Pioneers paying it forward

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Most successful individuals in any walk of life, including our own specialty, will acknowledge that at some point in their career they received some assistance from another individual whom they did not know personally. In some instances, this benefactor may have been someone who lent a direct helping hand, but remained anonymous to the beneficiary. In other instances, the benefactor may have been someone who had paved a trail, intended or not, to make the road traveled by others easier to navigate. Women in thoracic surgery do not represent an exception to this general rule, as it would be naïve to believe that the first women to have completed their formal training and practiced thoracic surgery did so entirely by themselves. It is without question that these early women thoracic surgeons were deserving of their success, but at some point along their way they most assuredly were afforded an opportunity on which they capitalized by those who at the time were considered the gatekeepers of our profession. Their individual fortitude and perseverance ultimately earned them the right to be considered pioneering women in thoracic surgery. These pioneers, as well as many others since them, are perfect examples of those who have paved the way for young women surgeons such as Antonoff and Brown to have the platform to describe their career experiences as they have done in this issue of the *Journal*.¹

In many ways, the challenges that Antonoff and Brown describe have less to do with gender than they do with the sacrifices that all of us have made in the course of our careers to “just make things work.” Despite the current kinder and gentler times compared with earlier years, the fact remains that Antonoff and Brown still trained and are practicing in a system that is still in the relatively early stages of evolution with regard to gender equity. Even for many seasoned veterans of both genders, striking the ideal work-life balance remains elusive and is perhaps reflective of a culture in which the downward pressures of work often outweigh the upward pressures demanded by life. For the many men who constitute the majority of the practicing thoracic surgeons, the upward pressures of life are often attenuated by the incredibly capable minds and hands of

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Central Message

Progress in our specialty should bring with it a closer examination of work-life balance and gender equity in thoracic surgery.

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their significant others, who more often than not are female. The fact that Antonoff and Brown describe having maintained some semblance of balance with constraints not experienced by their male counterparts represents a truly admirable feat.

One of the underpinnings of the success of our specialty has been the acceptance of progress. Embracing progress typically has manifested itself in the form of incorporating advances in scientific knowledge, technical skills, and educational reform. A more subtle form of change that perhaps we as a group should move to the forefront is working to establish a greater understanding of how a proper work-life balance should be achieved. Making this issue a priority could be considered to be yet another bold pioneering move made by and on behalf of our discipline. In advance of this effort, it can almost be predictable that one immutable fact about achieving success will be that it will continue to entail sacrifices being made that will affect the work-life balance. Accepting that this balance is a dynamic rather than a static equilibrium, subject to variable forces depending upon different times and circumstances, may be a key to realizing personal success. As evidenced by our specialty, in general, it is abundantly clear that we, as individuals, have demonstrated tremendous capacity to be forward thinking.

By virtue of opening and continuing the discussion regarding work-life balance as it pertains to gender, Antonoff and Brown may be considered modern day pioneers for the current generation of women in thoracic surgery. Given that the number of women in thoracic surgery is increasing, we now owe it to our specialty to

bear the responsibility of understanding and addressing the new demands in the fight for gender equity. In the future, others who will discuss new issues that pertain to the work-life balance in thoracic surgery will incur a debt to young surgeons like Antonoff and Brown. This debt will only be repayable through paying it forward to

future generations just as similar pioneers have done and, undoubtedly, will continue to do.

Reference

1. Antonoff MB, Brown LM. Work/life balance: the female cardiothoracic surgeons' perspective. *J Thorac Cardiovasc Surg*. 2015;150:1416-21.