Letters

COMMENT & RESPONSE

Training in Surgery

To the Editor I read with much interest the article by Myers et al, "Effects of Gender Bias and Stereotypes in Surgical Training."¹ In this multicenter, prospective randomized study, the authors report a pro-male gender bias in surgical training, which was significantly associated with higher career engagement among men. They conclude that perception of pro-male bias and gender stereotypes may influence career engagement and skill performance among surgical trainees. This excellent study poses several questions. Inevitably, a gender bias exists in surgical training, and we should find the reasons for such a bias if we wish to eliminate it. Surgical residency directors, consciously or not, are looking primarily to facilitate their job by looking at more easily trainable individuals. The traditional schema that describes a male surgeon, with the hidden, often unrecognized support of his wife, gives a sense of reliability and security for teaching surgeons, and they will show this concept in daily teaching, more often unconsciously. Academic surgery has faced the challenges of continuous changes, which have been imposed more often by industries. New ideas, from minimal invasive surgery to new diagnostic tools, have been developed and supported by industries. Industries have efficient organizational systems in hiring individuals, looking at their overall capabilities. The number of female researchers in industries is much higher than in academic surgery. The efficient recruitment of valid individuals by industries will determine what we are already seeing: industries will

take over the development of surgery. University academic centers will be relegated to the side, with the mere role to prove what industries have made, just to have data to support approval by national committees.

It is difficult to change this status quo. We should be sincere and be ready to admit that pro-male gender bias is present at all levels in surgical training, both clinical and academic. It is fundamental that all residency programs have an independent assistance to help all trainees, independently from their gender, to find the right personal and psychologic balance during the delicate training period. This balance will allow us to train better academic and nonacademic surgeons, be able to make the most appropriate clinical choices, and have the most brilliant ideas and intuitions.

In choosing this romantic, passionate job, we surgeons remain artists and dreamers. This is and always will be our strength. To have dreams requires a solid psychological balance, and it is the due of the teaching system to help trainees to find this balance.

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1. Myers SP, Dasari M, Brown JB, et al. Effects of gender bias and stereotypes in surgical training: a randomized clinical trial. *JAMA Surg.* 2020;155(7):552-560. doi:[10.1001/jamasurg.2020.1127](https://doi.org/10.1001/jamasurg.2020.1127)