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Commentary: Gender and opportunity in cardiothoracic surgery

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Events of the past year have highlighted divisions among us. The choice to wear a mask during a global pandemic, an election seen as fairly won by some or stolen by others, and attitudes toward the Black Lives Matter movement are examples. Within our own specialty of cardiothoracic surgery, the drumbeat calling for inclusion and diversity has grown louder despite this global unrest. A burgeoning science has shown that a diverse workforce benefits both patients and providers, and at both individual and organizational levels, there is motivation to repudiate the culture of exclusion that has run deep in our field.

The present state is sobering, with women comprising only 7% of the cardiothoracic surgery workforce. A recent query of the Association of American Medical Colleges database found that 17% of cardiothoracic surgery faculty at academic institutions were women, compared with 27% in surgical specialties overall.¹ The face of cardiothoracic surgeons remains predominantly male, despite the fact that more than one half of the population in the United States is female and more than one third of practicing physicians are female.

The subject is delicate, and individuals will view it through their own unique lens. While some may argue that entrance into our field should be merit-based, there are powerful influences that may open and close doors along the way without specific regard to merit. Moreover, the notion that merit itself can be objectively defined is overly simplistic.

In this issue of the *Journal*, Shemanski and colleagues² find that the visibility of women in major cardiothoracic organizations is low. Between 2015 and 2019, they found that 11.1% of available executive board seats for the Society of

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CENTRAL MESSAGE

Relative to the population, women are underrepresented in cardiothoracic surgery. Promoting a culture of diversity and inclusion will require individual and organizational change in our field.

Thoracic Surgeons (STS), American Association for Thoracic Surgery (AATS), Western Thoracic Surgical Association, and Southern Thoracic Surgical Association were occupied by women. At the annual meetings of these organizations, 13.1% of session leaders were female. The proportion of female session leaders was greatest in general thoracic surgery (23.2%) and lowest in adult cardiac surgery (6.9%). Over that same period of time, membership of women in the AATS and STS was approximately 7%.

The study is a reminder of where we are now, and a call to arms for where we might go in the future. Why shouldn't women comprise a larger percentage of our workforce? In 2019, the Accreditation Council for Graduate Medical Education reported that 24% of cardiothoracic surgery trainees were women,¹ so we should expect a shift toward greater female representation at all levels in our specialty. Our national and regional organizations should foster a culture of inclusion and lead the way for development of objective processes for recruitment, promotions, and merit-based compensation.

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