The long road to gender equity in surgery

Progress must accelerate in the interests of both patients and surgeons

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The issue of gender equity continues to pervade all aspects of medicine and surgery. Despite gender parity among students entering medical school in most western countries, studies have shown that women are less likely to enter surgery, more likely to drop out of surgical training, and less likely to secure a consultant position in a teaching hospital on completion of training.1,3

Gender inequity persists even for female consultant surgeons.4 Studies have shown preferential referral from male doctors to male surgeons, reduced opportunity for promotion to leadership roles, and worse remuneration—all despite female surgeons having equal or possibly better patient outcomes than male surgeons.5,6

In a linked paper (doi:10.1136/bmj-2022-070568), Okoshi and colleagues compared the surgical outcomes of male and female surgeons in Japan after three common procedures (distal gastrectomy, total gastrectomy, and low anterior resection).7 The researchers used the Japanese National Clinical Database, a comprehensive cancer database that captures over 95% of Japan’s cancer case load. The authors found that female surgeons performed only 5% of these procedures and that female surgeons were less likely than male surgeons to gain employment in high volume centres.

Female surgeons were more likely than male surgeons to be assigned high risk patients (those who were malnourished, on long term steroids, or with higher stage disease), but despite this, the researchers found no differences in the rates of death or surgical morbidity between male and female surgeons. Female surgeons were also less likely to use minimally invasive techniques; the authors suggested that this could be due to reduced training opportunities linked to preferential treatment of male trainees and the competing demands of women’s traditional societal roles, including raising a family.

These findings should come as no surprise. Japan has always been a patriarchal society with deeply entrenched traditional gender roles. Despite being a developed and modern country, Japan has done little to improve gender equity.8–10 The gender wage gap in Japan is the second largest of all OECD (Organisation for Economic Cooperation and Development) countries, surpassed only by South Korea.11 Only four years ago, one of Japan’s most prestigious universities was found guilty of tampering with medical school admission scores in favour of male applicants, deepening gender inequity still further.12

Okoshi and colleagues’ study is therefore of fundamental importance. Women in Japan are respectfully challenging the status quo, doing so with data, and demonstrating just how challenging the situation is for female surgeons in that country. Rapid change is needed, in the interest of both clinicians and patients. Continued lack of progress on discrimination that affects half the population is unacceptable. And as demonstrated by this study, despite training inequity, reduced employment opportunities, more frail and challenging patients, the outcomes of patients treated by female surgeons are the same as that of male surgeons. It is crucial that the public in Japan are made aware of these findings and understand that female surgeons are not second class.

The challenges faced by female surgeons in Japan are not unique, and many female surgeons elsewhere have had similar experiences.13–16 Themes that come up repeatedly include unfavourable working environments caused by harassment, concerns about stifled career development, baseless assumptions about female surgeons’ abilities, and the lack of role models.15–16 Combined with inadequate support with family commitments, these inequities eventually cause many to doubt their career choice, and tip talented clinicians towards settling for a different career path.

Change at work, at home and at societal level is necessary to support women in the workforce. Respect and attitudinal change from colleagues will help female surgeons feel more valued at work. Respect and attitudinal change from family members, including sharing domestic responsibilities, will help create a more equal division of responsibilities at home. Policy changes to improve workplace flexibility, innovative hospital based childcare arrangements, and a genuine and inclusive approach to recruitment and career progression are all changes that could lead to a lasting improvement in gender equity in surgery.

Leadership at all levels is crucial to drive change, including commitment from government ministers, professional surgical societies, hospital managers, and departmental leads. Only through broad engagement can national regulations (such as targets or quotas supporting gender equity in recruitment, training, and retention) be combined with local measures (such as codes of conduct, safer workplace practices, and mentoring opportunities).17 Progress in gender equity is long overdue in many countries and hospitals worldwide.

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