

When Gender Bias in Surgery is Explicit

While spending my weekend writing a commentary on a study investigating the cumulative effect of gender bias on women surgeons, I find myself weary. I want to feel invigorated by the excellent recent scholarship on this topic, but when I consider the depth and breadth of the problem, and reflect on my own experiences, I get discouraged. And then I get angry.

Almost eleven years ago now, on my very first day as a second-year medical student rotating on my surgery rotation, I was sexually harassed in the operating room. It was bad enough that the attending surgeon, who was there, informed the surgical fellow doing the harassing that the type of speech he was using was called “sexual harassment” and that if he continued, we would all have to go down to Human Resources. I was 23 years old and earlier that morning I had been so incredibly excited to finally be starting on the rotation in the field of my long-standing interest. That fellow was not allowed to round with me for the entire month following that, so I rounded by myself every morning, left handwritten notes and orders to be signed on the chart, and spent most of the time between cases on my own.

Later, as a pregnant third year medical student, I was beginning the process of applying to general surgery. I was rotating at a community family medicine practice when a senior orthopedic surgeon asked me what field I was applying in. When I told him, he put his hand on my seven-months pregnant abdomen and said, “not with that you’re not.” When my husband told one of his mentors that we were both applying to residency and that I was pregnant, his mentor told him to make sure and apply to a field where he could pay off both of our student loans (the implication being that I may not succeed in balancing surgery and motherhood).

Two years after having secured a spot as a general surgery resident at my home institution, when recounting having asked most of the residency coordinators on the interview trail for a refrigerator for me to store my pumped breast milk, my attending shook his head and said, “you are lucky we wanted to keep you here.” He could not believe I had the audacity to try to both continue to feed my son and go on residency interviews at the same time!

I did not fully realize this at the time, but I internalized a lot of this feedback, and the narrative in my head was that I had to prove my worth, to be a good surgical trainee *in spite of being* a mother. I did this so well as an intern that many of my attendings and co-residents did not know I had a son. I mistakenly thought it was strength to never show up late, leave early, or miss a day at work over child-related things, and I created a web of support to accomplish this. When the daycare asked for a list of people who were allowed to pick up my son, I gave them a list that was several pages long. I had a morning nanny in addition to daycare (and later, a second nanny) and spent more on childcare than my take home pay for the entire six years of general surgery training.

When this started to break down for me, however, was when I became pregnant with my daughter as a third-year surgery resident. I was suffering from worse nausea than I had with my son, and was on a busy surgical oncology service doing long cases. I would try to put a stool

nearby in the operating room in case I needed to sit down, but the surgical tech was finding it amusing to take the stool away from me when I went to scrub (an exploration of female tech and nurse passive aggressiveness toward female surgical trainees would need another essay). My junior residents and medical students, who knew how sick I was in the morning, had been watching this play out for weeks. Finally one day as I was putting a stool near the bed, she said, "You know I'm not going to let you have that stool." This prompted an impassioned speech from me that I was pregnant, that I needed the stool, that she would not be taking the stool away from me, and that I was happy to file a formal complaint if that was what it took. My intern and medical students stood by and cheered. So much for keeping my work and family lives separate.

Still, I had timed it perfectly and was going into my research time at around three months pregnant. Then, at my 20-week ultrasound we discovered that this pregnancy was an incredibly complicated one with a rare defect, and that I would be needing fetal surgery, which was later followed by a two month stay in the hospital for me after my membranes ruptured prematurely, and a one month stay in the NICU for my daughter. I suddenly had a lot of time on bedrest to think, and I concluded that I was not doing myself, the women who came after me, or my family any favors by acting as though I did not have a family at work.

When I thought about it, I had received so much support from my program director, my research mentors, the chair of my department (all men). They encouraged me and believed in me, and cared about me and my family. So when it came time to apply for a cardiothoracic surgery fellowship, I decided on full disclosure. I wrote about my daughter in my personal statement. I did not want to be sneaking breast milk into refrigerators again, I wanted to end up at a program that would support me and my choice to have a family.

I wish I could write that my decision to fully disclose went well. But instead, what I found was that at almost every interview, instead of talking about my accomplishments or merits, I was asked how I was going to do a fellowship in cardiothoracic surgery with kids. At one program, I finally had enough after being asked a version of this question by multiple faculty members in a row, and pointed out that the question was confusing, because all of their current (male) fellows had procreated. The surgeon asking the question just laughed and said, "I hadn't thought of that." One interviewer even went so far as to tell me that he did not know of any female cardiothoracic surgeons who "were any good" and when I started listing female cardiothoracic surgeons all over the country, interrupted me to say I was "too pretty to be a surgeon anyway."

In spite of these experiences, I still matched at a fellowship in cardiothoracic surgery, where the chair of the department of surgery and my division chief and program director are well-known advocates for better inclusion in this field who are actively working against bias in surgery. But last year, I was called out of the operating room to a code where a thoracic surgeon was needed, and when I got there and went to introduce myself, I was hushed by the attending running the code. Needless to say, he did not think that I was the thoracic fellow he had called.

Several surgeons have told me they do not understand why there needs to be a Women in Thoracic Surgery Society. My guess is that they have not experienced anything like I have described in this essay. The cumulative effect of years of these kinds of experiences and comments is devastating. Although it is safe to say that many of the women practicing in this field have persevered against gender bias, it is less clear that we are making much headway into addressing it. There have been excellent recommendations, for instance from the Association for Women Surgeons #HeForShe Task Force on reducing implicit bias. But what about explicit bias? Or outright abuse? In a recent study from Hu et al surveying 7,409 residents from all 262 surgical residency programs, 65.1% of female surgery residents reported gender discrimination and 19.9% reported sexual harassment. This is unacceptable, and in the current era, unconscionable. Our sons and daughters deserve better.

References

1. DiBrito SR, Lopez CM, Jones C, Mathur A. Reducing implicit bias: Association of Women Surgeons #HeForShe Task Force Best Practice Recommendations. *J Am Coll Surg.* 2019;228(3):303-309.
2. Hu Y, Ellis RJ, Hewitt DB, et al. Discrimination, Abuse, Harassment, and Burnout in Surgical Residency Training. *N Engl J Med.* 2019;381:1741-1752.