Poor female representation at surgical conference

Joy R Rudland

As the Director of the Educational Development and Staff Support at the University of Otago Medical School and also a partner of the female surgical trainee, I noted with interest the programme for the New Zealand Association for General Surgeons (NZAGS) held in March. There were 24 speakers advertised, all men. Of the surgeons, all but one were white.

It is an issue of concern that women were not represented. What we know is that the number of female surgeons in New Zealand is low and that generally females are promoted at a slower rate than male surgeons. The lack of a female presence fails to give young female trainees aspiring role models important for career aspiration or even legitimacy in the profession. The NZRAG conference’s male-dominated presenter list certainly perpetuates the impression that the female is not valued.

Although research indicates that there is a significantly reduced risk of dying after 30 days if treated by a female surgeon as opposed to a male surgeon, female surgeons tend to get a bad deal. Female surgeons in America are paid on average 20% less than their male counterparts and are more harshly judged by male surgeons when mistakes are made with greater long-term effects; men forgive mistakes made by their male but not their female colleagues. In America, 25% of women surgeons are single compared to 6% of men, and 60% of female surgeons have children compared to 92% of men. Seventy-six percent of female surgeons perceive that male surgeons are treated more favourably. None of this seems equitable.

The surgical community needs to acknowledge and perhaps embrace the fact that research has identified differences in the way women and men behave. For example, when under stress women are inclined to ‘tend and befriend’ and ideally with a female peer; the men lean more to the ‘fight and flight’ stress response. Looking at attrition, a recent New Zealand study confirmed global findings that females were twice as likely to consider leaving surgical training as male trainees. Poor lifestyle and lack of support were the main reasons cited but given the other discriminatory practices it may be surprising that the attrition rate is not higher.

I don’t restrict my criticisms to male surgeons. Female surgeons may be as blinkered to discrimination against other women as the most hardened misogynistic man. The need for some women surgeons to be ‘hardcore’ and show masculine traits for legitimacy is sad, but also undermines what women can bring. Women should not need to assimilate themselves into an unwelcoming alien environment. The culture needs to change, not the women, before a truly gender-neutral meritocracy can be established.

I appreciate (in both senses of the word) that there are many wonderful male surgeons leading change to ensure better representation of women with positive actions like the ‘HeforShe movement’. In surgery, it will take these courageous men to make a difference. However, unless organisations like NZAGS feature female surgeons in a meaningful way it is all rather pointless. Perhaps next time when you, as the pale male, are asked to present at a conference, ask about female representation and suggest one of your talented, kind, diligent female colleagues. Conferences such as NZAGS should be striving to promote women in surgery, not minimise their role. This is not just a New Zealand issue; in the UK, women represent 11% of surgeons but 58% of medical students.

While the Royal Australasian College of Surgeons have made laudable inroads into poor behaviour through ‘Operating with Respect’, the line-up of presenters at NZAGS is disrespectful and discriminatory. As a minimum, it may just be lazy falling back on the ‘old boy’ network, at worst it might be deliberate, but I am not prepared to walk past this blatant sexism.

Whakatū Wāhine
Competing interests:
Partner of surgical trainee.

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