

LETTER

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# A reply to “Addressing gender imbalance in intensive care”

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## Dear Editors,

As an intensive care physician, a researcher, a woman, and a mother of two small children, I read with great interest the viewpoint by Professor J.L. Vincent and colleagues, entitled “Addressing gender imbalance in intensive care” [1].

I completely agree on the fact that balancing medicine and family is a challenge, and the perception of “needing to choose” between work or family is still strong for female intensivists. Breastfeeding facilities, childcare policies, and institutions that promote flexibility are still lacking in many parts of the world and, as noted, are essential for reaching gender equity [2].

However, I think that strategies such as “giving grants and awards alternately to a male and female intensivist” and “ensuring gender balance in committees and as speakers at conferences and scientific events (applying quota if deemed appropriate)” are far from what we need to achieve gender balance in the workplace. Awards and grants should be given to those who deserve them, and speakers should be chosen on their scientific merits and abilities, and not on their gender. I would find it offensive to know I have been chosen for a role just for my gender, and I believe many of my colleagues, both male and female, share this point of view.

What we really need is a cultural change. I think that we will achieve a true gender balance in intensive care

when parenthood will become a responsibility that is shared equally between both parents. An important step for reaching this goal is requiring men to take paternity leave, as you suggested, but I believe that a shift in the language we regularly use is no less important.

For example, the authors suggest that a method to improve gender balance could be to “provide conditions like maternity leave and in-hospital nursery schools in order to facilitate female intensivists during their early motherhood period”.

I think that if we truly wish to reach our goal, in the future this should be reworded as “provide conditions like maternity or paternity leave and in-hospital nursery schools in order to facilitate intensivists during their early parenthood period”.

I wish to thank the authors for reflecting on this very important aspect and hope that a true gender balance in intensive care is not far from becoming reality.

## Authors’ response

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The authors thank Dr. Fusina for her comments and for the opportunity to further clarify some of the issues raised in our viewpoint [1]. We fully agree that scientific merit and ability must take priority before any consideration of gender, and that language is important. An approach is needed that ensures that recruitment, rewards, and promotion are designed in ways that minimize any potential for gender bias, in either direction. For example, job advertisements and role descriptions could be reviewed for gendered language; recruitment directors and organizers of academic events could receive formal training to limit unconscious biases [3]; professional organizations (including academic), scientific societies, and congress committees could be encouraged to regularly report diversity metrics pertaining to the number of shortlisted candidates, faculty, awards, and appointments, as these data enhance awareness of the importance of diversity and provide useful benchmarks.

As Dr. Fusina highlights, an important move towards changing culture and challenging gender stereotypes is to facilitate greater equity in parenthood and care roles, actively and equally supporting men and women who wish to take time from work to care for children, elderly parents, or other dependants. To this end, the UK Government Equalities Office's guidance document for employers promotes effective action to narrow the gender pay gap and provides increased payment for shared parental leave [4]. The British Medical Association's Junior Doctor Committee successfully campaigned to secure enhanced pay for shared parental leave in the National Health System (NHS), equivalent to the enhanced maternity pay entitlement. Similarly, the Stanford/Kaiser Emergency Medicine Residency Program, USA, established a new policy to facilitate return-to-work for new resident parents, both mothers and fathers [5]. As more men take on these roles, current workplace culture and gender stereotypes will gradually be eroded, helping shape a more inclusive society in the future.

Many changes, included those mentioned herein, are needed to breakdown structural and cultural barriers to gender balance in workplaces and society. Although the number of women in leadership and academic roles will gradually and spontaneously increase because of current trends, we should not rely on this passive transformation, but must all actively and determinedly participate in promoting change until gender equity is established as the norm across all sections of society, including critical care medicine.

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