

TIME

SUBSCRIBE

IDEAS HEALTH

Women Live Longer Than Men—But Not in Medicine

5 MINUTE READ



Photo-Illustration by Chloe Dowling for TIME (Source Images: Ronnie Kaufman—Getty Images, Morsa Images/Getty Images (6), Solskin/Getty Images, Tess_Trunk/Getty Images)

BY **CHRISTOPHER M. WORSHAM** AND **ANUPAM B. JENA** MARCH 7, 2025 10:58 AM EST

Worsham is a critical care physician and professor at Harvard Medical School. He is co-author of *Random Acts of Medicine: The Hidden Forces That Sway Doctors, Impact Patients, and Shape Our Health* and the *Random Acts of Medicine* Substack.

IDEAS

Jena is an economist, physician, and professor at Harvard Medical School and host of the *Freakonomics, MD* podcast. He is co-author of *Random Acts of Medicine: The Hidden Forces That Sway Doctors, Impact Patients, and Shape Our Health* and the *Random Acts of Medicine* Substack.

Everybody knows that women live longer than men—in the U.S., nearly 5.4 years longer. In our new study, however, we and our colleagues found that doctors might be an exception.

Using newly available data linking death records of anonymous Americans to their occupations, we studied mortality rates within our own profession: medicine. While in the general population and in high-income occupations, women have significantly lower mortality than men, we were surprised to find that among doctors, that wasn't the case. In medicine—by this morbid measure, at least—women and men are on an even playing field.

In the overall population, men's higher mortality rates are driven by a few key conditions: unintentional injuries, diabetes, suicide, homicide, heart disease, and more recently, COVID-19. Women, meanwhile, are more likely to die from cancer and Alzheimer's disease—conditions associated with the increased age that women are more likely to reach.

But our analysis found that in medicine, women are missing out on this benefit.

For example, among all workers with high incomes in the U.S., we found that women were 40% less likely to die in a given year than men. But for physicians, there was a statistically insignificant difference between the sexes.

What could explain this mortality puzzle?

Mortality rates are influenced by many different factors, and the data don't point us to a specific cause. Normally, income and education are frequent culprits and good starting points when trying to explain mortality differences between groups. But education and income are largely similar between men and women doctors and therefore can't explain our findings. In addition, in

high-education, high-income professions like law and engineering, women did have lower mortality than men.

Read More: *Why Do Taxi Drivers Have a Lower Risk of Alzheimer's?*

There are other possibilities, however. Mortality has been linked to stress at work and in life. For example, a **study** including more than 68,000 adults in England found that people who reported higher levels of psychological stress tended to die sooner than their peers.

Medicine's stressful work environment could have unique health impacts on women. A **study** by one of us (Jena) and two University of Kansas economists, Lilly Springer and David Slusky, showed that after restrictions on the number of hours resident physicians could work were implemented in 2011, women resident physicians in Texas had better birth outcomes—a finding that was driven by women surgeons, who often have particularly unforgiving schedules and stressful work lives.

Then there are issues of bias—subconscious or overt—in the workplace. Although women now make up **38%** of practicing physicians and more than **half** of U.S. medical students, studies show that they are **promoted** more slowly and **paid** less than men for similar work. Women doctors are also **viewed** as less career-oriented and report high rates of **burnout** and workplace **sexual harassment** from colleagues and patients alike. Women in physician practices comprised of predominantly men also earn **less** than their female peers in practices with more balanced numbers of men and women doctors. Despite these issues, **studies** suggest women achieve similar or better outcomes for their patients.

But many other occupations are more stressful for women than men—yet women in those fields still live longer than the men. What else could be going on?

People's health, of course, is also affected by what happens outside of the workplace. Practicing medicine can be demanding on physicians' time, energy, and wellbeing. The worst of this is during residency, where 80-plus hour work

weeks, 24-plus hour shifts, and difficult on-call schedules are the norm. Although these hours improve after training, some version of this grueling calendar persists over the course of doctors' careers.

Read More: *Why We Can't Rely on Science Alone to Make Public Health Decisions*

At the end of those long days, physicians come home to the same household responsibilities as anyone else— responsibilities that only increase when physicians start a family.

Studies have repeatedly **shown** that women doctors tend to be the ones managing the majority of household responsibilities like grocery shopping, cooking, cleaning, laundry, and childcare – coming home to the so-called “second shift” of work. This is true even in **households** where both spouses work as physicians. In one **study**, 31% of women physicians were married to a physician compared with 17% of men physicians, which may place unique household pressures on women physicians since their spouses are more likely to have similarly demanding occupations.

But again, the “second shift” isn't unique to women in medicine. It's true for women in every profession. There's another possible explanation for our findings—that has nothing to do with women, but instead has to do with men. Both men and women doctors generally have significantly lower mortality rates than other high-income occupations. Perhaps men who are doctors take particularly good care of themselves compared to men in other high-income, high-education occupations.

A different data point in our study suggests, however, that physicians' medical knowledge and access to care may not be enough. We found that physicians who were black women had higher mortality rates than white women in the *general population* – suggesting that the medical knowledge and better access to care that physicians enjoy does not wipe away differences in mortality rates among black women in particular.

Not one of these explanations alone fully explains why women in medicine don't experience the mortality benefit they do in the rest of society, leaving us to presume the explanation lies in some combination of these factors—or others we haven't mentioned or considered. The contributors to mortality are numerous, spanning far beyond gender, occupation, income, education, or race, and the interplay between these factors is complex.

But if the professionals dedicated to helping people live longer, healthier lives are defying broad mortality patterns across the country, we must ask why—even if there's no easy or obvious answer to the question.

MORE MUST-READS FROM TIME

- **Cybersecurity Experts** Are Sounding the Alarm on DOGE
- Meet the **2025 Women of the Year**
- The Harsh Truth About **Disability Inclusion**
- Why Do More **Young Adults Have Cancer?**
- **Colman Domingo** Leads With Radical Love
- How to Get Better at **Doing Things Alone**
- **Michelle Zauner** Stares Down the Darkness

CONTACT US AT LETTERS@TIME.COM

TIME Ideas hosts the world's leading voices, providing commentary on events in news, society, and culture. We welcome outside contributions. Opinions expressed do not necessarily reflect the views of TIME editors.