Editorial Comment: Diversity and Disparities in Orthopaedic Surgery

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We are proud to present this latest symposium on the crucial subject of diversity and disparities in orthopaedic surgery.

The most-insistent voices for inclusion have long come from those seeking gender equality. As one of the United Nations’ sustainable development goals, “many of the measures concerning gender equality interplay with the economy and the workforce” [9]. Women make up approximately 50% of the population, and in 2015, obtained more than 60% of Bachelor’s degrees in the United States [6]. Financially, the McKinsey Global Institute reported that “an additional annual USD 2.1 trillion of GDP could be achieved in 2025, which is 10% higher than the business-as-usual GDP, with gender parity” [4].

In orthopaedic surgery, although there has been a relatively even distribution of men and women medical students since 2005, the specialty continues to attract one of the lowest proportions of women into residency programs at an incidence of approximately 15% [8]. The lack of gender diversity has important implications in the growth of our profession.

Diversity in the workplace is also about more than hiring entry-level physicians who reflect the population. A genuine commitment to diversity should be seen in key leadership of institutions and specialty societies. The American College of Physicians recently published a position paper that emphasized achieving gender equity in physician compensation and career advancement as a major goal [2]. Although there are some glimpses of improvement, many of the papers in our symposium reflect known challenges to promotion of women in academic medicine: a lack of mentorship, need for improved work-life integration, discrimination, and widespread implicit bias.

But gender diversity is not the only category which merits attention. Many other subgroups have a similar need for representation in the workplace or in the context of patient advocacy: ethnic, racial, religious, age, sexual orientation, socioeconomic status, or disability, to name a few. The Institute of Medicine has long acknowledged that racial and ethnic diversity among health professionals can lead to improved access to care for minority patients, greater consumer choice and satisfaction, and improved education for students in medical fields [5]. Yet today, black American physicians represent 4% of physicians, while black Americans account for 13% of the population [1]. Sadly, although the importance of diversity has been acknowledged for more than a decade, black and Hispanic people were more-underrepresented in academic medicine in 2016 than they were in 1990 [3].

Problems related to diversity and disparities in medicine don’t just harm those who might practice it; they also harm
the people we care for. For example, increased travel distance for patients who live in rural environments results in these patients spending more money and time obtaining care, which can strain their finances, cause them to avoid care, or both. These scenarios can burden the healthcare system because of unpaid medical bills or patients whose delayed presentations cause them to need more-complex treatments. Even more concerning is research showing that the overall survival rate of pediatric patients from low-income backgrounds who have bone and soft-tissue sarcomas is low, regardless of disease stage at presentation [7]. These examples demonstrate the importance of research concerning health disparities because they provide insight for us as a healthcare system to appropriately target and redistribute resources to ensure better outcomes for our diverse patient population.

Ultimately, the goal of increasing diversity and minimizing disparities in orthopaedics is to promote an environment in which all of the stakeholders work towards a common goal: the best care for patients. Understanding that we are all on the same team requires that we embrace our differences and work towards inclusivity. By doing so, we will help close the gap in health inequities.

We’re proud to publish this symposium in a journal that has a long history of supporting the themes our symposium covers. Before publishing this symposium, CORR published three others on related topics: “Gender-Specific Issues in Orthopaedic Surgery” (2010), “Sex Differences in Musculoskeletal Disease and Science” (2015), and “Women and Underrepresented Minorities in Orthopaedics” (2016). We believe our symposium builds on these by sharing the best and most-current research on these critical topics, and we see it as the continuation of an important conversation on this subject. We hope that the outstanding papers in this symposium stimulate discussion and prompt readers to write letters to the editor.

We were excited and heartened to see the large number of high-quality submissions to this important symposium, and we thank all who participated in its creation. The topics covered here are not women’s issues and they’re not minority issues. They’re human issues. They affect everyone who practices orthopaedic surgery and all of the patients we care for together. We look forward to feedback from readers on the papers in this symposium. Please send your letters to eic@clinorthop.org.

References


