



Preface



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Editor

Multigenerational, multicultural, multiethnic. These words describe our increasingly global society as well as many of our organizations, colleagues, communities, and patients. “Intentionally Shaping the Future of Otolaryngology” seeks to provide evidence and insight and to provoke critical thought and conversations regarding issues facing the future of our field.

Dr K.J. Lee begins the dialogue with his reflection on being both a physician and an advocate in “Otolaryngologist as a Political Leader?” The arc of Dr Lee’s career spans continents, communities, and presidential candidates. He astutely notes that “as physicians, we serve” and that there are many ways to do so that go beyond patient care. As we think about the future, no one is better equipped to enact the future we envision, and need, than us.

I sincerely applaud and thank Dr Lee for his fearlessness and steadfastness in his eloquent efforts to advocate for patients and physicians. For example, in communications with presidential administrations, he presents key points including that “Health care is a right, a commodity, and a service. We have to balance these three concepts” and that health care reform will struggle to be successful until there is a system in place that rewards “good outcomes rendered with great compassionate care” and “being a good steward of the health care dollar.” Dr Lee also provides a wealth of evidence and perspective to support these calls to action. I also greatly appreciated the honesty woven into this article. The authors note that being a leader and an advocate is often a difficult and frustrating endeavor. Nonetheless, the work must be done; one voice can make a difference.

Dr Sujana Chandrasekhar is no stranger to being that single voice. I first met her at a conference when I was a junior resident. While I had incredible mentors in my residency program, the academic faculty at that time was all male. It was striking for me to see Dr Chandrasekhar meaningfully contribute on panels and ask insightful questions at scientific sessions. Having experienced that “it’s hard to be what you can’t see,” this was the first time I viscerally felt the opposite. It is experiences like this that reinforce the importance of inclusion and representation within our specialty.

In her article “Strengthening Our Societies with Diversity and Inclusion,” Dr Chandrasekhar combines her wealth of experience, including her tenure as president of the American Academy of Otolaryngology–Head and Neck Surgery Foundation, with the available data. She describes her experience in publicly calling out a “manel” or all-male panel at a national meeting in a room filled with equally, or more, qualified women. She also presents data from her review of the gender composition at national conferences of presented papers versus invited presentations and panels. I will let Dr Chandrasekhar’s words speak for themselves, but the data reveal significant room for improvement.

Representation matters, whether it’s physicians in politics and advocacy as Dr Lee’s piece highlights or in professional society membership and engagement as Dr Chandrasekhar illustrates. The ramifications of who we recruit, retain, and engage will shape the future of both medicine and otolaryngology.

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