interest statement:**

Keiko Hiyama has no conflicts of interest to declare.

Makiko Ozaki has no conflicts of interest to declare.

Keiko Hayano has no conflicts of interest to declare.

Noriko Yamamoto has no conflicts of interest to declare.

Hiroshi Bando has no conflicts of interest to declare.

Kenji Maeda has no conflicts of interest to declare.

Yasuki Kihara has no conflicts of interest to declare.

Atsuko Murashima has no conflicts of interest to declare.

## References

1. Tomizawa Y. Women in surgery: little change in gender equality in Japanese medical societies over the past 3 years. *Surg Today* 2012 doi:10.1007/s00595-012-0447-7
2. Tomizawa Y, Nomura S, Maeda K, Hirata K. Current status of support for female doctors in the specialist medical societies of the Japanese Association of Medical Sciences in 2011: results of a questionnaire survey (in Japanese). *Nihon Geka Gakkai Zasshi*. 2012;113: 322-30.
3. Ozaki M, Hiyama K, Hayano K, Yamamoto N, Bando H, Maeda K, et al. Career development of women fellows of Japanese Society of Internal Medicine (in Japanese). Results of the questionnaire survey. *Nihon Naika Gakkai Zasshi* 2011;100: 2020-31.

## Figure legends

**Fig. 1.** Women in decision-making in the Japanese Society of Internal Medicine (closed circles), its related societies (open circles), and Japan Surgical Society (closed squares). Values represent the ratios of female percentage of directors (A), councilors (B), or committee members (C) to the percentage of female members in each society. Large open circles on the baseline in “A” include 4 related societies with no female directors in both years, as well as the Japanese Society of Internal Medicine and the Japan Surgical Society.

$\frac{(\% \text{ of women in decision making})}{(\% \text{ of women in all members})}$  Ratio in each society

