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Commentary: Changing times, changing faces

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Our community is changing. Increasing attention has been given to the lack of female representation in cardiothoracic surgery. As with other surgical subspecialties, there are an increasing number of female trainees, although among faculty cardiac surgeons in North America, less than 10% are women.^{1,2} As we go up the clinical echelon, the numbers become abysmally low, with very few female division or department chairs.^{3,4} In the academic sphere, the ratios are worse, with poor female representation among full professors, editorial boards of our journals, principal investigators of clinical trials, and leadership positions in our surgical societies.⁵⁻¹⁰ A similar landscape is evident when we review the proportion of underrepresented minorities in our community, particularly when we consider the intersectionality of sex, race, and other aspects of social identity.

Gemmato and Baldwin's experiences in this issue of the *Journal* highlight some of the challenges faced by young surgeons navigating training in cardiothoracic surgery while starting a family.¹¹ They describe the implicit bias and microaggressions familiar to many in the workplace and offer suggestions to both men and women seeking to balance a fulfilling career with a life outside the hospital.

In our cardiac surgery division at the Toronto General Hospital, University of Toronto, we have 2 female cardiac surgeons (M.O. and J.C.) who specialize in aortic surgery. In addition to reviewing complex cases, having a team approach to aortic emergencies and thoracoabdominal aneurysms, we have been able to support each other through maternity leaves while

(Left to right): Jennifer C.-Y. Chung, MD, MSc, FRCSC, Vivek Rao, MD, PhD, FRCSC, and Maral Ouzounian, MD, PhD, FRCSC

CENTRAL MESSAGE

The cardiothoracic surgery community must embrace the call to increase diversity in our specialty.

building our aortic practices and academic careers. We have found relief from the burden of being the *only* female voice in the division, no longer having to represent 50% of the population with our individual views. Having more than one female cardiac surgeon within the division has instantly “normalized” what was once considered to be an uncommon position. A third female cardiac surgeon is slated to start in July 2021, undoubtedly a rare assembly in any cardiac center. In addition, 4 of 9 surgeons in our division are underrepresented minorities. Although none of us were hired because of our race or gender, having a diverse division strengthens our group, reflects our larger community, and provides better access for medical students, residents, and fellows seeking mentorship.

Awareness of these issues is increasing, and the tide is changing. The year 2020 saw the election of Dr Yolonda Colson as the first female officer of the American Association for Thoracic Surgery at its 100th Annual Scientific meeting.¹² Our current American Association for Thoracic Surgery president, Dr Marc Moon, has put forth a call for action to our community: “Diversity in academic medicine does not occur passively, it requires a concerted effort to change the face of cardiothoracic surgery, both active and continuous.” We are proud that our division embraces diversity, while simultaneously achieving clinical and academic excellence. We urge our colleagues, institutions, and professional societies to embrace the call of Dr Moon to change the faces of cardiothoracic surgery through mentorship and sponsorship of the next generation. We will no doubt all be better for it.

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