Commentary: Reality check: Time to address the gender gap

David J. Barron, FRCS(CT)

The article from Sinha and colleagues on gender disparities within congenital heart surgery will come as essential and uncomfortable reading to all of us. The continuing underrepresentation of women in cardiothoracic surgery is an increasing cause for concern, but the underlying and irrefutable evidence of discrimination and sexual harassment within the workplace of today is utterly unacceptable. Critics counter such statements by saying that career progression and promotion is simply merit-based, and no one would argue with that if it were true—but the evidence presented here suggests that female surgeons have entirely equivalent (if not better) training resumes than their male counterparts with identical academic qualifications yet do not have the same career progression—with almost two-thirds of women reporting that this was related to gender discrimination in both promotions and in appointment to positions of national responsibility. The problem is not limited to North America, and a recent European survey revealed almost identical findings, with 67% of female surgeons having experienced gender discrimination in their training and practice.

We should applaud the fact that so many of the female surgeons in congenital heart surgery have had the courage to speak out, and our male-dominated profession needs to take a long hard look in the mirror and recognize the implicit biases that may lie within all of us (Implicit Association Tests are widely available and can be very revealing; I would encourage you to take one). Gender disparities in remuneration are another recurring theme and seem to be just as prevalent in thoracic surgery as in other professions—and, although data on salaries may be more difficult to verify in a questionnaire such as this, the message of a pay gap remains clear. As a more general comment, publishing salary data can be somewhat distasteful, and percentage differences might have conveyed the same message without the gory details—the figures quoted are a reminder of just how well thoracic surgeons are remunerated in the United States compared with most countries around the world.

As a middle-aged White man, I hardly feel best placed to write this commentary, but we do need to look to the leadership within our profession to drive change from the top, to promote fellowships and scholarships for women in thoracic surgery, to encourage professional committees that will scrutinize and monitor gender disparity, and, most importantly, create opportunity and mentorship to encourage more women into the specialty. Individual institutions, division heads, and training programs can also all influence this at a local level. Nevertheless, there has to be some equipoise, since positive discrimination must not be allowed to undermine the fundamental concept that career progression should be based on merit/ability and we should all expect to be treated equally. Improvements in gender equality have been made over recent years, but despite the fact that one-half of all medical students are female, women in thoracic surgery still account for only 20% of the workforce—and in congenital heart surgery, the fraction is only 11%.

The global shift in the promotion of gender equality is likely to drive continuing change, and just as “woke” has become the zeitgeist of our time, we need to strive toward a level playing field and rid ourselves of unconscious (as well as conscious) biases and prejudices. The gender gap has to be addressed, and we all have a role to play in achieving this.
References