WOMEN IN SURGERY: POSSIBLE INTERVENTIONS AT MEDICAL SCHOOL?

Dear Sir,

Although it has been established that the total number of women entering surgery is rising, it is at a far lower rate than expected. We provide a perspective to review the factors that have resulted in a differential participation of the genders in surgical specialties.

Surgical careers are still culturally thought of as belonging to the male territory or part of the "old boys" network. Hence, even though women are being recruited into surgical specialties, it is the men who continue to make up a vast majority of the prestigious field, particularly in specialties like orthopaedics, cardiothoracic, plastic and even general surgery. More male medical students consider the income potential in surgery as a career compared to female students. They can thus choose to ignore the negative aspects of the demanding and long surgical residency training. Women have been found to prefer specialties such as paediatrics, psychiatry and family practice, with a very small number pursuing surgical specialties. Lifestyle issues and the prospect of a delay in starting a family for several years appear to be the major factors discouraging female medical students from pursuing surgical careers.

Williams and Cantillon explored the various behavioural attitudes of women which deter them from choosing a career in surgery. They found that most women who did not have very engaging experiences in their medical school surgery clerkships decide against the field even if they were interested in it before the clerkships. Sometimes, the lack of a same gender mentor also led female students to believe that it is impossible for women to survive in the field of surgery. Some female students also found that surgeons fail to connect adequately with their patients at an emotional level.[1] Most female medical students have fallen victim to misinformation when deciding against choosing a surgical specialty. A two-pronged strategy should be adopted here. Another study revealed that 41% of medical students make their career choice during or after the 3rd year of medical school.[2] Hence, both the pre- and post-clerkship female medical students should be targeted separately.

The measures that can be undertaken during pre-clerkship include: (a) Pre-clerkship medical students could be offered participation in surgery interest groups, which may offer suturing labs and operating room exposure; (b) Female surgical consultants and residents could volunteer as advisors or mentors to first- and second-year medical students. According to a study,[3] concerns about debt and the length of training among first-year medical students were significantly reduced after a brief interventional talk by the surgical faculty; and (c) Career awareness or personal development seminars aimed at female medical students and conducted by more female speakers could be arranged.

For clerkship and post-clerkship medical students, the following measures can be untaken: (a) The third year surgery clerkship experience could be improved for female medical students with more consistent exposure and direct involvement of the students with the faculty; (b) Although having a role model is clearly an important factor in a woman's career choice, the role model may not necessarily be of the same gender. Of the women who found role models to be influential in their career choice, 75% of them had male role models. Thus, assigning a suitable mentor from the surgical faculty to each female medical student can do wonders; (c) Students should be made aware of the improvements in the lifestyle of surgical residents, such as the new 80-hour per week legislation passed for residents of all specialties; and (d) Female students should be encouraged to take up more surgical electives to enhance their exposure to the specialty.

Among surgical trainees, training programmes should adhere to the 80-hour per week work limit, which would otherwise discourage new incoming residents. On-campus child care facilities could provide a care-free environment for the married female surgical residents. In addition, family planning advisors can be a good source of guidance for surgical trainees. A mentorship programme involving the hospital administration, surgical faculty and the trainees would also boost sharing of conflicts and/or ideas. Consultant surgeons with medical students training under them should also be aware of the need to encourage female students to get involved. In developing nations, sociocultural barriers may deter women from pursuing a surgical career. Religious and traditional principles may not permit women to pursue a career in their preferred manner. Women are thus more reluctant to study under male instructors on certain subjects such as anatomy. They are also expected to give greater priority to their family. Hence, it is not unusual for women to give up their career for the sake of their family.

The elimination of gender disparity is required in order to provide equal opportunities to the genders and in view of patient preferences as well. Today, the involvement of women in the complete spectra of surgical subspecialties is highly desirable. Once the changing trends and reasons behind change are made clear, and possible interventions are carried out, a drastic drop in gender disparity in surgical careers can then be brought about.

Yours sincerely,

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REFERENCES

1. Williams C, Cantillon P. A surgical career? The views of junior women doctors. Med Educ 2000; 34:602-7.
2. Kozar RA, Lucci A, Miller CC, et al. Brief intervention by surgeons can influence students toward a career in surgery. J Surg Res 2003; 111:166-9.
3. Fysh TH, Thomas G, Ellis H. Who wants to be a surgeon? A study of 300 first year medical students. BMC Med Educ 2007; 7:2.