

## Gender equality in medicine: change is coming

2019 saw a welcome—and overdue—flurry of activity around gender equality in medicine. Notable advances included the publication of *The Lancet's* themed issue on advancing women in science, medicine, and global health and the launch of Time's Up Healthcare, the aims of which include uniting health-care workers against harassment and inequality. Progress was also made in gastroenterology and hepatology, with the American College of Gastroenterology launching the #DiversityinGI social media campaign to promote inclusion in gastroenterology, and the publication of EASL's equality, diversity, and inclusion policy statement.

Evidence has been mounting in recent years that a lack of gender balance can have wide-reaching negative consequences. In 2018, Christine Lagarde, at the time Chairman of the International Monetary Fund, wrote that the male domination of the banking industry had made the global financial crisis more likely, noting "if it had been Lehman Sisters rather than Lehman Brothers, the world might well look a lot different today". A 2017 report from Morgan Stanley looked at the effect of gender diversity on businesses, and concluded that "more gender diversity, particularly in corporate settings, can translate to increased productivity, greater innovation, better decision-making".

The field of medicine is no different. There are strong ethical arguments supporting gender equality in medicine, but research has also shown that gender balance in the clinical workforce can affect patient outcomes. For example, a 2018 study showed that female patients with acute myocardial infarction had higher mortality when treated by a male doctor than when treated by a female doctor, an effect that was attenuated when the male doctors had more female colleagues and patients. Furthermore, many patients prefer to be treated by a doctor of a particular gender; for example, research has shown that female patients scheduled for a colonoscopy tend to prefer a female endoscopist. Gender balance in the clinical workforce could therefore be an important element of access to care. And it is not just patient outcomes that are affected by gender inequality; a recent article in *Gastrointestinal Endoscopy* noted that a lack of interaction between industry representatives and female practitioners means that equipment, such

as endoscopic devices, is not designed for women's relatively smaller hands, and that this might explain some of the increased musculoskeletal injuries among female practitioners compared with their male colleagues.

The case for gender equality in the gastroenterology and hepatology workforce is compelling, yet progress has been slow. A Comment in this issue of the journal by Keerthana Kesavarapu and colleagues highlights the situation in the USA. They note that less than 15% of practising gastroenterologists in the country are female; that women in gastroenterology are less likely to hold institutional or national leadership positions; and that they are significantly less likely than their male colleagues to own their own practice. Women doctors attend national conferences less frequently than their male colleagues, with childcare commitments often cited as a barrier. These issues are by no means unique to the USA, and exist to some extent the world over.

In recognition of the importance of gender balance in all areas of health and medicine, editors of *The Lancet* group of journals recently made a public commitment to promoting gender equity and diversity. The pledge expresses our commitment to increasing the representation of women and colleagues from low-income and middle-income countries among our editorial advisers, peer reviewers, and authors. It also includes a pledge that our editors will not serve as panellists at public conferences or events when there are no women on the panel. We at *The Lancet Gastroenterology & Hepatology* are pleased to note that our International Advisory Board has a 50–50 gender split. We have also been striving for some time to ensure gender balance and diversity in the experts we invite to participate in our peer review process, and among authors.

The reasons behind continued gender inequality in medicine are numerous and complex, and extend from medical schools, hospitals, and clinics, to all aspects of society. The scale of the problem can sometimes feel overwhelming, but societal change can be achieved through a series of small steps made by individuals and institutions in pursuit of a better world. The editors of *The Lancet Gastroenterology & Hepatology* will do all within our power to promote gender balance and diversity in all aspects of our work.

■ *The Lancet Gastroenterology & Hepatology*



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For more on **Time's Up Healthcare** see [www.timesuphealthcare.org](http://www.timesuphealthcare.org)

For more on **#DiversityinGI** see <https://gi.org/2019/06/27/diversityingi-acgs-new-social-media-campaign/>

For the **EASL policy statement** see <https://easl.eu/wp-content/uploads/2019/09/EASL-Equality-and-Diversity-policy-statement.pdf>

For **Christine Lagarde's comments on women in the financial sector** see <https://www.theguardian.com/business/2018/sep/05/if-it-was-lehman-sisters-it-would-be-a-different-world-christine-lagarde>

For the **Morgan Stanley report** see <https://www.morganstanley.com/ideas/gender-diversity-investor-guide>

For the **study of acute myocardial infarction** see *Proc Natl Acad Sci USA* 2018; **115**: 8569–74

For more on the **effect of gender balance in the clinical workforce on patient outcomes** see *Lancet* 2019; **393**: 560–69

For more on **women's preference for female endoscopists** see *Gastrointestinal Endoscopy* 2002; **56**: 308–09

For more on the **interaction between industry and female practitioners** see *Gastrointestinal Endoscopy* 2019; published online Aug 30. DOI:10.1016/j.gie.2019.08.039

For the **Comment** by Keerthana Kesavarapu and colleagues see page 898

For the **Lancet Diversity Pledge** see *Comment Lancet* 2019 **394**: 452–53