

Invited Commentary

Sex Diversity in Ophthalmology Leadership in 2020—A Call for Action

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It is 2020—a special year for ophthalmologists and an appropriate time to reflect on the state of our field. In this issue of *JAMA Ophthalmology*, Camacci and colleagues¹ highlight yet another area where women lag behind men in ophthalmology.

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Evaluating the sex composition of 15 ophthalmology societies and 20 ophthalmic journals, the authors found that approximately one-quarter of the members of society and editorial boards were women, which seems reasonable when one considers that women make up approximately one-quarter of practicing ophthalmologists in the US. However, a completely different picture emerged for the leadership positions. Only 2 of 15 society presidents (13.3%) were women in 2018, and only 1 of the 20 journals (4.2%) included had a female editor in chief during the time of this study. Granted, these data might change, depending on the societies included and the year the data were acquired, but still, it is clear that there is room for improvement.

Within the last few months, *JAMA Ophthalmology* has published several other relevant articles that address the status of women in ophthalmology. In September 2019, Gong and colleagues² reported that female ophthalmology residents do fewer surgeries than their male counterparts. In November 2019, Kramer et al³ evaluated the sex distribution in research authorship, finding that women accounted for 34.9% of all authors but only 27.1% of senior authors. A recent study⁴ demonstrated an increase in women on academic faculties, now about one-third of the total number, from about one-quarter earlier in the millennium. However, the bulk of this increase has been at the assistant professor level. Indeed, only about one-quarter of professors are women.

The situation is not better at the department chair level, although we have seen a dramatic increase in the number of women chairs over the last 5 years. When I became a chair in 2015, there were only 5 seated women chairs of academic ophthalmology departments. At the last Association of University Professors of Ophthalmology meeting in January 2019, I counted 20. Despite this exponential growth, fewer than 20% of department chairs are women in 2020.

What about the status of trainees? This is a somewhat brighter picture in terms of numbers, at least, with women making up about 40% of ophthalmology residents in recent years and about half of all medical students. However, not only do we have the issue of potentially unequal surgical volumes among male and female ophthalmology residents² but also the possibility that there is a difference in the words we use to write medical student recommendations,⁵ with women receiving fewer authentic words (eg, *honesty* or stories based on real experiences) and more feel words (such as *touch* or *feels*). Do we do either of these things consciously? Of course not, but the data do support implicit bias even before the start of a young

ophthalmologist's training. One can imagine the effect of multiple such small cuts across a career.

Why do these inequities persist? This is a complex topic, beyond simply a lack of qualified women or failure to consider including women. A few personal experiences will illustrate some of the challenges. Recently, I was involved in the search for a journal editor in chief. The chosen candidate, a man, sought to add women as senior editors. Almost all of the women he approached turned down the position. All cited various valid family reasons—aging parents in unstable health, children in the thick of the college application process, grown children who had returned to the nest with children of their own. Similarly, I recently participated in the search for a chair of another department at the University of Chicago, where I remain the first and only woman chair of a clinical department. We spoke to many women, all of whom were either current chairs (and uninterested in making a lateral move) or not willing to consider moving because of the effects on their families. So, despite our best efforts, sometimes there simply are not women who have bandwidth to assume the responsibilities of a leadership position. How to remedy this situation is beyond the scope of this piece but does warrant further analysis and action if we are to make strides in reaching sex parity.

What steps can be taken to improve this situation? First and foremost, sex parity needs to be raised over and over again until we break through unconscious bias. A relevant example from last year may illustrate the ah-ha moment that can occur when awareness is raised. At a meeting I attended, a session was full of thought-provoking talks given by experts in the field, all of whom were men. That evening, I encountered a male leader. I commented positively on the quality of the session but mentioned the absence of women among the speakers. The message may have hit home. Some time later, this man followed Dr Francis Collins⁶ in saying that he would no longer participate in all-male panels (so-called manels). On a personal level, as a woman leader in ophthalmology, I am very grateful for this leadership by example. However, it is clear that not everyone is attuned to this issue. Not 1 hour after I received the invitation to write this Invited Commentary, I received another email from an organization whose annual meeting I attend and enjoy, asking for submissions for a shark tank-type event at the upcoming meeting where a panel of experts would provide feedback on the submissions. The judges were 5 men. Were women asked and declined? Of course, this is possible, but what message does it send to the younger meeting attendees, the future of our field, to have only men judging the submissions? Therefore, I give a plea to leaders of societies, journals, and departments: keep sex parity in mind when planning meetings, inviting speakers, giving awards, and appointing committee members. There is no justification for manels in 2020. If there are no appropriate women, do not just

stop there and say, “We tried, and there just are no women who can do this job.” Do something different to make sure that there are eligible women in the future. Our field is stronger when all of our members feel empowered to contribute. None of us has all the answers, and our different perspectives help us see a more complete picture together.

Being an ophthalmologist is a great privilege. On a daily basis, we restore vision, a treasured special sense. We owe it to patients to make our field as strong as it can be, and diversity is an essential component. We have come a long way, but we are not there yet. It is up to each of us to strive for sex parity. The future of our field depends on it.

ARTICLE INFORMATION

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