



## Because it's 2018: women in Canadian anesthesiology

Miriam Mottiar, MD, MHSc, FRCPC<sup>✉</sup>

Received: 13 March 2018 / Revised: 22 March 2018 / Accepted: 24 March 2018 / Published online: 30 April 2018  
© Canadian Anesthesiologists' Society 2018

### To the Editor,

The Canadian Anesthesiologists' Society (CAS) Honour Award recipients for 2018 were announced on 8 March, International Women's Day. The recipients are all extremely deserving of recognition and they all have a clear history of impressive accomplishments. They all have something else in common: their gender. Each award recipient is a man.

Upon closer inspection of past Honour Award recipients, it becomes clear that an overwhelming majority of the recipients have been men. The Research Recognition award has been handed out 25 times and has been won by five (20%) women. A woman has won the Clinical Teacher award four (24%) times in 17 years. The John Bradley Young Educator Award, awarded 12 times since its inception, has never been won by a woman. The Clinical Practitioner Award has been given out 13 times, also never once to a woman. The CAS's prestigious Gold Medal, given in recognition of excellence in matters related to anesthesia, has been given to only four (7%) women in the 54 times since it was first awarded in 1962. That said, since the award was first given to a woman (Dr. Angela Enright) in 2003, four (20%) women have received the Gold Medal.

Are these numbers representative of the current gender distribution of anesthesiologists in Canada? They are not. In 2016, 32% of practicing anesthesiologists<sup>1</sup> and 40% of

anesthesiology residents<sup>2</sup> were women. The representation of women does vary by age (Table), but even if we assume that only older anesthesiologists can win these awards because they have had time to accrue the accomplishments to render them competitive candidates, only the Clinical Teacher award and the Gold Medal (since 2003) have a success rate for women that approaches the rate we would expect if women were proportionally represented.

The reasons behind this lack of proportional representation in award winners are likely complex. Fundamentally, however, women are either not being nominated or are being nominated but are not being selected as award recipients. Canadian anesthesiologists should examine whether factors such as implicit bias, gender disparity in the awards committee composition, gender-specific award criteria, and the nomination process itself might account for the under-representation of women among award winners.<sup>3</sup>

Since 1999, women have made up more than 50% of entrants to medical schools in Canada.<sup>4</sup> Nevertheless, in the 20 years since women achieved parity in medical education, women in medicine are still not receiving proportional recognition and do not hold a representative share of leadership positions. In 2018, only two (12%) of

**Table** Age distribution of female Canadian anesthesiologists

Age (yr)	Practicing female anesthesiologists in 2016 (%)
≥ 65	22
55-64	25
45-54	30
35-44	41
≤ 34	54%

This letter is accompanied by a reply. Please see Can J Anesth 2018; 65: this issue.

M. Mottiar, MD, MHSc, FRCPC (✉)  
Division of Palliative Medicine, Department of Anesthesiology & Pain Medicine, Department of Medicine, The Ottawa Hospital, University of Ottawa, Ottawa, ON, Canada  
e-mail: mmottiar@toh.on.ca; mmottiar@toh.ca

the 17 academic departments of anesthesiology in Canada have female chairs. Female trainees in anesthesiology are not being incorporated into a profession that recognizes or advances women in numbers that proportionately reflect their presence.

To improve the recognition of the contributions that women are already making to anesthesiology, both women and men must make a conscious effort to promote worthy female colleagues for leadership positions and to nominate them for awards. We must all recognize the potential for unconscious gender biases and strive to move beyond them. Those already in leadership positions should create organizational structures that support both genders in achieving excellence.<sup>5</sup>

Women are becoming anesthesiologists in increasing numbers. We are not, however, becoming leaders or award winners in similar numbers. Our profession can no longer wait passively for this to change. As the demographic of anesthesiology continues to evolve, we are all obliged to examine how we make decisions within our groups, hospitals, and professional organizations to accurately represent that gender shift.

**Conflicts of interest** None declared.

**Editorial responsibility** This submission was handled by Dr. Hilary P. Grocott, Editor-in-Chief, *Canadian Journal of Anesthesia*.

**Disclosures** No funding was involved in the production of this submission.

## References

1. *Canadian Medical Association*. Anesthesiology profile - 2016. Available from URL: <https://www.cma.ca/Assets/assets-library/document/en/advocacy/Anesthesiology-e.pdf> (accessed March 2018).
2. *Canadian Post-M.D. Education Registry*. Annual census of post-M.D. trainees – 2016-2017. Available from URL: [https://caper.ca/~assets/documents/2016-17\\_CAPER\\_Census\\_en.pdf](https://caper.ca/~assets/documents/2016-17_CAPER_Census_en.pdf) (accessed March, 2018)
3. *Silver JK, Slocum CS, Bank AM, et al*. Where are the women? The underrepresentation of women physicians among recognition award recipients from medical specialty societies. *PM R* 2017; 9: 804-15.
4. *The Association of Faculties of Medicine of Canada*. Canadian Medical Education Statistics. 2017. Available from URL: <https://afmc.ca/sites/default/files/CMES2017-Complete.pdf> (accessed March 2018)
5. *Bismark M, Morris J, Thomas L, Loh E, Phelps G, Dickinson H*. Reasons and remedies for under-representation of women in medical leadership roles: a qualitative study from Australia. *BMJ Open* 2015; 5: e009384.