

When Dr Susan Pitt, an endocrine surgeon from Wisconsin, started a campaign **#looklikeasurgeon**¹ last year, an old debate got a makeover. Launched to “support women and diversity in surgery” the campaign aimed to ignite interest. Although “surgeon” isn’t obviously a male term, (such as policeman) for many, there is a perception that a surgeon is a white male. As part of the initiative, Malike Favre was asked to create a cover for the April 2017 edition of the *New Yorker*². The picture is of four masked surgeons painted from the perception of a person on the operating table looking up toward the theatre lights and seeing the team. All are women. The campaign has encouraged surgical teams from around the world to take selfies of themselves and publish them on the internet.

Why is it necessary to challenge the perception of what a surgeon looks like in 2017?

There is some debate about who the first female surgeon was. There is documentation to suggest there were over 100 trained female physicians in ancient Egypt, and the evidence shows that many were involved in teaching and obstetrics. It is not clear whether they were surgeons. However, it is certain that Dr James Barry qualified from Edinburgh in 1812. “He” joined the army and performed many operations in the Napoleonic Wars. Whilst practising he was known as “the beardless one” and was actually Dr Miranda Stewart.

Women have been surgeons for over two centuries.

Five conferences about women in surgery happened last year in the UK and the USA alone. Among the subjects discussed there were recurrent themes covering mentorship, leadership, balance between domestic and work life, family leave, remaining healthy, and coping with stress. Although “burnout” isn’t obviously a female term, the stereotype is that females are more prone to collapse from exhaustion. Taking ownership of the problems, as women, we are complicit in perpetuating the gender bias. Nearly all the issues (with the exception of pregnancy and breast feeding) are to do with a surgical career, not gender.

These issues are not unique to the surgical profession or indeed to medicine. Maya Angelou wrote a poem *Woman Work*³:

*I've got the children to tend
The clothes to mend
The floor to mop
The food to shop
Then the chicken to fry
The baby to dry
I got company to feed
The garden to weed
I've got shirts to press
The tots to dress
The can to be cut
I gotta clean up this hut
Then see about the sick
And the cotton to pick...*

Perhaps we should ask her to write a poem called Man Work.

This issue of the SAJS includes a letter written by Dr Sarah Rayne commenting on the preponderance of white male faces that have been on the cover of the SAJS. Whilst I agree that the SAJS cover should have more diverse images, the pictures reflect significant surgeons in RSA. The fact remains that white males have dominated the surgical profession in this country for many decades and the choice of surgeons depicted on the cover reflects that.

How can we make the surgical profession in RSA more diverse?

Despite the fact that 50% (or more) medical students are women, far fewer actually enter surgical training. In 2011, of the 2 572 registered surgeons in RSA, 5.6% were female⁴. (This number excludes gynaecologists and ophthalmologists). As a subgroup, the percentage of female general surgeons was slightly higher at 7.7%. In the last six years, more female general surgeons have been trained and, at present, of the 1 032 general surgeons registered with the HPCSA, 9.5 % are female⁵. Women are not averse to specialising: over 50% of paediatricians and psychiatrists are female.⁵ Why don't more women specialise in surgery? Liana Roodt (UCT) asked medical students how they perceived a career in surgery: 39% of male students and 50% of female students said they felt surgery was associated with a poor work/life balance⁶.

A similar study was carried out in 2008 in the USA.⁷ Medical students were asked what interventions would make surgery a more attractive career. Several recommendations relevant to South Africa were made. These included adherence to recommended working hours, part time posts, full or part time training options and greater acceptance of parental leave. All would make balancing work and domestic life a lot easier. In 2015 a questionnaire of females in surgical training, practice and medical school in USA revealed that many women faced prejudice. Interestingly, discrimination was from both male and female colleagues.⁸ The primary aim of this and many other surveys was to explore interventions that would encourage more women to become surgeons but we should remember that doesn't necessarily result in cultural or racial diversity. More needs to be done to encourage inclusivity in surgery.

The debate about women in surgery will continue for some time. Rather than seeing it as a gender issue, I think we should look at the topics currently raised under the banner, see them as “surgical career challenges” and expand the discussion to encourage diversity in the profession.

In the meantime, I would encourage surgeons to take selfies of themselves at ASSA and send them to the SAJS and request that we have a SAJS cover devoted to the present generation of surgeons. **#ASSAlooklikeasurgeon**

Dr Jenny Edge

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