

EDITOR'S MESSAGE

Carving a new path: empowering women in surgery

Sareen Singh, MSc¹

1. Faculty of Medicine, Dalhousie University

For more than two decades, females have represented over half of Canadian medical school graduates¹. Females also accounted for 52% of post-MD trainees in Canada in 2020-2021, with a slightly lower proportion of females (45%) among surgery and surgery subspecialty trainees¹. This gap widens as we ascend the professional ladder. In 2019, females comprised only 30% of surgical specialists across Canada, compared to 43% of all physicians, ranging from a low of 9% in cardiac surgery to a high of 62% in obstetrics and gynecology among the Canadian Resident Matching Service (CaRMS) direct entry programs².

The existing underrepresentation of women in surgery, compounded by the lack of women surgeons in positions of leadership, may dissuade some female medical students from embarking on a surgical career path. In 2021, across the 17 Canadian faculties of medicine, 21% of academic surgeons and 10% of surgical program division heads were female³. Furthermore, among the 40 highest-ranked surgical journals by impact factor in 2022, females made up only 20% of editorial team members and 13% of editors-in-chief⁴. The presence of this glass ceiling might inadvertently prevent female medical students from envisioning a successful career in surgery.

In addition, women who pursue surgical specialties encounter a host of challenges ranging from subtle biases to overt discrimination, including inflexible training options and parental leave policies, being unfairly perceived as less competent or less suitable for surgical careers than their male counterparts, receiving differential treatment from colleagues and patients, and experiencing sexual harassment^{5,6}.

In this issue of the DMJ, we spotlight potential solutions to some of the barriers faced by women in surgery today. The papers and perspectives presented here emerge from a student-led hackathon event with Dalhousie medical students aimed at addressing the question: "How can we better support more women in surgery?" Among the proposed solutions are the provision of on-site childcare services, creating virtual platforms to facilitate networking opportunities between female trainees and surgeons, and implementing job sharing for female surgeons.

This event showcases the potential for transformative change within the surgical sphere and demonstrates

a collective will to address ongoing gender disparities head-on. While considerable work remains to be done to eliminate barriers for women in surgery, it is encouraging to see aspiring female surgeons confronting these issues early in their medical training and moving us forward in a positive direction.

References

1. The Association of Faculties of Medicine of Canada (AFMC). *Canadian Medical Education Statistics 2021*. Ottawa, ON: AFMC, 2021. <https://www.afmc.ca/wp-content/uploads/2023/02/CMES-2021-Complete-EN.pdf>
2. Canadian Medical Association. *Number and percent distribution of physicians by specialty and gender, Canada 2019*. https://www.cma.ca/sites/default/files/2019-11/2019-06-spec-sex_0.pdf
3. Valji RH, Valji Y, Turner SR. Sex and racial diversity in Canadian academic surgery. *Can J Surg*. 2023;66(4):E411-E414.
4. Battisti G, De Cassai A, Capelli G, Navalesi P, Spolverato G. Gender distribution among editorial boards of surgical journals. *Br J Surg*. 2023;110(2):273-274.
5. Ferrari L, et al. Discrimination Toward Women in Surgery: A Systematic Scoping Review. *Ann Surg*. 2022;276(1):1-8.
6. Lim WH, et al. The unspoken reality of gender bias in surgery: A qualitative systematic review. *PLoS One*. 2021;16(2):e0246420.