See Article page 179.

Commentary: Strength, flexibility, and resilience are the keys

Jennifer S. Lawton, MD

Gemmato and Baldwin¹ discuss the challenges of being both cardiac surgeons and parents and highlight the barriers encountered by women cardiac surgeons. They openly detail their experiences and struggles and suggest areas in need of change in our specialty. I comment on their manuscript from the perspective of a cardiac surgeon married to another surgeon (an otolaryngologist) with 2 children.

Dual-surgeon relationships in our field will become more common as more women become cardiothoracic surgeons, although in 2016 estimates were that only 5% of cardiothoracic surgeons were women (3% of adult cardiac, 5% of congenital, and 8% of thoracic surgeons).^{2,3} Other notable surgeon combinations that I have had the privilege of knowing include Dr Alec Patterson (thoracic surgeon, Professor of Surgery, former Chief of Division of Cardiothoracic Surgery, and 90th President of the American Association for Thoracic Surgery) and his wife Dr Susan Mackinnon (plastic surgeon, Professor of Surgery, Chief of Division of Plastic and Reconstructive Surgery, and President of American Association of Plastic Surgeons) and Dr Jennifer Romano (congenital heart surgeon, Associate Professor of Surgery) and her husband Dr Matthew Romano (adult cardiac surgeon, Associate Professor of Surgery). Both couples also have children. Facing the unique challenges of a 2-surgeon family, I have learned that strength (support of one another and persistence despite adversity), flexibility (accept emergent changes), and resiliency (the ability to improvise and make a bad situation better) have helped navigate our unique lives.

Dual-physician relationships are more common among female surgeons compared with male surgeons.⁴ In a survey

Dr Lawton and her husband Dr Grimm fishing for tarpon in Florida.

CENTRAL MESSAGE

A career in cardiothoracic surgery is challenging and rewarding, and things become much more complicated when 2 surgeon partners become parents.

of American College of Surgeons members (335 surgeon + surgeon and 830 surgeon + nonsurgeon physicians), more surgeons partnered with other surgeons noted work-home conflict, greater mean emotional exhaustion scores, and that raising children slowed their career advancement compared with surgeons with nonsurgeon physicians; however, burnout and satisfaction with their time for personal and family life were not different between the 2 groups.⁵ Some of the pros and cons of 2-surgeon relationships are listed in Table 1.^{1,6,7}

Gemmato and Baldwin also emphasize the fact that female and male surgeons are treated differently.^{1,8-10} After 20 years in practice, I am still mistaken for the nurse by patients and staff, and I have been mistaken for the spouse or the industry representative, and not the surgeon, when traveling with my husband to my own cardiothoracic meetings. Referral patterns to female surgeons have been shown to be reduced following a bad outcome, whereas the same is not true for male surgeons.¹¹ Gemmato and Baldwin note lower salary offers to the more senior Gemmato compared with Baldwin.¹ Unfortunately, inequity in compensation in surgical subspecialties has been noted to be roughly \$44,000 less for women than to that of comparable men.¹²

Despite these challenges, women need to be encouraged to enter our field. Unfortunately, in a recent survey of American College of Surgeons members, cardiothoracic surgery

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TABLE 1. Pros and cons of surgeon relationships

Pros	Cons
Unique level of understanding that can only be shared with a fellow surgeon, ¹ ie, “Good luck, that sounds like a hard case” instead of “I can’t believe you are going to miss dinner again”	Life is unpredictable, “organized chaos” ⁶
Dual-income support for domestic help	Career moves are challenging—whose job is more important?
	Call schedules
	Academic productivity may suffer
	Guilt (never a good surgeon or parent)
	Greater risk of infertility ⁷

was the lowest specialty ranked when members were asked which specialty would be the most receptive to women when advising women or men on a career choice.¹³ In addition, 57% of cardiothoracic surgeons would advise only men to pursue a career in cardiothoracic surgery¹³! Fortunately, Gemmato and Baldwin will be their own prospective trial as they progress through their careers in terms of salary offerings, speed of academic promotion, and practice referrals, etc. Hopefully, they will share these experiences to educate us on our implicit biases so that we may combat them.

Cardiothoracic surgery is a tremendously rewarding and satisfying career. To provide a more diverse workforce, we need to embrace and encourage life outside the hospital, model this behavior to our students and residents, and mitigate implicit bias for the future generation. We must tell

them that with strength, flexibility, and resilience, you CAN have it all!

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