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#ILookLikeASurgeon: embracing diversity to improve patient outcomes.

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VIEWS AND REVIEWS

#ILookLikeASurgeon: embracing diversity to improve patient outcomes

The stereotype of the arrogant, white, male surgeon is a barrier to professionals

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Over the two years since it began¹ #ILookLikeASurgeon, an online campaign celebrating women in surgery, has been included in over 150 000 tweets by over 35 000 users, making nearly a billion impressions.² More importantly, it has brought focus to issues that women and minorities have long understood: the arrogant, white, male surgeon stereotype is a barrier to surgical professionals, and those not fitting this dated mould are less likely to be recognised as part of our distinguished field. Participants using this hashtag have acknowledged both the need to change the image of surgeons, and that there must be no singular image—that the appearance, motivations, and behaviours of surgeons are as varied as humanity. From the single surgeon dad³ to the launch of Women in Surgery Africa,⁴ diversity has been recognised and applauded, and a new global community has emerged.

This movement has evolved to include more specific calls for action. Caprice Greenberg's 2017 presidential address to the Association for Academic Surgeons cited #ILookLikeASurgeon, but also reported on the discrimination and inequality perpetuated by unconscious bias against women.⁵ Around the same time, the online community took aim at the *Annals of Surgery* for publishing an editorial with a title that asked whether a modern surgeon was still “a master of his trade.” The subsequent controversy resulted in a retraction and re-publication with more gender inclusive text.

Against this backdrop, a recent study has demonstrated slightly superior outcomes for patients treated by female surgeons.⁶ The authors posit multiple possible explanations including that the barriers women face in the surgical workforce result in a higher bar. In other words, women surgeons must do everything men surgeons do “backwards and in high heels” or, as Charlotte Whitten said, “whatever women do, they must do twice as well as men to be thought half as good.”

Even in the absence of double standards for survival and career success, it behoves the surgical community to recognise that women and minorities are not merely as good as the

stereotypical surgeon, but have overcome more adversity with fewer opportunities. Well intended comments such as “we're all surgeons” or “only quality matters” dismiss differences and can render barriers invisible.⁵ Recognition that coming from different backgrounds and experiencing different challenges may create varied skills and behaviours allows diversity to benefit patients.

The authors of the study also recognise that women excel in some areas more typically difficult for their male counterparts, including communication, collaboration, and patient centeredness.⁷ Perhaps male surgeons should attempt to be more like their colleagues who have better outcomes, to reclaim parts of themselves that their training and societal expectations may have suppressed.

For the generation of surgeons that have supported and promoted #ILookLikeASurgeon, the hashtag underlines the need to create a new surgeon “ideal”—not one that tries to make all surgeons like women, or indeed like a single image, but instead recognises the need for many images. This celebration, recognition, and support of diversity in surgery is just the beginning. As those who are underrepresented increase in number, allies must simultaneously recognise unconscious, implicit, and systemic biases and barriers, and work towards their elimination. We must continue to progress, in terms of characteristics and experiences that lead to better outcomes, and to improve outcomes for all surgeons.

How can we use the study results to improve patient outcomes? In addition to further research to find the underlying characteristics that lead to improved outcomes among women, we recommend increased efforts to recruit and retain women in surgery. Placing decreased emphasis on a singular ideal surgical personality and greater emphasis on the unique contributions that come from surgeons with varied backgrounds and personalities would likely increase recruitment and retention of women, while also improving patient outcomes.

HL is the founder of the #ILookLikeASurgeon movement. She is on Twitter @LoggheMD. CJ is on Twitter @jonessurgery. AM was the first surgeon to share an #ILookLikeASurgeon selfie after the initial idea was proposed. She is on Twitter @alison_doc. EF is on Twitter @DrEdFitzgerald

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