**Topic**: *"Is seeking gender equality in surgery enough, or should we seek equity?"*
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***Introduction***

This year, I have finally finished medical school, making up one of the 50% female graduates since 2003 (1, 2). Unfortunately, someone like me is less likely to get into or finish a surgical training program. Only 35% of surgical residents are female, 20% are practising specialists, and 7.3% are full professors (3). Gender parity is estimated only to be achieved in 2096 (3), raising the issue of equal gender representation and diversification in surgery.

Before delving into this crux, it is essential to note the subtle differences between gender equality and equity. Equality aims to provide equal treatment and access to resources. In contrast, equity acknowledges that inherent barriers for specific groups must be addressed to ensure they have the same opportunities as everyone else (4). Understanding the heart of this issue requires an exploration into the history, the core values and the interplay of external factors that play a role in the perception of what it takes to be a surgeon. Only once we understand the barriers to women in surgery can we make a step towards equity.

***The conflicting role of a woman and a surgeon***

Historically, the notion of being a woman has equated to the lack of male traits, also known as the 'women as a deficit' concept (5). The very existence of this does not consider that women are inherently different, creating the harmful assumption that the skills offered are less valuable and need to be corrected. Our current perception of a surgeon is fixated upon male-dominant traits, where the surgeon is tough, tireless, technically skilled, uncompromising, and devoted to their work, with little time for their personal life (5, 6). On the other hand, women are typically viewed as caring, nurturing and family-orientated, the polarising opposite (7, 8, 9). A study by Salles et al. (10) explored the idea of implicit gender bias in the perception of men and women in certain specialities. The findings show that surgeons tend to associate men with surgery in the surgical field and women with family medicine. This creates a dichotomy whereby women who adapt to fit into the image of a surgeon are challenged as it conflicts with their expected role in society.

These subconscious gender biases continue to affect women's perception and self-evaluation in all stages of their medical careers. Despite equal objective performance scores, women are likelier to report lower confidence in their skills (8, 10, 11, 12, 13, 14). A similar trend is seen among instructors, who often evaluate female students as less confident despite their actual technical performance (8). The challenges women face during surgical training contribute to this lack of confidence and play a role in the misconception that women do not make as good of a surgeon. Women face multiple hurdles throughout surgical training, with up to 66.7% experiencing discrimination in the surgical workplace (15). Surgery is a victim of this, with numerous reports of a hostile work environment, sexual harassment, and a lack of role models and support throughout pregnancy and motherhood (3, 14, 15). What exacerbates this problem is the perception that speaking out may compromise their career advancement, and the pathway many women choose instead is leaving surgical training.

***Equality versus equity***

The current mainstay strategy to overcome these issues is increasing gender representation to create a sense of gender equality, but is this the best approach? Obstetrics/gynaecology is a female-dominated subspecialty, where approximately 58.9% of practising specialists are women (1). Despite the high representation, gender inequities persist. As detailed by Heisler et al. (1), woman obstetricians/gynaecologists were four times more likely to note the reinforcement of gender stereotypes as part of their everyday work. This subspecialty is also subjected to occupation segregation, where the

increasing presence of women correlates to a decline in status and salary (1, 6). In 2021, obstetrics and gynaecology were the lowest-paying surgical sub-speciality.

Furthermore, leadership positions remain dominated by males, with only five of the seventy presidents of the American College of Obstetrics and Gynaecology being women as of 2020 (1). This approach also assumes that women cannot be perpetrators, which is misleading. As Lim et al. (15) described, some female surgeons may subject juniors to the same level of hardship, either to teach through 'tough love' or through acceptance that this is what it takes to be a surgeon when it does not have to be the case.

Gender equality marks the first step towards equity, though, unlike the latter, it does not consider that not every individual begins from the same starting point. The combination of external influences and our perception plays a role in the challenges women in surgery face. Through the seeking of equity, we can identify the issues preventing women from career advancement in the surgical field and create strategies to address this. This involves a complex, multi-pronged approach at all levels. Ultimately, we need to work towards reconstructing the surgery concept and what it takes to be a surgeon, dismantling the deeply rooted belief that surgery is incompatible with women and families (2). Steps to achieving this include recognising our subconscious gender bias, promoting quality mentorship, equal pay, a supportive work environment and finding additional ways to support women through pregnancy, maternity leave, and the transition back to work (2, 6, 8).

**Conclusion**

It is unfortunate to say that in 2022, gender representation and diversity remain deeply rooted issues. There continue to be obstacles for a woman pursuing surgery, and it is only when we fully accept that the existence of these barriers can we create strategies towards gender equity. This will not be easy and require changes at all levels, though I hope that one day, women like me can freely aspire to become a surgeon without worrying about the potential sequelae of my choices.

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