Equality Promotes Wellness

Sujana S. Chandrasekhar, MD

No sponsorships or competing interests have been disclosed for this article.

Abstract

Women otolaryngologists face issues that interfere with their wellness on a regular basis. Over the course of my career—in positions of leadership in academic practice and at the Academy’s Board of Governors and Women in Otolaryngology Section and as past president of the AAO-HNS/F—I have had experiences and observations that I feel can help move the needle forward on these very important conversations.

Keywords

women, wellness, promotion, pay, gender equity, panels, moderators, #nomoremanels

Received January 1, 2018; revised January 16, 2018; accepted January 30, 2018.

Once upon a time in the United States, doctors and especially surgeons were nearly universally male and white. They were unquestioned. Their orders were followed. Their knowledge base was second to none, and their advice was taken nearly as gospel. While the doctor was busy at work, his wife was presumably single-handedly raising the children and running the house. We have all had professors whose desire was to keep working and just drop dead one day in the operating room. Such was either their dedication to their work or their disconnect from their families—or both.

What happened? Parallel to changes in society in general, changes occurred within the walls of the medical institutions. Women and people of color (POC) entered. Later on, openly nonheterosexual people entered. Biological imperatives of childbearing entered the discussion. Interpersonal power structures changed with, for example, female surgeons giving orders to female or male nurses. With the explosion of information available on the internet, patients grew comfortable second-guessing medical advice. Extra time and effort were needed to engage in shared decision making. The cost of education skyrocketed, and physician reimbursement declined, adding financial stress to the other intellectual and emotional stressors of being a young physician.

When I applied to residency programs in 1985, I was told straight up by more than one program that “we already picked the girl”—meaning that I was being considered for only 1 of the 4 spots, and that was taken. I could not even count how many times I was told, well meaningly, that “girls shouldn’t do surgery.” That has changed over time, with about 40% of otolaryngology residency spots now occupied by women. But look at the gender makeup of senior faculty and chairs, and you will see that the glass ceiling has not disappeared. The same is true but worse for POC otolaryngologists, male or female, and for LGBTQ otolaryngologists (ie, lesbian, gay, bisexual, transgender, queer/questioning). Women physicians are paid 20% to 25% less than are men; this is even worse for women physicians of color.

Excuses are given that women do not publish enough, do not see enough patients, or are on a “mommy track,” even though they are working full-time, mentoring students and residents, and usually doing the “softer,” less prestigious committee and departmental work, rather than more highly regarded and highly rewarded research projects. The data show that women may have fewer publications early in their careers, while they are having babies and assuming a large portion of the nurturing burden—both at home and at work—but their academic productivity catches up and surpasses their male colleagues later on. The data also show pervasive pay disparity despite accounting for clinical productivity. Some authors have even gone so far as to suggest, without evidence, that the current US physician shortage is partly the result of women otolaryngologists not working enough; that misapprehension persists despite published evidence to the contrary.

Men who leave work to attend a child’s game after school are lauded; women who do the same are derided as not being committed to their careers and patients. Women who choose to not have a partner and/or children are pitied, while women surgeons with children are accused of

1New York Otology, New York, New York, USA
2Zucker School of Medicine at Hofstra-Northwell, Hempstead, New York, USA
3Icahn School of Medicine at Mount Sinai, New York, New York, USA

Corresponding Author:
Sujana S. Chandrasekhar, MD, New York Otology, 210 East 64th Street, 3rd Floor, New York, NY 10065, USA.
Email: ssc@nyotology.com
abandoning them for their careers. Men are not judged on their personal lives.

For 25 years, I have shared my concerns on evaluation forms and in planning committee meetings about the lack of women and POC as moderators and panelists. If you never see someone who looks sort of like you at the helm, then you are unlikely to picture yourself up there. When we subliminally encourage people to opt themselves out, that squanders enormous opportunity for our profession. When women and POC are not given chances at the podium, they are not recognized as thought leaders, and other funding sources become unavailable to them as well. However, when we overtly promote participation, it makes our specialty stronger.

The social media movement #nomoremanels is positively affecting our field. A “manel” is a men-only panel of experts or participants, and that hashtag is used to decry the exclusion of women (as well as POC). As a brand-new Board of Directors initiative, submissions for science at the AAO-HNS/F Annual Meeting will now include boxes for indicating whether a woman and/or underrepresented minority is on the panel. Our sister societies are contemplating similar changes in their programs. This is slowly trickling down to otolaryngology departments.

The business world has shown us that diverse groups not only are good for morale and for ideas but are better economically. Now is the time for us to continue to act, to pay and promote people fairly, and to provide platforms for all otolaryngologists to share their ideas and their work. This, to me, will enable wellness.

**Author Contributions**

Sujana S. Chandrasekhar, conception, design, writing, final approval.

**Disclosures**

**Competing interests:** None.

**Sponsorships:** None.

**Funding source:** None.

**References**