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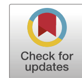
My Thoughts/My Surgical Practice

When excellence is still not enough



Structural and institutional racism has led to a countless number of untimely deaths. The national outcry has been forthright and unanimous. Every major US national medical society has released a well-crafted statement acknowledging that our society has never allowed an "even playing field" for black and brown people in America. The resounding question remains, **What is going to happen when the protests and demonstrations end?** Many of us have seen this before and are wondering, is this it? Will this be the igniting set of events that finally sets into motion meaningful action to improve health care disparities, which includes enhancing diversity of the academic physician workforce?

Black and brown surgeons that chose the life of academic surgery have historically been mindful and consciously respectful of the overwhelmingly Caucasian and male dominant academic surgery system, and to those that have led it. As black and brown academic surgeons have grown increasingly more vocal about the topic, conversations regarding diversity and inclusion (D&I) started as a social justice argument, transitioned to a data heavy rationale to create a surgical workforce more reflective of our US demographic, and has most recently turned to one of "Quality and Excellence". But has any of it "truly" been taken seriously? Remarks such as "at least there is more diversity than there was before" or "things like diversity take time" or my personal favorite "it's a systemic problem and you should focus your attention at the elementary school level to increase the pool of minority candidates", suggests otherwise. We are left to assume that those in power are either not convinced, satisfied with the status quo, or simply refuse to be committed to this cause.

Things have not significantly improved for black and brown physicians and particularly black and brown surgeons, since integration (~1968). There are fewer black males in medical school now than there were in 1978.[1] Faculty representation of black assistant, associate, and full professors within US departments of surgery have either remained unchanged or decreased since 2005.[2] There are fewer black surgery department chairs in 2020 (7) than there were in 2008 (13), and if you remove the three historically black colleges and universities (HBCUs) there are only 4 black surgery department chairs in the entire US.[3] That is just 2.6% of the 154 departments of surgery recognized by the Association of American Medical Colleges (AAMC).[3,4] The top 20 surgery journals ranked by impact factor do not include a single black editor-in-chief. The statistics become even more dismal when one considers the "double negative" for black women. There has yet to be a black woman to chair a department of surgery EVER.[5] This is startling?, disheartening?, "Should be better"?, or more frankly, an absolute travesty!

Both the historic and current academic surgical hierarchy have failed black and brown surgeons. The renowned Dr. Charles Drew once pleaded with black surgeons not to focus on the color barrier, as "**Excellence** of performance will transcend artificial barriers created by man".[6] With all due respect to Dr. Drew and other giants like him that tirelessly attempted to "break through", I'm no longer convinced that sentiment is true. The data is conclusive that D&I in the academic surgical workforce has been given nothing more than lip service on a national level. Literally no measurable improvements have been made in over 20 years, despite >300 articles being published on the issue regarding the lack of black and brown physicians in academic medicine over that time period.

As a black surgeon, having advocated for and published extensively on this topic, I'm honestly running out of D&I arguments. Even the business model has gained little traction. So is all lost? I pray not, but if this topic and real actionable steps will ever be taken, I argue that it MUST be NOW. That action starts at the top. We have all known it, but have been hesitant to openly state it. This specific D&I issue begins and ends with the department of surgery chairs and those that occupy health systems' C-Suites. Yes, the pipeline must be improved, and our country must dedicate more resources at the K-12th grade levels. At the same time, there are more capable, qualified, and worthy black and brown surgeons than the current narrative implies. It is both necessary and entirely possible to recruit and promote more black and brown faculty. Simply recruiting more black and brown medical students, residents and fellows without recruiting and promoting more black and brown faculty is a recipe for isolation and failure, as medical student and resident burnout rates attest.[7] We must do better.

To those chairs and hospital leaders, if you are serious about improving faculty diversity and inclusion, USE YOUR PLATFORM and PRIVILEGE. A mentor of mine stated that a department of surgery chair is the most influential person in an academic health system. Although that may be debated, there is no denying that the chair is the most influential person in an institution's house of surgery. Ask yourself, when is the last time you actively recruited a black or brown surgeon to your faculty (and not just placing an ad on *Blacks in Higher Education's* job board)? When is the last time you proactively checked in with your existing black or brown faculty to ensure that they were on track for promotion? When is the last time you looped in one of your black or brown faculty to a research project, to help bolster their CV? Do you annually assess whether your black and brown faculty are being compensated at an equitable level compared to your majority faculty? Are they receiving the same amount of protected academic time? Do you recognize and grant scholastic credit to faculty for D&I efforts, or simply consider it "service"? When was the last time you endorsed or sponsored a black or brown surgeon when you were made aware of a national or regional committee opening (even if they were from another institution)?

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To the more personal, when is the last time you invited one of your black or brown faculty to your golf course, social club, or made sure that they (and their significant other) sat with you at your table at a holiday event? When is the last time you considered honoring Dr. Martin Luther King, Jr. Day by instructing ALL your faculty that no elective operations or clinics would be scheduled, despite your hospital not respecting it like Labor Day or Memorial Day? When is the last time you called or texted your black or brown faculty member just to let them know that you were thinking of them as national news of yet another lost black life at the hands of overt racism?

For those of you feeling that this is "extreme" …. .it is. It is intentional, maybe a bit uncomfortable at first, is long overdue, and is quite likely the only way we get ourselves out of this 400+ year hole. One thing is for certain, black and brown surgeons cannot fix this themselves regardless of how driven, intelligent, motivated, well trained, technically gifted, and simply **Excellent** they become.

Declaration of competing interest

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Paris D. Butler, MD, MPH
Department of Surgery, Division of Plastic Surgery, University of Pennsylvania Health System, 800 Walnut Street, 19th Floor, Philadelphia, PA, 19104, USA
E-mail addresses: paris.butler@pennmedicine.upenn.edu, paris.butler@uphs.upenn.edu.

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