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GUEST COLUMN

## Guest Column: Condescension over use of 'Dr.' title reeks of misogyny

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**A**s I reviewed the media coverage surrounding Jill Biden's academic achievements and read the related condescending comments urging her to stop using her "Dr." title, I was once again awash with the frustration I have experienced over many years as a nurse with a doctoral degree.

The comments reek of the professional hierarchy, misogyny and paternalism that is evident throughout much of the U.S. health care system, which continues to allow the dominant physician culture to control our nation's health care — despite the fact that it ranks far below comparable countries in terms of quality and cost. We need doctors of nursing, education, ethics, pharmacy and sometimes of ministry, among others, to heal our nation's people and reform our broken health care system.

In 2010, the Institute of Medicine called for a doubling of the number of nurses with doctoral degrees, and nursing rose to the occasion. But as national nursing organizations such as the National Organization of Nurse Practitioner Faculties and the American Association of Colleges of Nursing have called for advanced practice nursing to move to the doctoral level, the battle for the use of the term "doctor" has become more pronounced.

Advanced practice nurses have substantial experience as registered nurses before returning to school for advanced education that prepares them to diagnose and prescribe. They are a critical piece of the health care system — upon which our nation

increasingly relies, as the number of physicians is unable to meet primary care needs — and they offer an unparalleled perspective on patient care.

In the past year alone, a year in which nurses around the globe have been in the fight of their lives to save others, I have battled more than once to defend my colleagues' rights to use their earned titles.

While female representation is growing among physicians, their mentors have instilled in many of them a culture of superiority and paternalistic professional hierarchy. Not six months ago, I, an associate dean at a nationally top-ranked nursing school, was barraged by insults from female physicians who thought that an ad for our doctoral nursing program (“Our nurses are the best doctors around,” it read) somehow diminished the work they had put into achieving their physician roles and their struggle to find their place in the male-dominated physician culture. They insinuated that readers might confuse them, female doctors, with nurses and therefore less than.

Some said things about the difference in knowledge or difference in the number of clinical hours needed to earn the degree, but what they weren't acknowledging is that nurses are very aware that they aren't earning a doctorate in medicine and that they do not design — nor desire — to be physicians. Being a nurse with a doctorate does not mean being an also-ran to physicians; it's not something you do because you can't be a physician. It's a profession of its own, with a unique skill set and expertise in discrete areas such as caring, prevention, wellness, alleviation of suffering, compassion, equity, advocacy and quality.

When looking at the metrics set by the physician community for standard quality health care, nurses fair equally well, if not higher, than their physician counterparts in some instances. Despite this, not a month prior to the advertising issue, I had learned that the medical staff at a hospital in Baltimore had mandated that nurses with a doctoral degree were no longer allowed to use their “Dr.” title in the hospital setting, despite having earned it, because of concern that “it might confuse the patients.” This mandate applied only to nurses, not to other professionals with doctoral degrees. There is absolutely no evidence of confusion among patients impacting quality of care; this is a red herring meant to reinforce the classist system among providers. As

providers, we are taught about and hold up the importance of a basis in evidence. Rather than the use of “doctor” sowing confusion, it should bolster patients’ confidence in the health care team.

In a nation where health care is so inexorably tied to justice, we should advocate for equality: equal rights, equal pay, equal judgment, equal success, and, most importantly, equal ability to use the Dr. title, as earned.

We will not rest. As Dr. Jill Biden said, we will work to build a world where the accomplishments of our daughters will be celebrated rather than diminished. Here’s what I hope: that Dr. Biden’s spouse, President Joseph R. Biden Jr., feels the same.

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