CIRSE's recent Annual Meeting in Barcelona inspired us to sit down with Mercedes Perez, Marta Burrel, Elena Escalante and Marta Barrufet to take a closer look at the high number of women working in IR throughout Spain.

Women Conquering IR – Spain Shows How It's Done



"We like technology and being able to proactively create solutions. We are women of action!" The strong surge of minimally invasive treatments in the past two decades has led to an increasing number of young physicians choosing IR as their specialty. However, this rise has not been reflected in the number of women involved in IR, with only about 12.5% of European and 2% of U.S. interventionalists being female.

Spain seems to be the exception to this phenomenon with 26% of its interventional radiologists being female, and the percentage rising to as much as 40% in Catalonia. We talked to four women working in IR in Barcelona to find out what Spain is doing right on the path to equal gender representation.

Q: Spain has experienced a strong increase of IR procedures in recent years. Do you think this is due to the population being increasingly aware of IR procedures or has the cooperation and referral system between specialties changed?

Mercedes Perez: I think that both factors have been crucial in the increase of IR procedures in recent years. Multidisciplinary teams and work protocols have led to the recognition of our procedures as absolutely valid treatment options alongside more traditional ones. In fact, some of our procedures have been recognised as first-line treatment options by several specialties. Additionally, today's patients are much better informed regarding IR and its procedures, mainly through the internet, which is leading to more and more people specifically asking to receive percutaneous treatment rather than traditional open surgery.

Marta Burrel: I agree. Nevertheless, I think that in Spain, patients still very much rely on their referring physicians. I believe that the increase of IR procedures is mainly due to interdisciplinary work and good communication between the specialties.

Elena Escalante: It is true that in the last two decades IR has been able to exponentially increase its importance in the treatment and clinical handling of patients, but this development is not limited to Spain – it has taken place worldwide. However, in Spain this boom has been so strong

that it has brought us to the brink of "dying of success"; the diversity of procedures and their applications has increased so strongly that the workload of interventional radiologists is often becoming suffocating. Clinicians from other specialties expect fast replies to their queries, continuously increasing the workload in our IR units. At the same time, other specialties have taken advantage of our proactive approach and inventiveness, expropriating IR procedures and even accusing us of intrusion. It is hard for IR to maintain a balance between moving the specialty forward while not losing it to others.

Q: The situation regarding women in the IR work force in Catalonia is quite different from the rest of Spain. Why do you think that is the case?

Marta Burrel: I am not sure why in Catalonia more female physicians are inclined to become IRs, but I think it is the result of several factors. In the 90s and 2000s many women went into radiology and consequently more of them chose to go on into IR. Also, seeing other women work in the field – in the late 80s there were already four female IRs in Barcelona – inspired the next generation and the one after to follow suit, as these young women could see that IR was, in fact, compatible with having a private life.

Mercedes Perez: It probably also has to do with the fact that Catalonia has more specialised hospitals than most other autonomous regions, therefore attracting more physicians wishing to train in a highly sophisticated specialty.



Dr. Elena Escalante (back row, 4th from left) with colleagues from the Bellvitge and Llobregat hospitals.