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Invited Commentary

Gender equity statements by professional surgical societies- Progress, if slow

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In recent times the issue of gender equity in America has become front line news with the discussion spanning all professions, including surgery.^{1–3} The solution does not appear to simply be to hire more women. Most professionals agree that the topic is one that is complex in nature and has to be evaluated and tackled from many angles. Heisler and colleagues³ recently concluded in their study of gender equity in gynecologic surgery that despite the majority of practicing physicians being female, female surgeons still experienced discrimination and sexual harassment at a high rate, in addition to a wage gap and other professional inequities.

By now the numbers demonstrating gender inequity in surgery are clear. Despite an increasing number of women who are choosing surgery as a career path, gender discrimination remains an issue.^{2–4} Women, regardless of subspecialty, continue to experience impaired career advancement, fewer opportunities in the workplace in general, and of course the almost-ubiquitous wage gap.^{5,6} All of these things lead to a disproportionately higher experience of burnout among women surgeons and trainees.⁶ The importance of these discrepancies becomes particularly apparent as we see the significant positive outcomes for our patients as a result of having diverse workforce.⁷

So the question remains, how do we effectively tackle the problem of gender equity in surgery, with the goal of making it a thing of the past? It is logical to postulate that women in leadership roles in national organization or even public support of gender equity by national organizations would set the stage for improvement in opportunities for female surgeons. In this article, Heisler et al.,⁸ seek to quantify how many professional surgical associations have a statement on gender equity and prevention of discrimination. The authors seem to agree that change comes from the top and that professional societies are well positioned to lead by example. They utilize publicly available statements/policies for each identified subspecialty and evaluate the statements for key words pertaining to or associated with gender equity. They determine that each professional surgical society evaluated did have a statement on gender equity, but using the authors' criteria most statements were deemed inadequate.⁸ This conclusion was mainly based on the fact that in their query there were no specifics in regard to

such topics as pay gap, sexual harassment, lack of advancement; , in other words, most of these statements were too vague. The authors' assessment provides an important "first pass" at understanding how surgical societies are addressing, or failing to address, issues of gender equity. It would be enlightening to see a chronological evaluation of how such statements have changed or not changed over time. Additionally, their argument could be strengthened if there was some evidence or discussion about the implication and effect of those statements on improving gender relations in the surgical field.

While it is understandable why one may think these statements are too vague, in some ways that generality can serve to make them more inclusive. The surgical societies evaluated by this paper are not specific to women surgeons. They encompass all surgeons, so the statements require that their stance on equity, diversity, and inclusion is inclusive of all sexes, genders, race, religion, etc. While Heisler et al.⁸ demonstrate further evidence that gender inequity is an ongoing problem and provide steps forward on how to improve things, their work demonstrates that our work must continue to develop multidimensional solutions to this age-old challenge.

Declaration of competing interest

Dr. Shelby and Dr. Cochran have no relevant conflicts of interest to the content of this commentary.

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