Introduction to the DDS Mini-Issue: “Gender Disparity in Gastroenterology—Improving Quality Through Achieving Parity”

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Accepted: 11 January 2022 / Published online: 10 February 2022

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“You can’t be what you can’t see”
– Marian Wright Edelman.

Despite the numerous ground-breaking diagnostic and therapeutic innovations in the field of gastroenterology and hepatology (GI) that have been made in recent decades, there is unacceptably little advancement in another key area: gender disparity.

Although 52% of medical students, 43% of internal medicine residents, and 34% of GI fellows are women, only 15% of practicing GI physicians are women in the USA. When the lens is shifted to academia, this disparity is amplified, as women represent only 20% of faculty, 25% of full professors, 19% of deans, and 18% of chairs of medicine. In recent years, highlighting these disparities and promoting ways to advance equity has finally moved to the forefront. Developing an improved understanding of the underlying reasons for gender disparity in GI while providing ideas to bring about change was the primary impetus for creating this special section in this issue of *Digestive Diseases and Sciences*.

In this mini-issue, Sethi et al. [1] provide results from a 2018 survey of 173 GI fellowship programs across the USA, which distressingly found that 43% of programs do not have female representation at any leadership level. A downstream effect of this lack of female leadership could be associated with the findings by Bhatia et al. [2], who found a disparity in the number of female senior authors in high-impact GI journals. Similarly, Khan et al. [3] focus on the stagnant number of speakers and moderators at Digestive Disease Week, finding that females represented only 34.6% of speakers in 2020.

These findings highlight opportunities to promote women in GI—increasing female representation on planning

committees and as moderators could provide a gateway to increasing female speakers at conferences, which increases academic recognition and promotion. Fellowship programs with female leadership had a significant increase in the number of female GI fellows, which could facilitate more sustainable gender equity in both academia and GI. John et al. [4] provide a unique lens on academic rank and productivity, with results implying the value that female leaders possess outside of publications and citations.

Obstacles that impact the trajectory of women in GI are complex and multi-faceted. Editorials in this issue by Flaherty et al. [5], Roper [6], and Twohig [7] highlight factors such as parental leave, implicit bias, harassment, and lack of mentorship, among others. An inability for programs and organizations to adapt to the evolving needs of their trainees and members may lead to a loss of otherwise highly skilled and qualified physicians.

Whilst this mini-issue highlights the importance of promoting women in gastroenterology, ultimately all demographic identities should be included within the scope of GI. Involving a diversity of individuals in our specialty expands thought, accelerates growth, and drives innovation while also calling out bias. Developing a culture of inclusion, sponsorship, and promotion is essential to continue to attract the best and brightest to this immensely rewarding and evolving field, whilst also achieving the equity that will strengthen both GI and academic medicine at all levels of practice and leadership.

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