stimulate conversations surrounding improvements in the workplace. Furthermore, engagement across faculty inspires empowerment—and feeling heard leads to an improvement in culture.

More than 82% of the women surveyed serve as mentors to other women aspiring to be CHSs.¹ Hence, women have the potential to comprise a significant portion of the future workforce. The time to establish unbiased practices and modify behaviors to create a more accepting and equally balanced surgical society is now. By increasing inclusivity in medicine, we establish uniformly fair promotion practices, compensation, and leadership. By diversifying the health care workforce, providers better represent their patients. And we recruit the best and brightest.

See Article page e513.

Commentary: Of pipelines, ceilings, and monsters

R. D. B. Jaquiss, MD

Most of us negotiate the trials of life by overcoming some measure of self-doubt with a larger element of confidence and positive self-regard. Congenital heart surgeons are quite accomplished in this effort, perhaps even pathologically so. In our high-stakes arena of practice, a positive self-image is empowering in times of challenge, when we must move forward despite obstacles that might seem daunting to others. However, when a critical and negative assessment of ourselves or our performance is produced, it may be devastating. This is particularly true if it confirms intuitions that may have been tamped down and hidden, feelings that we are not quite so wonderful. Thus, after a careful reading of the report by Sinha and

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CENTRAL MESSAGE

Women are systematically excluded from the practice of congenital heart surgery by dissuasion, undercompensation, and the maintenance of a hostile work environment. Change is urgently required.

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colleagues,¹ I am embarrassed and ashamed of my contributions to a status quo that is so clearly unjust and misogynistic.

The study by Sinha and colleagues¹ portrays themes by now familiar to any reader who has not recently emerged from a coma. An important example is the so-called “leaky pipeline.” At the intake of the pipeline is a college graduating class that is at least 50% female. This number declines

at each subsequent assessment point—medical school graduation, surgical residency, cardiothoracic fellowship, congenital cardiac surgery fellowship, and finally active practice. At the end of the pipeline, the percentage of female congenital heart surgeons hovers at or below 10%. Describing the process as leaky is charitable. As an alternative, the process could be described as remarkably efficient and exclusionary systemic sexism.

Another familiar trope is the so-called “glass ceiling” effect, reflected in the observation that for those few women who remain “in the pipeline,” there are limits to the organizational heights that are achievable. An aspirant may be allowed on the team, but she will have virtually no chance to ever become captain (society president, department chair, board chair, etc). This hierarchical constraint almost certainly has an economic correlate. Although the data are not available yet, I am confident that the authors are correct in suggesting that female congenital heart surgeons are paid less for the same work than their male counterparts. This has been true in virtually every type of workplace that has been

examined, and I can think of no reason why it isn’t also true in congenital heart surgery.

What mechanisms create the leaks and reinforce the ceiling? The majority of survey respondents report being actively discouraged from a career in congenital heart surgery. In other words, someone told them they shouldn’t become congenital heart surgeons. More than 60% report experiencing sexual harassment during training and afterwards, most frequently by attending surgeons. In a report packed with dismal information, this last piece of information was for me the most upsetting. That monsters live among us is not news, as exemplified by a seemingly never-ending supply of Cosbys, Cuomos, and Weinsteins. I was naïve to hope there was something special about congenital heart surgery. Our response to this devastating and essential report must be nothing less than transformative action.

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